



ADOPTION INFORMATION CENTER OF IL
ADOPTION LISTING SERVICE (ALS)
CHILD REGISTRATION FORM

INSTRUCTIONS: Complete a separate form for each child, including each child in a sibling group. IF TPR HAS OCCURRED, include one professional, color photo; do not tape, paper clip or staple photograph to this form.

On bottom of back of photo, attach a label with the following:

1. Full name of child
2. Name of agency & worker
3. Date picture was taken
4. If sibling group picture, identify each child

Photographer Name: _____

Location photo was taken _____

Photographer Phone Number: _____

Complete four sides of this form and mail form, CFS600-3* & photo to:
AICI, 120 W. Madison Street, Suite 800, Chicago 60602
If questions, call 312/346-1516

CHILD'S FULL NAME: _____ Court Docket # _____

Name: _____

Birth date: _____ DCFS ID #: _____

Race/Ethnicity: _____ Gender: Male Female

Is this child being listed as part of a sibling group? Yes No

*Use CFS600-3, Consent for Release of Information form for children ages 12 and up, to consent to their mental health information appearing in the ALS Matching Book.

REGION/SITE/FIELD NUMBER: _____

PRIVATE AGENCY

Child's Worker: _____

Supervisor: _____

Agency: _____

Address: _____

City: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

DCFS OFFICE

Region/ Site/ Field: _____

Worker/ Liaison: _____

Supervisor: _____

Address: _____

City: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

FOR AICI USE ONLY:

Listing Number: _____ PH _____

Age Category: _____ EP _____

DCFS Region: _____ MR _____

Adoption Listing Worker: _____ LD _____

Change Notice Date: _____ DD _____

Juvenile Court: _____ SA _____

Photo taken: _____ DE _____

_____ HIV _____

_____ CO _____

CHILD'S LEGAL STATUS:

Date TPR occurred: _____

Or, if no TPR

Date passed adoption screening: _____

Or, if not passed screening

Date passed pre-screening: _____

Termination under appeal: _____

Guardianship date: _____

Other (explain) _____

CONSENT FOR ALS LISTING

DCFS GUARDIAN'S SIGNATURE

By DCFS Authorized Agent

DATE: _____

(Signature above grants consent for ALS registration only and use of child's photo if TPR has occurred.)

CONSENT FOR RECRUITMENT USING CHILD'S PHOTO, IF TPR HAS OCCURRED:

Potential Recruitment Opportunities:

- Newspaper Waiting Child Series
- TV Waiting Child Series
- Adoptive or Foster Parent Newsletters
- National Photolisting Book (CAP)
- Photolisting Web Sites
- National Adoption Exchanges

Please specify if there are any **Recruitment** opportunities listed above in which child **cannot** be featured:

Cities/Counties in which child **cannot** be featured:

If child's real name should not be used, specify name to use in recruitment: _____

DCFS GUARDIAN SIGNATURE

By DCFS Authorized Agent

DATE: _____
(Signature above grants consent for all recruitment)

EDUCATION

Child's present grade: _____ Is child functioning at the appropriate grade/developmental level? Yes _____ If no, specify level: _____

Check all that apply and indicate whether their attendance is Full Time (FT) or Part Time (PT):

Classroom type:

- Regular _____
- Learning Disabled _____
- Behavior Disorder _____
- Ungraded _____
- Developmental _____

Special Ed services required:

- Physical therapy _____
- Occupational therapy _____
- Speech/language therapy _____
- Sign language _____
- Early childhood 0 - 3 y _____
- Other (specify) _____

Setting:

- Public school _____
- Parochial _____
- Other private _____
- Residential _____
- Preschool/Headstart _____
- Pre-kindergarten _____

Indicate below any **DIAGNOSED** disabilities/conditions of this child by circling the number indicating severity:

1 = mild 2 = moderate 3 = severe

LEARNING DISABILITY

None

- 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; will always have difficulty with one or more learning areas

MENTAL RETARDATION

None

- 1 Mild IQ = 50 - 75 Can achieve employment on an unskilled or semi-skilled level with minimum support; may be able to participate in the mainstream of community life with a job & independent living
- 2 Moderate IQ = 25 - 50 May work in an unskilled or semi-skilled capacity in a sheltered environment; must live in a group home or family situation where supervision is available
- 3 Severe IQ = less than 25 Must work or attend day care in a totally supervised setting; individual has some motor and speech problems; may need nursing care; limited self-care ability.

PHYSICAL / MEDICAL CONDITIONS

None

- | | |
|---|--------------------------|
| 1 2 3 Asthma | 1 2 3 Hearing Impaired |
| 1 2 3 Autism | 1 2 3 Hydrocephalus |
| 1 2 3 Cerebral Palsy | 1 2 3 Muscular Dystrophy |
| 1 2 3 Developmental Delay | 1 2 3 Seizures |
| 1 2 3 Down Syndrome | 1 2 3 Sickle Cell Anemia |
| 1 2 3 Fetal Alcohol Effect | 1 2 3 Sickle Cell Trait |
| 1 2 3 Fetal Alcohol Syndrome | 1 2 3 Spina Bifida |
| 1 2 3 Genetic Medical Condition (Specify) | 1 2 3 Visually Impaired |
| _____ | 1 2 3 Other (Specify) |
| _____ | _____ |

Is this child Developmentally Disabled according to the following Federal definition: Yes _____ No _____

DEVELOPMENTAL DISABILITY: A severe chronic disability which is attributable to a mental and/or physical impairment; is manifested before the age of twenty-two; is likely to continue indefinitely; results in the substantial functional limitations in three or more of the following major life 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-sufficiency; and reflects the person's need for a combination of special care, treatment or other services which are lifelong or of extended duration.

EMOTIONAL / BEHAVIORAL CONDITIONS

None

- | | |
|--|--------------------------------------|
| 1 2 3 Adjustment Disorder | 1 2 3 Eating Disorder |
| 1 2 3 Attachment Disorder | 1 2 3 Enuresis |
| 1 2 3 Behavior Disorder | 1 2 3 Post Traumatic Stress Disorder |
| 1 2 3 Childhood Anti-Social Behavior | 1 2 3 Oppositional Defiant Disorder |
| 1 2 3 Attention Deficit Disorder | 1 2 3 Sexually Acts Out |
| 1 2 3 Attention Deficit Hyperactivity Disorder | 1 2 3 Other (Specify) |
| 1 2 3 Compulsive Disorder | _____ |

Please answer the following:

- Prenatal Drug Exposure Yes No
- HIV Positive* Yes No
- Diagnosed with AIDS* Yes No
- Child attends counseling Yes No

I have verified that the information on this page is accurate, diagnosed and documented in the child's record and that all information on pages one and two is accurate.

*Condition shall be disclosed in accordance with DCFS Rule 431, Confidentiality of Personal Information, subsection 431.110 (b) (4).

Supervisor's Signature

Date

Provide a detailed description of the child including the following information (use an additional sheet, if necessary):

Personality including strengths, weaknesses, & special talents:

Favorite toys/activities/hobbies/pets:

Behavior at home & school:

Overall health and medication taken, if applicable:

State positive comments the foster parent & teachers make about child:

Ability to attach and express-receive affection, counseling needs and readiness for placement: (Include need for any on-going visiting with birth family members or others.)

Ask the child what he/she would like their adoptive family to be like: (Include a quote from child, if possible.)