

GUARDIANSHIP SERVICES
July 13, 2015 – PT 2015.22

PROCEDURES 327 GUARDIANSHIP SERVICES

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Section 327.1 Purpose and Introduction

The DCFS Guardian (also referred to as the “Guardianship Administrator” for the Department) serves as:

- acting custodian for children in DCFS protective custody;
- temporary custodian of each child or youth placed in the care of the Department through an order of temporary custody by a juvenile court;
- legal guardian of the person of each child or youth adjudicated to be an abused, neglected or dependent minor and placed in the guardianship of the Department by a juvenile court;
- legal guardian and custodian with power to consent to adoption of a child for whom one or both parents have executed a written surrender for adoption; and
- legal guardian of wards of the court over 18 years of age who are unable to consent on behalf of themselves.

The DCFS Guardian is appointed by the Director of the Department. The DCFS Guardian must register his/her name with the Illinois Secretary of State.

Within the Office of the DCFS Guardian, designated DCFS staff shall be appointed as “Authorized Agents” of the DCFS Guardian. Each Authorized Agent shall undergo training regarding the duties of the DCFS Guardian, and the role and responsibilities of an Authorized Agent. The names of Authorized Agents of the DCFS Guardian are also registered with the Illinois Secretary of State.

The DCFS Guardian may limit the type of consent that an Authorized Agent may provide.

Child Protection Specialists and Permanency Workers shall direct medical personnel to call the DCFS Consent Unit (or, afterhours, the Child Intake and Recovery Unit) to obtain consent for medical treatment.

Medical consents shall be requested by calling:

- During regular work hours (Monday through Friday, 8:30 a.m. to 4:30 p.m.): DCFS Consent Line, **800-828-2179**; and
- After hours, weekends and holidays: Child Intake and Recovery Unit, **866-503-0184**.

More detailed information about medical consents is contained in **Procedures 327.5, Medical Consents**.

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Section 327.2 Definitions

“Authorized Agent” means “Designee” as defined in **Rule 327.2, Definitions**, which states, *“Designee” means those Department staff who have been appointed by the Director and authorized by the Guardianship Administrator and have been given formal authority to authorize and consent to matters concerning children for whom the Department has legal responsibility.* The consent authority of an Authorized Agent may be broad or limited in scope depending on the individual agent’s job functions as set out in Department Rules and Procedures.

”DCFS Guardian” means the “Guardianship Administrator” as that term is defined in **Rule 327.2**, which states, *“Guardianship Administrator” means that person designated by the Director of the Department of Children and Family Services to serve as guardian or custodian of children accepted by the Department pursuant to the Juvenile Court Act of 1987, the Children and Family Services Act, the Abused and Neglected Child Reporting Act, and the Adoption Act.*

Section 327.3 Acceptance of Children

The procedures contained in this section describe the methods by which the Department assumes legal responsibility for children and how the DCFS Guardian is to be informed when children are accepted for care. Children are accepted for care through court-ordered custody or guardianship, through adoptive surrender signed by the parent(s), through voluntary placement agreements and through temporary protective custody.

a) Juvenile Court Orders

Under the Juvenile Court Act of 1987, the circuit court of each Illinois county has the authority to commit abused, neglected and dependent children under 18 years of age and delinquent children under 16 years of age to the Department. The Department is responsible for accepting and providing appropriate care and treatment for these children. It is the Department's discretion to accept a delinquent youth or a minor in need of supervision age 16 or older.

The juvenile court has continuing jurisdiction and authority for the children and youth it commits to the Department. Child Protection Specialists and Permanency Workers from each Department office and purchase of service (POS) agency must be familiar with the Juvenile Court Act and local court requirements for filing important documents (e.g., Family Service Plans and Visitation and Contact Plans) with the juvenile court and the attorneys/parties in each child’s case.

The Department may request the local State’s Attorney Office to initiate juvenile court proceedings on behalf of an “abused child”, “neglected child”, or “dependent child” (as defined in the Juvenile Court Act). The Department may also request the State’s Attorney to file a petition or motion for termination of parental rights and power to consent to adoption when a case has passed legal screening and adoption or legal guardianship is determined to be appropriate.

