CFS 578-1
10/01

State of Illinois
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

CONFIRMATION OF INTEREST IN FOSTER HOME LICENSURE

Caregiver: _____

Caregiver: _____

Address: _____

_____
(City) (Zip Code)

Licensing representative _____ met with me/us on this date and explained the benefits of getting licensed, to me/us and to the children in my/our care, including the increase in payment from the Standard of Need rate to the Full Foster Care Board Rate. The licensing representative also explained the requirements for getting licensed and all of the steps I/we would have to take in order to get a license.

After giving it careful thought, I/we have decided the following:

☐ I am/we <u>are interested</u> in getting licensed and intend to apply for a foster home license.

☐ I am/we <u>are interested</u> in getting licensed and intend to apply for a foster home license. I/we would also like to learn more about other permanency options, including adoption and guardianship

☐ I am/we are <u>not interested</u> in getting licensed and will not apply for a foster home license for the following reasons(s):

____ I/we do not want to go to training

____ I/we do not think we can meet licensing standards

____ Other (please specify) _____

_____

_____	_____	_____
(Caregiver Signature)	(Date)	(SSN)
_____	_____	_____
(Caregiver Signature)	(Date)	(SSN)

Submitted by: _____ _____
(Licensing Worker Signature) (Date)

Directions to Licensing Worker: Fax completed form to HMR Coordinator at 217/782-6446.