

POST ADOPTION AND GUARDIANSHIP SERVICES ACKNOWLEDGEMENT

I/We _____, the adoptive parent(s)/guardian(s) of the minor(s), _____

acknowledge that our adoption worker has provided me/us with information on the following post adoption and guardianship services that may be available to my/our adopted/subsidized guardianship child(ren) and family.

Our adoption worker has discussed and explained the following:

- Adoption Assistance:** the worker has explained that the child must meet certain eligibility requirement to receive adoption assistance as per **Rules 302.310, Adoption Assistance.**
 - My/Our child is NOT eligible for Adoption Assistance
 - My/Our child IS eligible for Adoption Assistance:
 - Non-recurring expenses
Selection of Adoption Attorney 800-232-3798 or Website www.state.il.us/dcfs/adoption
 - On-going monthly payment
 - Medical Assistance
 - Counseling
 - Other specialized services: _____
 - List of Services that CAN/CANNOT be approved in the subsidy per **Rules 302.310, Adoption Assistance**, documented on the **CFS 1443, Permanency Commitment by Foster Parent / Relative Caregiver** form, or
- Subsidized Guardianship Assistance:** the worker has explained that the child must meet certain eligibility requirements to receive subsidized guardianship assistance as per the **CFS 1800 A-G, Subsidized Guardianship Eligibility Determination;**
- Post Permanency Sibling Contact Agreements (CFS 1800-SC)** can be developed, amended or terminated, as necessary, in order to meet the needs of my/our child. The Post Adoption Unit can provide assistance when needed.
- The **Post Adoption and Guardianship Services** booklet (**CFS 1050-45**)
- The **Post Adoption Unit** may be reached at this number: _____
- Adoption Preservation Services:** including assessment, intensive therapeutic intervention, support and advocacy, and/or cash assistance. To access Adoption Preservation Services families should contact their local Post Adoption worker or – use the numbers listed for the individual programs in the **Post Adoption and Guardianship Services** booklet.

Community Services (describe):

Resources for Locating a: **Medical Provider** – Medical Hotline **800-228-6533**
Dental Care – Doral Dental **888-286-2447**
Vision Care – Medicaid Vision Provider **800-226-0768**

Search & Reunion Services, Closed File Information & Confidential Intermediary Services:
Midwest Adoption Center
3158 S. River Road – Suite 120
Des Plaines, IL 60018-4221
Phone: 847-298-9096
(Information in the Post Adoption and Guardianship Services booklet, pg. 17)

Illinois Adoption Registry:
Illinois Department of Public Health
Division of Vital Records
605 W. Jefferson Street
Springfield, Illinois 62702-5097
Phone: 217-557-5159 or 877-323-5299 (toll free)
(Information in the Post Adoption and Guardianship Services booklet, pg. 17)

Making the Adoption/Guardianship Decision booklet (CFS 1050-43)

What is SSI/SSA – can I receive both the subsidy and SSI/SSA?
(Can be found on pg. 24 of the **Making the Adoption/Guardianship Decision** booklet.)

DCFS Advocacy Office Hotline – 800-232-3798

DCFS Adoption Support Line – 888-96-ADOPT (888-962-3678)

I/We acknowledge that our adoption worker has provided and discussed with me/us the information listed above on Post Adoption services that may be available to my/our adopted child(ren) and family.

I have received the informational Post Adoption Packet.

Adoptive Parent/Guardian

Date

Adoptive Parent/Guardian

Date

Adoption Specialist

Date

Adoption Supervisor

Date