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b) Adoptive Surrenders

1) Obtaining Surrenders for Adoption

The DCFS Guardian has designated certain Department adoption staff to accept surrenders for purposes of adoption. The designated Adoption Workers are available in each DCFS Region. To become designated to take a surrender, these Adoption Workers have attended training and passed an examination. The training and examination have been prepared and approved by the DCFS Office of Legal Services and DCFS Training Office.

A surrender may be taken by a judge in any Illinois Circuit Court. On a case-by-case basis, a judge may authorize a specific individual to take a surrender when the parent is unable to be present in court. (E.g., the warden at a penitentiary may be authorized to accept a surrender of an inmate.)

A surrender for adoption executed in accordance with the law of another state is valid in Illinois. When a parent of a DCFS ward resides in another state and wishes to surrender his/her child for adoption, the Permanency Worker can arrange for the parent to appear before a judge in that state, or another individual who is authorized in that state to take a surrender.

When discussing surrenders for adoption with the parents, the Permanency Worker should ask questions to determine that it is each parent's intention to voluntarily terminate their parental rights and that is in the best interest of the child to be adopted. When the parents are not married, the mother shall be asked to identify the father. The Permanency Worker must locate the father and determine if he intends to acknowledge paternity and establish a relationship with the child. If not, the Permanency Worker shall ask the father if he will execute a surrender for adoption.

The Adoption Act permits a father to execute a surrender prior to the birth of the child. However, the Department discourages accepting a surrender before the child is born. The surrender of an unborn child can be revoked at any time before the birth of the child and during the first 72 hours after the birth of the child. The preferred practice is to have the parents execute surrenders before a judge more than 72 hours after the child's birth.

All surrenders of children in DCFS custody or guardianship shall be taken on a **CFS 435, Final and Irrevocable Surrender to an Agency for Purposes of Adoption of a Born Child**. The Permanency Worker shall prepare the **CFS 435**, in duplicate, for each parent who will be executing the surrender.

If the legal father (e.g., spouse) is not the child's biological father, his surrender, in addition to the surrender of the biological father, is necessary to completely free the child for adoption.

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A putative father is a man whose paternity has not been established or is not presumed under Illinois law. The Permanency Worker shall make every effort to locate and contact the putative father, explain his rights, and if he wants, help him establish paternity. When a putative father is not willing to become involved, or hesitates to acknowledge paternity, and it is the mother's intention to surrender her child for adoption, the Permanency Worker shall request a legal screening with the DCFS Regional Counsel to determine if grounds exist to terminate the putative father's parental rights and if a legal risk placement is appropriate. Grounds for termination of parental rights are set out in Section (1)(D) of the Adoption Act [750 ILCS 50(1)(D)]. Legal risk placements are explained in **Rule 309.50, Identification of Children for Potential Adoption Planning.**)

If there is reason to believe the father is interested in establishing paternity, the Permanency Worker shall speak with the father to determine his interest in doing so. Paternity must be established in accordance with the Illinois Parentage Act [750 ILCS 40]. The Permanency Worker should contact the State's Attorney's Office for assistance.

2) Authority to Accept a Surrender

Authority to accept a surrender for adoption is limited to the provisions listed in this subsection. DCFS Regional Counsel should be contacted as soon as possible if there are questions about specific surrender procedures in any particular county.

The Permanency Worker shall verify that:

- the individuals who wish to execute surrenders for adoption are the child's legal parents and that they have the legal right to relinquish the child;
- each parent executing a surrender is mentally competent;
- the surrender is for the purpose of adoptive placement and such placement can reasonably be anticipated;
- no surrender (from either mother or father) shall be taken prior to the birth of the child or within the first 72 hours after the birth of the child;
- in situations where there is both a legal father (spouse) and a putative (biological) father, all three parties must be available and willing to sign surrenders; and
- a diligent search is conducted for any parent (legal, putative or biological) whose identity is known, but whose whereabouts are unknown. When the identity or the whereabouts of a parent is unknown, a surrender may be taken from the available parent. The State's Attorney shall be asked to provide notice by publication for the unavailable parent.

