



Adoption Information Center of IL
Adoption Listing Service (ALS)
Child Registration Form

INSTRUCTIONS: Complete a separate form for each child, including each child in a sibling group. **IF TPR HAS OCCURRED**, include one professional, color photo; do not tape, paper clip or staple photograph to the form.

On bottom of back of photo, attach a label with the following:

1. Full name of child
2. Name of agency & worker
3. Date picture was taken
4. If sibling group picture, identify each child

Photographer Name: _____

Location photo was taken: _____

Photographer Phone Number: _____

Complete four sides of this form and mail form, CFS 600-3* & photo to:
AICI, 120 W. Madison Street, Suite 800, Chicago 60602
If questions, call 312/346-1516

CHILD'S FULL NAME: _____ Court Docket # _____

Name: _____

Birth date: _____ DCFS ID#: _____

Race/Ethnicity: _____ Gender: Male Female

Is this child being listed as part of a sibling group? Yes No

Use CFS 600-3, Consent for Release of Information form for children ages 12 and up, to consent to their mental health information appearing in the ALS Matching Book.

REGION/SITE/FIELD NUMBER: _____

PRIVATE AGENCY

Child's Worker: _____

Supervisor: _____

Agency: _____

Address: _____

City: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

DCFS OFFICE

Region/Site/Field: _____

Worker/Liaison: _____

Supervisor: _____

Address: _____

City: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

FOR AICI USE ONLY: PH _____
Listing Number: EP _____
Age Category: MR _____
DCFS Region: LD _____
Adoption Listing Worker: DD _____
Change Notice Date: SA _____
Juvenile Court: DE _____
Photo taken: HIV _____
CO _____

CHILD'S LEGAL STATUS:

Date TPR occurred: _____

Or, if no TPR

Date passed adoption screening: _____

Or, if not passed screening

Date passed pre-screening: _____

Termination under appeal: _____

Guardianship date: _____

Other (explain) _____

CONSENT FOR ALS LISTING

DCFS GUARDIAN'S SIGNATURE

By DCFS Authorized Agent

DATE: _____

(Signature above grants consent for ALS registration only and use of child's photo if TPR has occurred.)

CONSENT FOR RECRUITMENT USING CHILD'S PHOTO, IF TPR HAS OCCURRED:

Potential Recruitment Opportunities:

- Newspaper Waiting Child Series
- TV Waiting Child Series
- Adoptive or Foster Parent Newsletters
- National Photolisting Book (CAP)
- Photolisting Web Sites
- National Adoption Exchanges

Please specify if there are any **Recruitment** opportunities listed above in which child **cannot** be featured:

Cities/Counties in which child **cannot** be featured:

If child's real name should not be used, specify name to use in recruitment: _____

DCFS GUARDIAN SIGNATURE

By DCFS Authorized Agency

DATE: _____

(Signature above grants consent for all recruitment)

EDUCATION

Child's present grade: _____ If child functioning at the appropriate grade/developmental level? Yes No

Check all that apply and indicate whether their attendance is **Full Time (FT)** or **Part Time (PT)**:

<u>Classroom type:</u>	<u>Special Ed services required:</u>	<u>Setting:</u>
<input type="checkbox"/> Regular _____	<input type="checkbox"/> Physical therapy _____	<input type="checkbox"/> Public school _____
<input type="checkbox"/> Learning Disabled _____	<input type="checkbox"/> Occupational therapy _____	<input type="checkbox"/> Parochial _____
<input type="checkbox"/> Behavior Disorder _____	<input type="checkbox"/> Speech/language therapy _____	<input type="checkbox"/> Other private _____
<input type="checkbox"/> Ungraded _____	<input type="checkbox"/> Sign Language _____	<input type="checkbox"/> Residential _____
<input type="checkbox"/> Developmental _____	<input type="checkbox"/> Early childhood 0-3 y _____	<input type="checkbox"/> Preschool/Headstart _____
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Pre-kindergarten _____

Indicate below any **DIAGNOSED** disabilities/conditions of this child by circling the number indicating severity:
1 = mild 2 = moderate 3 = severe

LEARNING DISABILITY

None

- 1 Mild Needs Resource Room help in school setting
- 2 Moderate Requires several years of special education to learn to compensate
- 3 Severe Requires long-term special education; will always have difficulty with one or more learning areas

MENTAL RETARDATION

None

- 1 Mild IQ = 50-75 Can achieve employment on an unskilled or semi-skilled level with minimum support; may be able to participate in the mainstream of community life with a job & independent living
- 2 Moderate IQ = 25-50 May work in an unskilled or semi-skilled capacity in a sheltered environment; must live in a group home or family situation where supervision is available
- 3 Severe IQ = less than 25 Must work or attend day care in a totally supervised setting; individual has some motor and speech problems; may need nursing care; limited self-care ability.

PHYSICAL/MEDICAL CONDITIONS

None

1 2 3	Asthma	1 2 3	Hearing Impaired
1 2 3	Autism	1 2 3	Hydrocephalus
1 2 3	Cerebral Palsy	1 2 3	Muscular Dystrophy
1 2 3	Developmental Delay	1 2 3	Seizures
1 2 3	Down Syndrome	1 2 3	Sickle Cell Anemia
1 2 3	Fetal Alcohol Effect	1 2 3	Sickle Cell Trait
1 2 3	Fetal Alcohol Syndrome	1 2 3	Spina Bifida
1 2 3	Genetic Medical Conditions (Specify)	1 2 3	Visually Impaired
	_____	1 2 3	Other (Specify)

Is this child Developmentally Disabled according to the following Federal definition: Yes No

DEVELOPMENTAL DISABILITY: A severe, chronic disability which is attributable to a mental and/or physical impairment; is manifested before the age of twenty-two; is likely to continue indefinitely; results in the substantial functional limitations in three or more of the following major life activities; 1) self-care; 2) receptive and expressive language; 3) learning; 4) mobility; 5) self-direction; 6) capacity for independent living; and 7) economic self-sufficiency; and reflects the person's need for a combination of special care, treatment, or other services which are lifelong or of extended duration.

EMOTIONAL/BEHAVIORAL CONDITIONS

None

1 2 3	Adjustment Disorder	1 2 3	Eating Disorder
1 2 3	Attachment Disorder	1 2 3	Enuresis
1 2 3	Behavior Disorder	1 2 3	Post Traumatic Stress Disorder
1 2 3	Childhood Anti-Social Behavior	1 2 3	Oppositional Defiant Disorder
1 2 3	Attention Deficit Disorder	1 2 3	Sexually Acts Out
1 2 3	Attention Deficit Hyperactivity Disorder	1 2 3	Other (Specify)
1 2 3	Compulsive Disorder		_____

Please answer the following:

- Prenatal Drug Exposure Yes No
- HIV Positive* Yes No
- Diagnosed with AIDS* Yes No
- Child attends counseling Yes No

*Condition shall be disclosed in accordance with DCFS Rule 431, Confidentiality of Personal Information, subsection 431.100(b)(4).

I have verified that the information on this page is accurate, diagnosed and documented in the child's record and that all information on pages one and two is accurate.

Supervisor's Signature **Date**

Provide a detailed description of the child including the following information (use an additional sheet, if necessary):

Personality including strengths, weaknesses & special talents:

Favorite toys/activities/hobbies/pets:

Behavior at home & school:

Overall health and medication taken, if applicable:

State positive comments the foster parent & teachers make about child:

Ability to attach and express-receive affection, counseling needs and readiness for placement: (Include need for any on-going visiting with birth family members or others.)

Ask the child what he/she would like their adoptive family to be like: (Include a quote from child, if possible.)