State of Illinois
Department of Children and Family Services

AMENDMENT TO AGREEMENT FOR ASSISTANCE

Child Name: _____

Child ID#: _____

The agreement previously entered into by and between the Department of Children and Family Services

and adoptive parent(s)/guardian(s) _____ on
(parent(s)/guardians(s) name(s))

____/____/_____ with respect to _____ whose adoption or
(date original agreement signed)   (child's name)

transfer of guardianship occurred on ____/____/_____, is hereby amended as follows:
(date)

☐ Therapeutic Services or Treatment — Direct payment to service provider or reimbursement to the adoptive parent(s)/guardian(s) for services related to the above-named child's pre-existing condition(s) which are not otherwise covered by health insurance, Medicaid, or available community services, with respect to the following physical, mental or emotional conditions(s):

_____

_____

_____

_____

☐ Ongoing Monthly Payment — Direct monthly payments to the adoptive parent(s)/guardian(s) at a rate of $_____ per month. (Only upon the authorization of the Post Adoption/Guardianship Services Review Committee)

☐ Successor Guardian(s) — The guardian(s) designate the following person(s) as successor guardian(s) under this agreement. The successor guardian(s) have agreed in writing to assume care and custody of the child in event of the death or incapacity of the guardian(s):

Name: _____

Address: _____

Phone Numbers: _____

This amendment is effective as of _____, and only alters the terms of the existing agreement between the Department and the adoptive parent(s)/guardian(s) to the extent that this amendment directly contradicts those terms.

_____   ____/____/_____
Adoptive Parent/Guardian   Date

_____   ____/____/_____
Adoptive Parent/Guardian   Date

Address: _____
Street   City   State   Zip

_____   ____/____/_____
DCFS Adoption Supervisor/Coordinator   Date

_____   _____
Regional Office   Address

_____

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