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Note: Before making an out-of-state placement, the Permanency Worker should determine whether the receiving state requires that all parental rights (legal, putative and biological) be terminated prior to placement in an adoptive home in that state.

3) Refusal to Take a Surrender

Surrenders shall not be taken in the following situations:

- all cases where a parent's whereabouts are known but he/she is uncooperative (e.g., refusing to answer letters, phone calls, etc.);
- all cases where a parent is by reason of age, mental or emotional capacity presumed to be unable to give a valid surrender for adoption of his/her child;
- all cases where parents disagree as to whether surrender for adoption is the best plan for their child;
- all cases where one or both parents vacillate regarding whether or not to sign a surrender; and
- all cases where coercion, duress or lack of understanding is indicated on the **CFS 424, Parental Affidavit**.

In the situations cited above, the Permanency Worker shall present all information necessary to enable the Court to determine the parent's capacity or to accept the surrender from the parent.

4) Additional Requirements to Execute Surrenders for Adoption

When a surrender is to be taken the following is applicable:

- The parents should be given a copy of the surrender to read prior to signing. When any doubt exists regarding the parent's ability to read, the form must be read to him/her. When a parent speaks a foreign language or is hearing impaired, an interpreter must be present.
- After the surrender form has been read and prior to signing it, the questions contained on form **CFS 424** must be asked of the parent. When response to the questions raises doubts regarding the parent's understanding of, and/or free execution of a surrender, a surrender shall not be taken.
- When the gravity of signing is clearly understood, the parent(s) and all witnesses should sign the required copies of the surrender and **CFS 424** and the documents should be notarized.

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c) Temporary Protective Custody

Within the Department, only Child Protection Specialists (or Permanency Workers serving afterhours as Child Protection Specialists) have authority to take a child into temporary protective custody. The factors for taking temporary protective custody are set out in **Rule and Procedures 300.120, Temporary Protective Custody**. A child taken into temporary protective custody must be brought before a judicial officer for a shelter care hearing within 48 hours, unless the custody has been terminated earlier, in accordance with the Juvenile Court Act.

During the period of temporary protective custody (prior to the commencement of court proceedings, or returning the child home), the Child Protection Specialist or Permanency Worker shall contact the DCFS Consent Unit to obtain consent to ordinary medical treatment, if such treatment is necessary.

Section 327.4 Duties of the DCFS Guardian

Note: The Guardianship Administrator is referred to throughout these procedures as the “DCFS Guardian.”

The responsibilities and duties of a guardian of the person of a minor are specified in the Juvenile Court Act of 1987. In varying degrees a guardian is an agent of, and accountable to, the court of jurisdiction, and the guardian may be cited in court and required to make a full report on his/her actions on behalf of the ward at any time. The guardian may be required to file annual reports with the court and the court may require additional reports. Unless terminated earlier by court order, or the ward's legal adoption, private guardianship, marriage, or death, the DCFS Guardian's appointment may continue until the ward reaches age 21.

Consents

With few exceptions, when the DCFS Guardian is appointed by a court as a child or youth's legal guardian, the DCFS Guardian is authorized to consent to important decisions affecting the child or youth while the child/youth is under 18 years of age and in the Department's care.

Youth age 18 and older are presumed under law to be mature enough to understand and consent to matters affecting themselves. The Guardian will not consent on behalf of a youth 18 or older unless a court determines that the youth is not competent to make his/her own decisions. If a court makes that determination, it will also specify in the court order whether the lack of competence extends to all decision-making, or just to certain decisions (e.g., financial decisions, medical care).

Permanency and adoption workers and their supervisors are expected to prepare necessary consent forms and other documentation for the Guardian's approval and signature together with a summary of the information needed by the Guardian to make an informed decision concerning matters requiring consent. Individual case files maintained in the DCFS/POS field office shall be made available to the DCFS Guardian (or Authorized Agents) and other Department staff upon request.

