State of Illinois
Department of Children and Family Services

Norman Class Certification
For Reunification or Intact Family Cases

This form is to be completed by the Supervisor every time a reunification or intact family situation is presented for consideration of Norman Class certification.

Family Name _____ CYCIS I.D. _____
                 (Last)   (First)

Child(ren) _____ Region/Field _____
                 (Last)   (First)

_____

_____

_____

_____

Determination of Class

1. Is the permanency goal for this child(ren) REMAIN HOME or RETURN HOME? ☐ Yes ☐ No
   If yes, go to Question 2; if no, the family is not a class member.

2. Does the Service Plan reflect that the living circumstances are
   a barrier to the child(ren) remaining at home or returning the child(ren) home? ☐ Yes ☐ No

Certification of Class

☐ I have reviewed the case situation and hereby certify that the living circumstances of the family **are** a barrier to the children remaining at home or returning the child(ren) home. This family is therefore certified as a Norman Class member for the following reasons: (check all that apply)

☐ Inadequate Food   ☐ Inadequate Clothing

☐ Inadequate Shelter   ☐ Environmental Neglect

☐ I have reviewed this case situation and have found that the living circumstances of the family **are not** a barrier to the children remaining at home or to returning the child(ren) home. This family is therefore **NOT** a Norman Class member.

COMMENTS _____

_____

_____

_____

_____

_____
Child Welfare Supervisor   Date