State of Illinois Department of Children and Family Services

OUT OF STATE PLACEMENT AGENCY APPLICATION FOR REGISTRATION

Out-of-state agencies that engage in placements of children with Illinois for the purpose of foster care or adoption shall provide all of the following to the Department: 1) A copy of the agency's current license or other form of authorization from the approving authority in the agency's state. If no license or authorization is issued, the agency must provide a reference statement from the approving authority in that state, stating that the agency is authorized to place children in foster care or adoption or both in its jurisdiction; 2) A description of the agency's adoption programs, including home studies, placements, and supervisions that the child placing agency conducts within its geographical area and, if applicable, adoptive placements and the finalization of adoptions. The child placing agency must accept continued responsibility for placement planning and and replacement if the placement fails.; 3) Notification to the Department shall be provided of any significant child placing agency changes after ICPC approval. (4) Any other information the Department may require. [750 ILCS 50/4.1]

Instructions: The Department will retain this information for a minimum two-year period or upon expiration of the agency license/certification on file with the state of Illinois. Please update this information when your agency renews its license or certification. DCFS may provide this information to involved parties and prospective adoptive families upon request.

Please return this completed form and supporting documentation to: Illinois DCFS Interstate Compact Office 406 E. Monroe St., Station # 50 Springfield, IL 62701

Agency Name:				Date:		
Address:		City:			State:	Zip Code:
Address.		City.			State.	Zip Code.
	T =	- :				
Telephone	Fax:	E-mail A	Addres	s:		
A compaying important and as as			Webs	ite:		
Agency is incorporated as a:		Website:				
☐ For Profit Corp; ☐ State Non-Profit Corp; or ☐ 501(c)						
Name of Executive Director:				Phone		
Adoption Duognom Monogon				Phone		
Adoption Program Manager:				Phone		

Description of all adoption related services pr	rovided by agency (attach additional p	pages as needed):
Number of families with whom you have placed children during your	Number of employees who perform adoption services:	Full time:
agency's most recent fiscal year:	perform adoption services.	Part time:
Required Documents:	2) Danmantation	
 List of Board members Name, address & phone number of B 		supporting agency's corporate status License/Certification
I affirm that the information provided is accu		may be released and shared with
persons inquiring about adoption services rela	ated to this agency.	
Signature of Executive Director /	Roard Chair	Date