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The DCFS Guardian has authority to deny consent when appropriate. The Guardian will rely heavily on information and recommendations from the child's permanency or adoption worker and supervisor in this decision making process.

a) Consent to Adoption

1) Who May Give Consent for Adoption of a DCFS Ward

The DCFS Guardian shall designate certain Adoption Supervisors in each DCFS Region to serve as Authorized Agents of the DCFS Guardian for the limited purpose of consenting to the adoption of children in DCFS guardianship. This appointment as Authorized Agents shall be in writing, and the name of each designated Adoption Supervisor shall be registered with the Illinois Secretary of State.

An Adoption Supervisor appointed as an Authorized Agent may accept summons and petitions for adoption of Department wards. When the DCFS Guardian is guardian of a child “with power to consent to adoption”, an Adoption Supervisor appointed as an Authorized Agent may sign an entry of appearance and consent to adoption of that child when adoption by the petitioners is in the child’s best interests. The Adoption Supervisor shall comply with the requirements in **Rules and Procedures 309, Adoption Services for DCFS Wards** when assessing placement considerations and the best interests of the child.

2) Notifying the Court Following Completion of the Adoption

The Permanency Worker shall promptly notify the juvenile court of the date when an Order of Adoption for a DCFS ward is entered, and should provide the court with a certified copy of the Order of Adoption.

The Permanency Worker shall send a completed **CFS 440 A, Request for Guardian's Petition for Release of Guardianship**, to an Adoption Supervisor who has been designated an Authorized Agent of the DCFS Guardian for this purpose. If determined appropriate, the Adoption Supervisor will complete form **CFS 440, Petition for Discharge from Guardianship** and **CFS 440-1 Order of Discharge**, and forward these forms to the Juvenile Court or to the Permanency Worker for presentation to the court. When the Permanency Worker receives a copy of the Order of Discharge signed by the judge, the child’s case can then be closed.

b) Consent for Behavioral Health Services

Behavioral health services may be provided to children and youth for whom the Department is legally responsible by agencies that have specifically contracted with the Department of Children and Family Services or the Department of Human Services. These agencies are certified in accordance with **59 Ill Adm. Code 132, Medicaid Community Mental Health Services Program**.

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Medicaid Community Mental Health services require the consent of the DCFS Guardian or an Authorized Agent from the Consent Unit. These services include but are not limited to:

- Pre-hospitalization screening;
- Rehabilitative or Mental Health Assessment;
- Individual Treatment Plan (ITP) development;
- Psychiatric Evaluation;
- Psychological testing; and
- Treatment with psychotropic medication.

Consent by the DCFS Guardian or an Authorized Agent from the Consent Unit is required before any of these services can be provided to a DCFS ward less than 18 years of age. However, the Guardian's consent is not required prior to a screening requested after a referral to a Screening, Assessment and Supportive Services (SASS) agency that is limited to an interview with the child and/or a caregiver to obtain information to determine whether:

- the referred child is a client as defined in the SASS program plan;
- the behavior and emotional status of the child is such that the child is a threat to him/herself or others;
- the caregiver is incapable of effectively responding to the child's behavioral or emotional condition without assistance; and
- the referred child has been hospitalized for psychiatric problems or presented to a hospital for psychiatric admission at the time of the referral.

Additionally, the consent of the DCFS Guardian or an Authorized Agent from the Consent Unit is not required to provide crisis intervention services (in accordance with 59 Ill. Adm. Code 132) or when a mental health assessment is court-ordered. The Mental Health and Developmental Disabilities Code provides:

A youth 12 years of age or older may request and receive counseling services or psychotherapy on an outpatient basis. The consent of his parent, guardian or person in loco parentis shall not be necessary to authorize outpatient counseling or psychotherapy. The minor's parent, guardian or person in loco parentis shall not be informed of such counseling or psychotherapy without the consent of the minor unless the facility director believes such disclosure is necessary. If the facility director intends to disclose the fact of counseling or psychotherapy, the minor shall be so informed. However, until the consent of the minor's parent, guardian or person in loco parentis has been obtained, outpatient counseling or psychotherapy provided to a minor under the age of 17 shall be limited to not more than 5 sessions, a session lasting not more than 45 minutes. The minor's

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parent, guardian or person in loco parentis shall not be liable for the costs of outpatient counseling or psychotherapy which is received by the minor without the consent of the minor's parent, guardian or person in loco parentis. [405 ILCS 5/3-501]

