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Illinois Department of Children & Family Services

Date: \_\_\_\_\_

Child: \_\_\_\_\_

Child ID #: \_\_\_\_\_

Thank you for your call pertaining to the change in your child's needs or circumstance. Please submit your request in writing to me at the address given below noting the change(s) in the child's needs or circumstances. Please clearly outline what changes have occurred since adoption finalization/guardianship transfer and how you feel the Department can assist you.

Additionally, please attach supporting documentation that describes your child's needs (i.e. letters or reports from duly licensed or credentialed professionals). I will forward your request to the Post Adoption / Guardianship Services Review Committee. Requests are reviewed on a monthly basis. You will receive a written reply regarding the decision. If the documentation submitted is insufficient or clarification is needed, we may request additional information.

Thank you for your inquiry and we look forward to further correspondence. If you have any additional questions, please contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Subsidy Worker

Region:  
Address: