

STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

**ADOPTION AND SAFE FAMILIES ACT (ASFA)
SURVEY
FOR ADMINISTRATIVE CASE REVIEW**

Instructions: This form is to be completed by the caseworker for each child in foster care and brought to the administrative case review.

Calculating 15 out of 22 months: If a child moves in and out of foster care during the first 22 months after entering foster care, each episode that the child is in foster care counts toward the 15 month total in Item 1, below. Example: A child is in foster care for 12 months, goes back home for 4 months and comes back into care. The month the child re-enters foster care is counted as the 13th month toward the cumulative 15 months. Trial home visits and runaway episodes are not counted in calculating the cumulative 15 months in foster care.

Date completing this form: _____

Family ID#: _____

Primary Case Worker: _____

Family RSF: _____

Primary Case Worker Supv: _____

RSF: _____

Telephone: _____

Permanency Goal: _____

Docket #: _____

Case Name: _____

Date of Temporary Custody: _____

Case ID #: _____

Current Legal Status: _____

DOB: _____

1. Has this child been in foster care for 15 of the most recent 22 months? Yes No

OR

Is this a child under the age of two years who was determined at an adjudicatory hearing to be abandoned? Yes No

OR

Is this a child whose parent has been criminally convicted of any of the following: Yes No

i) murder of another child of the parent,

ii) voluntary manslaughter of another child of parent (second degree murder)

iii) aiding or abetting, attempting, conspiring, or soliciting to commit such a murder or such a voluntary manslaughter (under Illinois statute these crimes include "solicitation to commit murder of any child, murder for hire of any child, or solicitation to commit second degree murder of any child") or

iv) committing a felony assault that has resulted in serious bodily injury to the child or to another child of the parent (under Illinois statute these crimes include “aggravated batter of a child or felony domestic batter, any of which resulted in serious injury to the minor or a sibling of the minor, and aggravated sexual assault”)?

2. If yes to any of the questions above, please check any of the Reason Codes below that apply to exclude the child from this survey.

<u>Reason Code</u>	<u>Explanation</u>
<input type="checkbox"/> HMR	Child is currently in the care of relatives, whether licensed or unlicensed.
<input type="checkbox"/> RET	There is a permanency goal of return home for the child of: <input type="checkbox"/> i) return home within five months, <input type="checkbox"/> ii) return home within one year, or <input type="checkbox"/> iii) return home – status pending. which was ordered by the court after January 1, 1998.
<input type="checkbox"/> SGH	There is a permanency goal of guardianship that is expected to be achieved within 12 months for the child.
<input type="checkbox"/> IND	There is a permanency goal of independence that is expected to be achieved within 12 months for the child.
<input type="checkbox"/> AGE	Child is age 18 or over.
<input type="checkbox"/> CON	Child age 14 or over will not consent to be adopted.
<input type="checkbox"/> RJ1	Within past six months, the case has been rejected at legal pre-screening (Cook County only) or screening either for lack of grounds for termination of parental rights or more time is needed to meet the statutorily required grounds.
<input type="checkbox"/> RJ2	The State’s Attorney has within the last six months rejected a petition to terminate parental rights based on the best interests of the child.
<input type="checkbox"/> OTH	Adoption has been ruled out for another compelling reason documented by the worker and approved by the Clinical Services Manager or in the case of a purchase of service agency, a supervisor in the office holding a Masters in Social Work degree (example: the child has mental health problems that would make a change in placement very traumatic to the child). It is anticipated that use of this compelling reason will be rare. Frequent use will trigger an inquiry requesting further information.
<input type="checkbox"/> CLO	Child’s case is closed.
<input type="checkbox"/> ARR	Department has adoptive rights for the child.
<input type="checkbox"/> HMP	Child is currently living in the home of a parent.

SUB Child has never been placed in a substitute care placement.

ILO Child is currently placed in an independent living arrangement (ILO).

If no reason code has been checked, has this case been screened to determine the appropriateness for filing a TPR petition?

If Yes, include:

Pre-screening date (Cook): _____

Screening date (Downstate): _____

If No, explain why not:

3. If this case has passed legal screening:

Is the minor placed in an identified adoptive placement?

Yes

No

If no, has an adoptive placement been identified for the minor?

Yes

No

If no, is the child listed with AICI?

If Yes, include AICI confirmation #: _____ AICI confirmation #: _____

If No, explain why not:

Describe the efforts being made to find an adoptive home for the child:

4. If this case has passed legal screening/prescreening, has a TPR petition been filed for this case?

If Yes, include filing date: Filing Date: _____

If No, explain why not:

5. List any additional supporting comments or recommendations:

6. List any additional tasks or documents that need to be completed:

Additional Comments: _____

Case Worker Signature

Supervisor Signature

Date

Date

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Child's Name: _____ Today's Date: _____

ID#: _____

CASE REVIEWER

Did the worker bring a completed Adoption and Safe Families Act Survey to the administrative case review?

Yes No

Did the worker bring any documents to substantiate a child being excluded from the survey?

Yes No

Did the worker bring the necessary documents to substantiate filing a TPR?

Yes No

Does the service plan contain tasks and objectives necessary to prepare the case for filing a TPR petition by the next ACT?

Yes No

List any additional tasks or documents the worker needs to complete or obtain.

List any additional supporting comments or recommendations.

Case Reviewer

Date