Any minor 16 years of age or older may be admitted to a mental health facility as a voluntary recipient pursuant to the Mental Health and Developmental Disabilities Code: Admission, Transfer and Discharge Procedures for the Mentally Ill, if the minor himself executes the application. A minor so admitted shall be treated as an adult under Article IV of that Code and shall be subject to all of the provisions of that Article. The minor's parent, guardian or person in loco parentis shall be immediately informed of the admission. [405 ILCS 5/3-502]

c) **Rehabilitative or Mental Health Assessment**

A separate, informed consent is required for all DCFS wards under 18 years of age prior to the beginning of an assessment to determine whether the ward is in need of Medicaid Community Mental Health services. The **CFS 431-1, Consent of Guardian to Mental Health Treatment** shall be signed by the DCFS Guardian or an Authorized Agent from the Consent Unit when a contracted Medicaid Community Mental Health service provider requests written consent to perform an assessment of a child/youth.

The original copy of the signed **CFS 431-1** shall be provided to the Medicaid Community Mental Health service provider, and a copy shall be forwarded to the child's Permanency Worker for placement in the case record.

If the assessment is performed on an in-patient basis for a child for whom the Department has guardianship through the Juvenile Court of Cook County, the DCFS Guardian or Authorized Agent from the Consent Unit must also comply with the requirements of *In re Lee-Wesley*. (See **Procedures 301.110, Psychiatric Hospitalization**)

Note: The Consent Decree in *In re Lee-Wesley* requires the DCFS Guardian to notify the Guardianship and Advocacy Commission within 24 hours of admission of a Cook County ward to a mental health or drug dependency facility, in order to ensure that these wards are not placed inappropriately in psychiatric facilities, nor held longer than medically necessary. This consent decree applies to Cook County children who are placed in a psychiatric facility, regardless of whether the facility is located inside or outside of Cook County.

The DCFS Guardian and Authorized Agents will not sign "blanket" or incomplete consent forms under any circumstances. All consent forms must be specific, time limited and given without duress or coercion.

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Once the assessment has been completed, separate, specific informed consents are required for the treatment plan, administration of psychotropic medication, and/or psychiatric hospitalization. (For more information, see **Rules 325, Administration of Psychotropic Medications to DCFS Wards**, and **Procedures 301.110, Psychiatric Hospitalization**.) Consent for other mental health services described in the treatment plan is indicated by the Authorized Agent's signature on the Individual Treatment Plan (ITP) or the Rehabilitative Services Plan (RSP).

1) Individual Treatment or Rehabilitative Services Plan Development/Modification

An Individual Treatment Plan (ITP) is developed on the basis of a mental health assessment. A Rehabilitative Services Plan (RSP) is developed on the basis of a rehabilitative assessment. The ITP and RSP are prepared on forms supplied by the mental health provider and must be signed by the DCFS Guardian or Authorized Agent from the Consent Unit before any other mental health services (other than crisis intervention) can be provided to the child/youth. If the child/youth is 12 years of age or older, he/she must also sign the ITP/RSP in order to receive services. Any modification of the ITP/RSP also requires the consent of the DCFS Guardian or Authorized Agent from the Consent Unit (and child/youth 12 years of age or older).

If services listed in the ITP/RSP will be provided by an agency that did not participate in the development of the Treatment/Rehabilitative Services Plan, a separate consent is required for each agency to provide its particular services.

Note: Administration of psychotropic medication is a medical procedure that requires the consent of the DCFS Guardian or an Authorized Agent from the Consent Unit in accordance with **Rules 325, Administration of Psychotropic Medications to DCFS Wards**.

2) Behavior Management Techniques

The DCFS Guardian is responsible for protecting the rights of children in care. This includes responsibility for ensuring that DCFS wards are not subjected to excessive or inappropriate use of behavior management techniques.

The child's Permanency Worker shall instruct the facility, in writing, that in accordance with **Rule 384.5, Discipline and Behavior Management in Child Care Facilities**, residential child care facilities must notify the Permanency Worker within 24 hours of the physical restraint or confinement of a DCFS ward.

The Permanency Worker shall also advise the facility that, in accordance with **Rule 325**, there must be a separate written consent for administration to a DCFS ward of each psychotropic or psychoactive drug. Changes in dosage or frequency require additional written approval.

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d) Other Consents

This section deals with procedures for obtaining required consents for other important decisions that may need to be made on behalf of children. When seeking the consent of the DCFS Guardian, the ward has the right to be informed that he/she may request a service appeal to review any service decision made by the DCFS Guardian or an Authorized Agent. The Permanency Worker is responsible to give the child/youth timely written notice of the decision.

1) Consent to Marriage

Consent of the DCFS Guardian or an Authorized Agent from the Consent Unit is required for issuance of a marriage license to any DCFS ward between the ages of 16 and 18. To obtain consent, the youth's Permanency Worker shall send a memorandum to the Office of the DCFS Guardian with the following information about the ward:

Name
Date of birth
Place of birth (city, county, state)
Current residence (city, county, state)

Concerning the person the ward is to marry:

Name
Date of birth
Current residence (city, county, state)
If not of the age of majority, legal status; name and relationship of person who will consent

The Permanency Worker shall include information to support why consent should or should not be given. The Permanency Worker may contact the DCFS Consent Unit at **800-828-2179** for more information about preparing this memorandum.

The DCFS Guardian or Authorized Agent from the Consent Unit may personally interview the ward, caregivers and Permanency Worker. If the request for consent is approved, the DCFS Guardian or Authorized Agent will complete, sign and notarize the **Affidavit of Consent of Parent or Guardian for Marriage of a Minor** (printed on the reverse side of the marriage application form), and forward it to the Permanency Worker who initiated the request. The Permanency Worker shall give the Affidavit to the ward to be used to obtain a marriage license. In some counties, the Permanency Worker may also need to provide a certified copy of the court order awarding guardianship to DCFS as proof of the guardian's authority.

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If the marriage will take place in a state other than Illinois, the Permanency Worker shall secure and complete the proper consent forms from that state and provide the forms to the Office of the DCFS Guardian.

The laws in some states permit marriage, with or without parent/guardian consent, at an earlier age than permitted in Illinois. If a ward travels to another state for the sole purpose of marriage when he/she would not be permitted to marry under Illinois law, that marriage could be voidable. If the Permanency Worker suspects or learns that a teenage ward intends to go to another state to get married without consent of the guardian, the Permanency Worker should share this information with the ward.

If the Permanency Worker learns that one or both parents have consented to the marriage of a DCFS ward, the Permanency Worker shall immediately contact the DCFS Guardian and DCFS Regional Counsel.

2) Enlistment in the Armed Forces

When a ward age 17 wishes to enlist in a branch of the armed forces, the Permanency Worker should consult with the local recruiting officer about enlistment procedures, and make arrangements to obtain a consent form for the DCFS Guardian. The consent form for enlistment must be completed by the recruiter and forwarded by the Permanency Worker to the Office of the DCFS Guardian. The DCFS Guardian or Authorized Agent from the Consent Unit may wish to interview the ward before acting upon the consent request. When the consent request has been approved and signed by the DCFS Guardian or Authorized Agent from the Consent Unit, it will be returned to the Permanency Worker.

3) Enlistment in Job Corps

The Office of Economic Opportunity establishes policy and procedure regarding the Job Corps. In Illinois, the agency designated by the Office of Economic Opportunity to screen and recruit applicants is the Illinois Job Service.

When the DCFS Guardian or an Authorized Agent from the Consent Unit is requested to consent to enrollment of a ward in the Job Corps, the Guardian or Authorized Agent shall interview the ward, Permanency Worker and the recruitment officer regarding the terms of enrollment, the rules and regulations of the Job Corps, the type of training offered, and the ward's ability to adjust to separation and residence in a distant location.

Job Corps policy requires that the Department retain guardianship of the ward for the duration of enrollment.

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The Office of Economic Opportunity does not allow any deletion in the medical/surgical section of their "Parental Consent to Enrollment in the Job Corps" form, but will accept the addition of the following statement. "It is understood that, except in dire emergencies, the consent of the guardian will be sought for any major medical or surgical procedures."

