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**Illinois Department of Children & Family Services**


**ACTION TRANSMITTAL 2003.04**

**MEDICAL REPORTS FOR LICENSED RELATIVE FOSTER FAMILIES**

Distribution: X & Z

**DATE:** April 8, 2003

**TO:** Rules and Procedures Bookholders, DCFS Family Development Staff,  
Purchase of Service (POS) Agency Licensing Staff

**FROM:** Jess McDonald 

**EFFECTIVE DATE:** Immediately

**I. PURPOSE**

The purpose of the Action Transmittal is to distribute the attached Interpretation 2003.01 regarding medical reports for licensed relative foster parents and members of the foster household. It clarifies that a relative may self-certify that he or she and all members of the household are free from communicable diseases and any physical or mental condition that would affect the ability to provide care for related children placed in the home. However, medical examinations are required of relative foster care applicants and all members of their household prior to receiving the license.

**II. BACKGROUND**

In August 2002, the **CFS 597 R, Application for Foster Family Home License for Relative Caregivers**, was revised to require that the applicant certify that the applicant and all members of the household are free from communicable diseases and any physical or mental condition that would affect the ability to provide care for related children placed in the home. However, the self-certification was not meant to replace the medical examination that is required by the Child Care Act of 1969 [225 ILCS 10]. See the attached Interpretation 2003.01.



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### **III. REQUIRED ACTION**

DCFS Family Development staff and POS Licensing staff are to review the files of all pending relative foster home applications to determine if the appropriate medical forms have been completed for the applicant and all members of the family. The medical forms that are required prior to recommendation for licensure are:

**CFS 600, Certificate of Child Health Examination**

**(or school medical forms for school-age children)**

**CFS 600-I, Certificate of Infant and Toddler Health Examination**

**CFS 604, Medical Evaluation of an Adult in a Foster or Adoptive Home**


Applicants are to be informed that a license will not be issued until the required medical forms are completed. DCFS and POS staff are not to submit a recommendation for licensure until the required medical forms have been completed.

### **III. QUESTIONS**

Questions about this Action Transmittal and Interpretation 2003.01 may be directed to the Office of Child and Family Policy at 217/524-1983, on Outlook at OCFP or at [cfpolicy@idcfs.state.il.us](mailto:cfpolicy@idcfs.state.il.us) for non-Outlook users.

### **IV. ATTACHMENT**

Interpretation 2003.01

<b>OCFP</b> <b>Office</b> <b>of Child and</b> <b>Family</b> <b>Policy</b>	<b>Department of Children and Family Services</b>	
	<b>Index No: 2003.01</b>	<b>Issuance Date: April 8, 2003</b>
	<b>Origin of Request: Central Office of Licensing</b>	
	<b>Distribution: DCFS Family Development Staff, Purchase of Service Agency Licensing Staff (X &amp; Z)</b>	
	<b>Key Words: 89 IAC 402, Licensing Standards for Foster Family Homes, Medical Report, Complete Application</b>	
	<b>Approved by:</b> 	

### Interpretation

**Question:** When a relative applies for a foster care license, what medical form must be submitted with the application to comply with the definition of “complete application for foster family home license”?

What medical form must the relative and all members of the household submit prior to recommendation for the issuance of a license?

**Applicable To:** Relative Applicants for a Foster Home License

**Policy Citation:** 402.2, Definitions

*"Complete application for foster family home license" means a completed written application form; written authorization by the applicant and all adult members of the household to conduct a criminal background investigation; medical evidence in the form of a medical report, on forms prescribed by the Department, that the applicant and all members of the household are free from communicable diseases or physical and mental conditions that affect their ability to provide care for the child or children; the names and addresses of at least 3 persons not related to the applicant who can attest to the applicant's moral character; and fingerprints submitted by the applicant and all adult members of the applicant's household. [225 ILCS 10/4]*

402.14, Health of Foster Family

- b) Before licensing, the foster parents shall furnish the supervising agency with a medical report on forms provided by the agency for each member of the household. A medical report shall be obtained



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for the foster parents, their children, other persons residing in the foster home, and child care assistants. The medical reports shall not be more than one year old. Copies of medical examinations of school age children who are members of the household that were completed in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] are acceptable provided copies of the medical examinations are on file with the supervising agency.

**Discussion:** The Department has developed the **CFS 597 R, Application for Foster Family Home License for Relative Caregivers**, to provide the required information to meet the definition of a “complete application” that is in the Child Care Act. This form requires that the applicant certify that the applicant and all members of the household are free from communicable diseases and any physical or mental condition that would affect the ability to provide care for related children placed in the home.

In most cases, relatives already have related children placed in their home when they apply for the license. The **CFS 454, HMR Placement Safety Checklist**, is completed by the placement worker when the placement is made. This form requires the placement worker to assess whether any members of the household have a communicable disease or have physical or mental conditions that would affect the ability of the caregivers to provide care for the children placed in the home.

Medical examinations are required of relative foster care applicants and all members of their household prior to receiving the license. The results of the medical examinations shall be recorded on form **CFS 600, Certificate of Child Health Examination, CFS 600-I, Certificate of Infant and Toddler Health Examination**, or for school age children on school medical forms, a copy of which shall be included in the licensing record, and form **CFS 604, Medical Evaluation of an Adult in a Foster or Adoptive Home**. All medical examinations of applicants, licensees and all other adult members (eighteen years of age and older) of the household in foster and adoptive homes are to be done in accordance with the requirements detailed on the **CFS 604, Medical Evaluation of an Adult in a Foster or Adoptive Home**. These medical forms are to be signed by the examining physician, an advanced practice nurse who has a written collaborative agreement with a collaborating physician which authorized the advanced practice nurse to perform health examinations, a physician assistant who has been delegated the performance of health examinations by the supervising physician; or certified by a recognized health facility.

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**Response:** The CFS 597 R, Application for Foster Family Home License for Relative Caregivers, and the health certifications on the form must be completed when a relative applies for a foster care license.

Prior to the foster care license being issued, the relative applicant and all members of the household must each submit a medical form that states they are free of communicable disease and mental or physical conditions that would affect the ability to provide care for children. The form must be signed by the examining physician, an advanced practice nurse who has a written collaborative agreement with a collaborating physician which authorized the advanced practice nurse to perform health examinations, a physician assistant who has been delegated the performance of health examinations by the supervising physician; or certified by a recognized health facility. The following forms are to be used for this requirement:

- **CFS 600, Certificate of Child Health Examination  
(or school medical forms for school-age children)**
- **CFS 600-I, Certificate of Infant and Toddler Health Examination**
- **CFS 604, Medical Evaluation of an Adult in a Foster or Adoptive Home**

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