

DISSOLVED SUBSIDIZED ADOPTION/GUARDIANSHIP CHECKLIST

Prior Adoptive Parent(s)/
Subsidized Guardian(s) Name: _____

Provider ID: _____

Prospective Adoptive/Subsidized Guardian's Name: _____

Provider ID or Social Security Number: _____

Address: _____

List the children below who will be adopted or have guardianship transferred to the prospective Adoptive Parent/Subsidized Guardian. Mark yes or no if they currently have private guardianship on any of these child(ren):

Child(ren) Name(s): _____	ID: _____	Guardian?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	ID: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	ID: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	ID: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Birth Certificate of Child(ren)
- CANTS
- CERAP
- Direct Payment to Attorney form.

- Death Certificate of Parent(s)/Guardian(s)
- LEADS
- Copy of Subsidy

Comments: _____

4999 Payment/Placement Date: ____ / ____ / ____

4901 Interim Subsidy Agreement Date: ____ / ____ / ____

Prospective date of adoption finalization/transfer of guardianship: ____ / ____ / ____

Signature of Requester

Date

Approval of interim payment

Denial of interim payment

Authorizing Director's Office Signature

Date

Upon receipt of authorizing signature, fax this form to the DCFS Payment Unit. Fax (217) 557-0639