

State of Illinois
Department of Children and Family Services

PERMANENCY COMMITMENT BY FOSTER PARENT / RELATIVE CAREGIVER

(If there is more than one child, the caregiver(s) must complete and sign a separate form for each child)

Child's Name: _____

Docket No. _____

Child's birth date: _____

DCFS ID No. _____

I/We _____, state as follows:
Name(s) of caregiver(s)

I am/We are the caregiver(s) of _____ who has lived with me/us since _____ (date).

- We are married (If married, both caregivers must sign this form.)
- I am not married.
- I am/We are not related to this child.
- I am/We are related to this child and my/our relationship is _____.

If the foster child named above cannot return to live with his/her parent(s), this form will be used to tell the Juvenile Court about your intentions and ability to provide a permanent home for this child. Although not legally binding, this form will be helpful to the Court in making the decision regarding the future of this child. Please answer each question with care.

1. Please check all that describe your situation:

- I/We have met with the following persons (List names and titles): _____
- On _____ (date) adoption and guardianship were explained to me/us and my/our questions were answered.
- I/We still have questions about what adoption or guardianship means to me/us and/or this child. *If you check this, you will be asked to attend the next permanency hearing at court to receive additional information.*

2. Of the following choices, which best describes your current feeling towards adoption or guardianship. Please check one:

- Yes, I/we want to adopt this child.
- Yes, I/we want to become this child's guardian. *(If you are not related to this child, please discuss the restrictions on guardianship for non-relatives with your caseworker.)*

3. *The Department recognizes the importance to a child of developing a relationship with siblings including siblings with whom the child does not yet have a relationship; and the value of preserving family ties between the child and the child's siblings, including the child's need for stability and continuity of relationships with siblings, and the importance of sibling contact in the development of the child's identity. [20 ILCS 505/7.4(i)(4)]*

- I/We recognize the importance to a child of developing a relationship with siblings including siblings with whom the child does not yet have a relationship; and the value of preserving family ties between the child and the child's siblings, including the child's need for stability and continuity of relationships with siblings, and the importance of sibling contact in the development of the child's identity. [20 ILCS 505/7.4(i)(4)]
- I/We acknowledge the importance of sibling relationships and agree to encourage and maintain sibling contact both prior to and after the child has achieved permanency through adoption or guardianship.
- I/We have completed the DCFS training that addresses the importance of maintaining sibling relationships.
- I/We agree to participate in the DCFS training that addresses the importance of maintaining sibling relationships.

Caseworker **MUST** provide & review with caregiver.

- Services that CAN be approved in subsidy
- Services that CANNOT be approved for any new subsidy

as per Rule & Procedure 302.310- Adoption Assistance Agreements.

Provide narrative on the child's pre-existing conditions.

List current services in place & how currently being paid. (Medical card, contract with agency, community resources)

List Services that CANNOT BE APPROVED IN THE SUBSIDY-

NON-ALLOWABLE services that WILL NOT CONTINUE AFTER Finalization of the Adoption.

Also indicate Resources to be explored in attempt as alternative provider (DHS/Community).

Check with "Assistive Technology Unit" and "Health Policy" as other resource.

Caregiver is clear on which services will or will not continue in the subsidy and after finalization of the adoption.

Caregiver is willing to proceed with the adoption with allowable services as per DCFS policy.

- Yes
- No
- I/We do not wish to adopt this child or to become this child's guardian.
- Although I/we would like to adopt or take legal guardianship of this child, I/we cannot commit to adoption or guardianship for the following reasons:

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4. *If you are not going to adopt or become this foster child's guardian, initial each statement below to indicate your understanding of what will happen with this child and your commitment to help.*

- I/We understand that it is important for this child to have a permanent home.
- I/We understand that the court will consider all aspects of this case and make the decision about the future of this child.

- I/We understand that if parental rights are terminated or the child’s parents consent to adoption, an adoptive family will be recruited for this foster child. Recruitment of a family will consist of, among other things, including the child in the photographic listing book of the Adoption Information Center of Illinois.
- When an adoptive family is located, I/We understand that there will be visits between the child and family. I/We also understand that it is very likely that the child will ultimately be adopted by another family and moved from my/our home.
- I/We understand that it is part of my/our responsibility as a foster parent to cooperate with the prospective adoptive family, and to help the child make a change to the new family.
- I/We agree to do my/our best to help this foster child make a successful transition to a new family.**

I/We would like to make the following comments about this child and his/her future. *Comments may be written on this page, and/or you may come to the court hearing and speak directly to the judge or hearing officer. Ask your caseworker for the time and date of the next court hearing.*

I/We understand that my/our signature on this form does not constitute a final decision and that the court, weighing many factors to determine what is best for my/our foster child, will make the final decision. I/We also understand, pursuant to 750 ILCS 50/15.1, that if I/we later change my/our mind, I/we may be considered on an equal basis with all other adoptive families.

Caregiver’s Signature	Date	Caregiver’s Signature	Date
Print caregiver’s name		Print caregiver’s name	
Caseworker’s signature	Date	Print caseworker’s name	

This form should not be completed while a parent is making substantial progress toward return home. It is to be completed prior to and submitted at:

- 1) DCFS pre-screening in Cook County, screening for termination of parental rights in all other counties; and
- 2) The first permanency hearing when a return home goal is not recommended.