CFS 1000-A
Rev. 9/2017

State of Illinois
Department of Children and Family Services

Burgos Notification Form
Spanish-Speaking Child Placed in a Non-Spanish Speaking Living Arrangement

Date _____ R/S/F _____

Caseworker Name _____ Phone _____ ID# _____

Agency _____

Address _____

If POS, identify DCFS Agency Performance Team Liaison _____

Region/Site _____ Phone _____

1.   CASE INFORMATION

Child's Name _____ ID Number _____ Age _____

Member of Sibling Group   ☐ Yes   ☐ No   Number of Siblings _____

2.   TYPE OF LIVING ARRANGEMENT

☐ Emergency   ☐ Regular   ☐ Diagnostic   ☐ Hospital   ☐ Institution

☐ Specialized   ☐ Group Home   ☐ Unauthorized   **OTHER:** _____

☐ Placement Name _____   Provider ID _____

3.   REASON FOR PLACEMENT

☐ New Placement   ☐ Shelter Care   ☐ Placement Disruption   ☐ Only Available RSRC

☐ Bhvr Mgmnt Prob   ☐ Mntl Hlth Prob   OTHER: _____

4.   CHECK THE BOXES OF THE TYPES OF PLACEMENTS THAT WERE CONSIDERED:

☐ Relatives   ☐ DCFS Foster Care Resources   ☐ P.O.S. Foster Care Resources

5.   If a relative placement was considered, give date of relative search: _____

6.   Placement recommendations (CIPP, Clinical Staffing):

_____

_____

_____

7.   Expected Timeframe for Placement in a Spanish-Speaking Resource:

☐ 14 Days   ☐ 30 Days   ☐ 60 Days

PLEASE FAX OR SEND IMMEDIATELY TO:
IDCFS - Burgos Coordinator
1921 South Indiana, Room 402
Chicago, IL 60616
FAX: 312-808-5134

Copies to: Regional Administrator   Resource/D.P.O. Program Manager
                        Field Service Manager   Supervisor
                        File