

**IMMIGRATION SERVICES REFERRAL FORM**

**FAX COMPLETED FORM TO: DCFS, OFFICE OF THE GUARDIAN, IMMIGRATION SERVICES UNIT (ISU)  
at 312-793-3546. ANY QUESTIONS MAY BE DIRECTED TO 312-814-8600.**

**Type of Immigration Services Requested:**

- a. Replacement Documents (specify): \_\_\_\_\_
- b. Legal Status Adjustment:
  - Naturalization
  - Lawful Permanent Residence (LPR) Status
- c. Other (specify): \_\_\_\_\_  
(e.g. Deportation hold, consulate intervention, immigration legal assistance)

1. DCFS Case Name/Case ID #: \_\_\_\_\_
  2. Child's Complete Birth Name: \_\_\_\_\_  
City, State & Country of Birth: \_\_\_\_\_  
Exact Date of Birth: \_\_\_\_\_  
Does Minor have a Birth Certificate or Proof of Nationality?     Yes     No
  3. Minor's Country of **LAST RESIDENCE** Outside of the U.S.: \_\_\_\_\_
  4. Name of Biological Mother: \_\_\_\_\_  
Mother's Place of Birth: \_\_\_\_\_  
Mother's Last Known Whereabouts: \_\_\_\_\_
  5. Name of Biological Father: \_\_\_\_\_  
Father's Place of Birth: \_\_\_\_\_  
Father's Last Known Whereabouts: \_\_\_\_\_
  6. Date of Minor's First Entry into the U.S.: \_\_\_\_\_  
Has Minor Ever Left the U. S.?     Yes     No
  7. **HOW and WHERE** did Minor Enter the U.S., if known? \_\_\_\_\_  
Did Minor Enter with a Passport/Visa?     Yes     No    If yes, Passport/Visa # \_\_\_\_\_  
Minor's Legal Status: \_\_\_\_\_ A#: \_\_\_\_\_ SSN: \_\_\_\_\_
  8. **WHEN** was the DCFS Case Opened? \_\_\_\_\_  
**WHY** was the Case Opened?     Neglect     Abuse     Dependency     Other \_\_\_\_\_  
Date Guardianship was granted in Court: \_\_\_\_\_
  - 9a. Has this youth ever been employed?     Yes     No    If yes, when & where? \_\_\_\_\_
  - 9b. Has this youth ever been arrested, charged or detained by police or other law officials for any violation of the law?  
 Yes     No    If yes, when & why? \_\_\_\_\_
- DCFS & POS Caseworkers are required to personally address these two issues with any youth age 14 and older and review all case records/files to ensure a correct answer. Attach additional sheet if necessary.***
10. Minor's Current Foster Care/Substitute Care Placement Address & Telephone #: \_\_\_\_\_  
\_\_\_\_\_
  11. Court Docket #: \_\_\_\_\_ Calendar: \_\_\_\_\_
  12. Case Worker Name & Telephone #: \_\_\_\_\_  
DCFS Office: \_\_\_\_\_ POS Agency/Name: \_\_\_\_\_ Region/Site/Field #: \_\_\_\_\_
- DATE SENT TO IMMIGRATION SERVICES UNIT (ISU):** \_\_\_\_\_  
**DATE RECEIVED BY ISU:** \_\_\_\_\_