

INTERSTATE ADOPTION AGENCY PLACEMENT INFORMATION

Out-of-state agencies that engage in Interstate Compact placements with Illinois for the purpose of foster care or adoption shall provide all of the following to the Department: 1) A copy of the agency's current license or other form of authorization from the approving authority in the agency's state. If no license or authorization is issued, the agency must provide a reference statement from the approving authority in that state, indicating the agency is authorized to place children in foster care, adoption or both in the jurisdiction; 2) A description of the agency's adoption programs, including home studies, placements, and post placement supervision that the child placing agency conducts within its geographical area. The child placing agency must accept continued responsibility for placement planning and subsequent placement if a placement fails; 3) Notification to the Department shall be provided of any significant child placing agency changes after ICPC approval. [750 ILCS 50/4.1]

Instructions: The Department will retain this information for a minimum two-year period. Please update this information when your agency renews its license or certification. DCFS may provide this information to involved parties and prospective adoptive families upon request.

Mailing Address/Please return this form to:
Illinois DCFS
Interstate Compact Office
406 E. Monroe St., Station # 50
Springfield, IL 62701

Agency Name:		Date:	
Address:		Zip Code:	State:
Telephone	Fax:	E-mail Address:	
Agency is incorporated as a: <input type="checkbox"/> For Profit Corp; <input type="checkbox"/> State Non-Profit Corp; or <input type="checkbox"/> 501(c)(3)		Website:	
Name of Executive Director:		Phone	
Adoption Program Manger:		Phone	
Description of all adoption related services provided by agency (attach additional pages as needed):			
Number of families with whom you have placed children during your agency's most recent fiscal year:		Number of employees who perform adoption services:	
		Full time: Part time:	

Attachments:

- | | |
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| <input type="checkbox"/> List of Board members | <input type="checkbox"/> Documentation supporting agency's corporate status |
| <input type="checkbox"/> Name, address & phone number of Board Chair | <input type="checkbox"/> Copy of Current License/Certification |

I affirm that the information provided above is accurate and complete. This information may be released and shared with persons inquiring about adoption services related to this agency.

Signature of Executive Director / Board Chair

Date