The Permanency Worker shall obtain consent of the juvenile court for the ward to be placed out-of-state if the Job Corps training center is located outside the State of Illinois.

4) Travel

A) Consent for Out-of-State Travel

Consent for out-of-state travel must be obtained from the DCFS Guardian or an Authorized Agent from the Consent Unit.

The Permanency Worker must submit a **CFS 432, Consent of Parent/Guardian for Out-of-State Travel** to the Consent Unit for this purpose. The Permanency Worker shall place signed copies of out-of-state travel consents in the child's case file.

When consent for out-of-state travel is approved, the Permanency Worker shall ensure that the responsible adults with whom the child is traveling have the telephone numbers for the DCFS Consent Unit and Child Intake and Recovery Unit in case of an emergency.

When a child requires frequent and regular medical trips, consent for that travel should be included in the medical consent.

For out-of-state travel that is less than 12 hours (e.g., a shopping trip to St. Louis), consent is not required if the child is accompanied by his/her caregiver.

B) Consent for Out-of-Country Travel

Consent for travel outside the United States must be approved by the DCFS Guardian or an Authorized Agent from the Consent Unit. Such consent is conditioned upon the concurrence of the court of jurisdiction.

Approval from the court should be obtained after consultation with the DCFS Guardian or an Authorized Agent from the Consent Unit.

The Permanency Worker shall search for any and all travel warnings posted on the U.S. Department of State website (travel.state.gov) for the countries where the child will be traveling. The Permanency Worker shall attach this information to the travel request.

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The Permanency Worker shall also notify the DCFS Guardian or Authorized Agent, in writing, when the child has a medical condition that may prevent him/her from traveling abroad.

C) Consent for Issuance of Passport for Department Ward

All minors regardless of age, including newborns and infants, **must** have their own passport when traveling outside of the United States.

DCFS wards age 12 and older may sign their own passport applications. For wards under age 12, the DCFS Guardian or an Authorized Agent from the Consent Unit must sign the application. In either event, certain documentation is required by the Federal Passport Office: a certified copy of the ward's birth certificate (must bear Clerk's raised seal), certified copy of the court order establishing guardianship, a certified copy of the court order authorizing acquisition of a passport and specifying travel plans for the child, two 2" x 2" passport photos of the ward, and a signed, notarized statement from the DCFS Guardian or Authorized Agent from the Consent Unit consenting to the ward's travel outside the United States. The statement should include the names of persons traveling with the child and the length of time the DCFS Guardian or an Authorized Agent anticipates the child will be gone.

Minors under age 16 cannot apply for a passport by themselves. Passport applications for minors under age 16 must be submitted in person at a passport agency or authorized passport application acceptance facility. The minor must be present. Both parents or guardians should appear with the minor.

A youth age 16 or over must apply in person if he/she is applying for his/her first U.S. passport or if his/her previous passport was issued when he/she was under age 16. It is recommended that at least one parent (e.g., the caregiver or Permanency Worker) appear in person with the minor.

The minor must provide one passport photograph. The photo must be:

- In color;
- 2" x 2" in size;
- Printed on photo-quality paper;
- Taken within the past 6 months showing current appearance;
- Full face, front view;
- Taken on a plain white or off-white background;
- Between 1" and 1 3/8" from the bottom of the chin to the top of the head;
- Taken in normal street attire;
 - Uniforms should not be worn, except daily religious attire (statement must be submitted)

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- Hats or headgear should not be worn (except daily religious attire)
- If you normally wear prescription glasses, a hearing device, wig, or similar articles, they should be worn in your photo
- Dark glasses or nonprescription glasses with tinted lenses are unacceptable unless worn for medical reasons (statement must be submitted); and
- Articles worn for religious or medical reasons should be accompanied by a statement to that effect.

The U.S. Department of State provides detailed guidelines for preparing a passport application and supporting documents. These guidelines and application forms are available on the websites for the U.S. Department of State (travel.state.gov) and the U.S. Postal Service (www.usps.com/shop/apply-for-a-passport.htm), as well as at the Passport Office in Chicago, the Office of the Clerk of the United States District Court serving the locale in which the DCFS area office is located and many post offices.

