

Burgos Notification Form
Spanish-Speaking Child Placed in a Non-Spanish Speaking Living Arrangement

Date _____ R/S/F _____

Caseworker Name _____ Phone _____ ID# _____

Agency _____

Address _____

If POS, identify DCFS Agency Performance Team Liaison _____

Region/Site _____ Phone _____

1. CASE INFORMATION

Child's Name _____ ID Number _____ Age _____

Member of Sibling Group Yes No Number of Siblings ____

2. TYPE OF LIVING ARRANGEMENT

Emergency Regular Diagnostic Hospital Institution
 Specialized Group Home Unauthorized OTHER: _____
 Placement Name _____ Provider ID _____

3. REASON FOR PLACEMENT

New Placement Shelter Care Placement Disruption Only Available RSRC
 Bhvr Mgmt Prob Mntl Hlth Prob OTHER: _____

4. CHECK THE BOXES OF THE TYPES OF PLACEMENTS THAT WERE CONSIDERED:

Relatives DCFS Foster Care Resources P.O.S. Foster Care Resources

5. If a relative placement was considered, give date of relative search: _____

6. Placement recommendations (CAYIT, Help Unit, Clinical Staffing):

7. Expected Timeframe for Placement in a Spanish-Speaking Resource:

14 Days 30 Days 60 Days

PLEASE FAX OR SEND IMMEDIATELY TO:

Lourdes M. Rodriguez , Burgos Coordinator
IDCFS – JRTC 100 W. Randolph 6th Floor
Chicago IL 60601
FAX: 312-814-3138

Copies to: Regional Administrator
Field Service Manager
File

Resource/D.P.O. Program Manager
Supervisor