



Child's Birth Name: \_\_\_\_\_

Guardian(s) Name: \_\_\_\_\_

Date: \_\_\_\_\_

5) The child has a strong attachment to the potential guardian and the guardian has a strong commitment to the child.

Yes       No

6) With respect to a child who has attained 14 years of age, the child has been consulted and the child has agreed to the guardianship arrangement.

Yes       No       N/A

**OR**

7) The child is a sibling of an eligible child who is placed with the same relative under a kinship guardianship agreement and the Department and the relative guardian agree that the placement is appropriate.

Yes       No

**OR**

8) The child is 14 years of age or older, who has lived with a licensed NON-RELATIVE for at least the 6 consecutive month period AND meets the following:

- a) the child was removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home would be contrary to the welfare and best interest of the child; and
- b) the child was eligible for foster care maintenance payments while residing for at least 6 consecutive months in the licensed non-relative home immediately prior to establishing guardianship; and
- c) the prospective guardian has been a licensed foster parent for at least the consecutive 6 month period immediately prior to the establishment of the guardianship; and
- d) the child demonstrates a strong attachment to the prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child; and
- e) the child has been consulted and has agreed to the guardianship arrangement.

Yes       No

9) The parent(s) has consented to the subsidized guardianship arrangement.

Yes       No

10) The Department has good cause to seek a private guardian without consent and will give notice of the guardianship hearing.

Yes       No

**IF THE ANSWERS TO SECTION II. #s 1-5 ARE YES AND #6 IS YES OR N/A OR THE ANSWER TO #7 IS YES OR THE ANSWER TO #8 a) THROUGH e) IS YES, THE CHILD IS ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP. OTHERWISE, THE CHILD IS NOT ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP.**

Child's Birth Name: \_\_\_\_\_

Guardian(s) Name: \_\_\_\_\_

Date: \_\_\_\_\_

11) Is the child eligible for subsidized guardianship?

Yes     No

\_\_\_\_\_  
Signature of Worker Completing the Form

\_\_\_\_\_  
Agency

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Worker Completing the Form

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Agency

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Supervisor

\_\_\_\_\_  
Signature of DCFS Adoption Supervisor/Coordinator

\_\_\_\_\_  
Region

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of DCFS Adoption Supervisor/Coordinator