

**ADOPTION INFORMATION CENTER OF ILLINOIS
 FAMILY ALBUM OF THE ADOPTION LISTING SERVICE (ALS)
 ADOPTIVE FAMILY REGISTRATION FORM**

800/572-2390 • Fax: 312/346-0004
 Se habla español • TDD accessible

Parent eligibility for ALS registration:

Families who have a completed adoption home study, are licensed for the purpose of adoption and who wish to adopt waiting children in the care of the Illinois Department of Children and Family Services (DCFS) may register to be listed in the Family Album of the ALS.

Instructions:

1. This form contains five sections. *It is very important that you answer every question in each section.* Please type or print your answers. If you have any questions about the form, please call 1-800-572-2390 and ask to speak with a Family Listing Worker.
2. This form may be completed by an adoptive family or their agency worker, but *parent(s) must sign the form to authorize listing on the ALS.*
3. Please include a copy of your Foster Home License with this form and mail it to AICI, 120 West Madison Street, Suite 800, Chicago, IL 60602.

FOR AICI USE ONLY:

	PH _____
Date Received:	EP _____
Listing Number:	MR _____
Category:	LD _____
Family Listing Worker:	DD _____
Change Notice Date:	DE _____
DCFS Region:	HIV _____
Inquiries:	SA _____
	CO _____

PART I. Registrant Information

New Registration Update F- _____

1. What is your DCFS Provider number as printed on your foster home license? _____

2a. Female Registrant Last Name: _____ First Name: _____

Birth Date: _____ Religion: _____ Race: _____

Income Source: Employed SSI Homemaker Other: (please specify) _____

If employed, please provide your job title: _____ Work Phone: _____

Language(s) Spoken: English Spanish Other: (please specify) _____

2b. Male Registrant Last Name: _____ First Name: _____

Birth Date: _____ Religion: _____ Race: _____

Income Source: Employed SSI Homemaker Other: (please specify) _____

If employed, please provide your job title: _____ Work Phone: _____

Language(s) Spoken: English Spanish Other: (please specify) _____

3. Home Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: (_____) _____ Best time to call: _____ E-Mail _____

4. Agency Name: _____

Agency Worker's Name: _____ Phone: (_____) _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

PART II. Information about Your Family

1. Date of marriage: (if applicable) _____

2. Please list all other individuals living in your home:

<i>First and Last Name</i>	<i>How is this person related to you?</i>	<i>Birth Date</i>	<i>Gender</i>	<i>Placement Date</i>	<i>Adoption Finalization Date</i>
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

3. Describe your experience with children. (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Parenting children currently | <input type="checkbox"/> Scout leader |
| <input type="checkbox"/> Parented children who are now adults | <input type="checkbox"/> Youth group leader: (please specify) _____ |
| <input type="checkbox"/> Provided daycare | <input type="checkbox"/> Coach: (please specify) _____ |
| <input type="checkbox"/> Provided foster care | <input type="checkbox"/> Other: (please specify) _____ |
| <input type="checkbox"/> Babysat | |

4. Describe your parenting skills. If you are not currently parenting a child, how do you think you will parent?

5. Describe your family's interests, activities and hobbies. Include information about yourself, and your spouse and child(ren), if applicable.

6. Describe your relationships with friends and family.

Definitions:

Developmental disability is a severe, chronic disability that is attributable to a mental and/or physical impairment; is likely to continue indefinitely; results in substantial limitations in three or more of the following activities: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living and (7) economic self-deficiency; and reflects a child's need for a combination of special care, treatment, or other services that are lifelong or of extended duration.

Mental Retardation:

- 1 Mild Can achieve employment on an unskilled or semiskilled level with minimum support; may be able to participate in mainstream community life with a job and independent living
- 2 Moderate May work in an unskilled or semiskilled capacity in a sheltered environment; must live in a group home or family situation where supervision is available
- 3 Severe Must work or attend daycare in a totally supervised setting; some motor and speech problems; may need nursing care; limited self-care ability

Learning Disability:

- 1 Mild Needs Resource Room help in school setting
- 2 Moderate Requires several years of special education to learn to compensate
- 3 Severe Requires long-term special education; lifelong difficulty with one or more learning areas

Part V. Authorizing Signatures

- I authorize my listing on the Illinois Adoption Listing Service (ALS).
- I authorize my agency to release a copy of my home study to the AICI for the purpose of matching my family with waiting children. The AICI may copy my study to send to children's social workers.
- I authorize AICI to give my phone number to children's workers who inquire.

*PLEASE NOTE: Prospective adoptive parents **must** (1) sign this form and (2) include a copy of their foster home license with this form in order to be listed on the Family Album of the Adoption Listing Service.*

Female Registrant: _____ Date _____
(signature)

Male Registrant: _____ Date _____
(signature)

Agency Worker: _____ Date _____
(signature)

How did you obtain this registration form?

- From my agency From AICI From One Church One Child
- Other: (please specify) _____

Please return completed the form and a copy of your foster home license to:

**Adoption Information Center of Illinois
120 W. Madison St. #800
Chicago, IL 60602**