State of Illinois Department of Children and Family Services

FOSTER FAMILY HOME INFORMATION - UPDATE

Please check type of update:					
 ☐ Change of address application ☐ New Child Household Member less than 13 years (do not include "youth in care") ☐ Youth in Care adopted 0-12 years 					
New Background Authorization Requir 718-A New Child Household Me 718-A Youth in Care adopted, ag 718-A Current Household Member 718-A New Adult Household Member 718-A Expired Background Authorization	mber 13 years of age or es 13-17 er turns 13 or 18 (do not mber (do not include yo	over (do not include t include youth in ca outh in care)	e "youth in care")		
. NAME: Applicant A	E: Applicant A(Last)			(Middle)	
Applicant B	Applicant B			(mado)	
(Las	(Last)			(Middle)	
ADDRESS:(Street or Rural Route A	ND P.O. Box, if applicable)				
(City)	(Zip Code)	(County)) (Telephon	ne)	
MARRIED DIVORCED Licensing Rep. R/S/F IV. MEMBERS OF HOUSEHOLD – Include all Children & Adults					
(Do not include "youth in care") NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY OR ITIN NUMBER	RELIGION	
Applicant A:					
Applicant B: Household Member					
Household Member					
Household Member					
Household Member					
Household Member					
Household Member					
Household Member					
Household Member					
Signature (Applicant A) Signature (Applicant B)					
Signature Date					