Fees for passports are posted on the website. Checks should be made payable to "Department of State." It may take *at least 4 weeks*, (longer during the months from May to September when vacation travel is at its peak) to obtain a passport. Permanency Workers should act accordingly in order to assure that passports will be secured in time for planned travel.

Instructions and additional fee information for obtaining an expedited passport are available on the U.S. Department of State Travel website (travel.state.gov).

5) Release of Information Consents

When a request for release of information requires the consent of the guardian (See **Rule 431, Confidentiality of Personal Information of Persons Served by the Department**), the signature of the DCFS Guardian or an Authorized Agent from the Consent Unit shall be obtained on the consent form.

6) School Matters

Since the school plays a major role in the life and development of the school age child, there are many events that require the participation and decisions of the child's parent. For children who are the legal responsibility of the Department, those providing substitute care (depending on what type of placement setting the child is in) must make these decisions. For most routine school activities, only the involvement of the child's Permanency Worker or foster parent (in group settings, residential administrator or designee) is required.

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A) Foster Parents' Educational Responsibilities

In accordance with the Foster Parent Law [20 ILCS 520], the child's foster parents/relative caregivers have a responsibility to advocate on behalf of children and youth in their care. With regard to educational services, caregiver responsibilities include, but are not limited to:

- assisting with homework as needed;
- attending parent/teacher conferences;
- picking up report cards;
- encouraging participation in extra-curricular activities;
- representing the child for the purpose of special education services and attending/participating in IEP/IFSP meetings (see **Rule and Procedures 314.6 and 314.7** for detailed information);
- serving as surrogate parent when a child or youth receives special education services and is placed in residential treatment with a goal of returning to the foster home;
- locating and enrolling the child in an early childhood education program, when age-appropriate;
- collaborating with the Permanency Worker during any transitions between schools; and
- attending Truancy Adjudication Hearings as scheduled, in conjunction with the assigned Permanency Worker.

B) Consents for School Activities

Foster parents or other caregivers are authorized and encouraged to sign consents for general school related activities, which include, but are not limited to:

- field trips within Illinois;
- routine social events (picnics, school parties, etc.);
- school enrollment;
- attendance at sporting events;
- extra-curricular activities (other than athletic participation); and
- cultural events.

Foster parents (for a child in foster care) and surrogate parents (when the child is in residential care) are authorized to sign consents for:

- case study evaluations and reevaluations and services; and
- IEPs or IFSPs;

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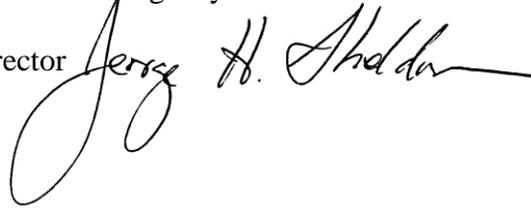
POLICY GUIDE 2015.14

**CONSENTS FOR ORDINARY MEDICAL AND DENTAL CARE
AND ATHLETIC PARTICIPATION**

DATE: September 4, 2015

TO: All Department and Purchase of Service Agency Staff

FROM: George H. Sheldon, Acting Director



EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to inform Department and POS staff that that:

- until further notice, staff should continue to request consents for ordinary and routine medical and dental care from Authorized Agents of the DCFS Guardian, located in the DCFS Regions; and
- substitute caregivers (including residential administrators and their designees) may consent to a child's participation in athletic activities. Substitute caregivers are required to use Reasonable Parenting Standards when making such decisions.

II. PRIMARY USERS

Primary users include all DCFS and private child welfare agency staff.

III. INSTRUCTIONS

1. **Consent for Ordinary and Routine Medical/Dental Care.** Department and POS staff shall continue to request consents for ordinary and routine medical and dental care from Authorized Agents of the DCFS Guardian in the DCFS Regions.

Consents for ordinary and routine medical and dental treatment may be centralized in the future, but have not been centralized at this time.

Consent for major medical and surgical treatment shall be given only by the DCFS Guardian or an Authorized Agent at the DCFS Consent Unit or Child Intake and Recovery Unit.



2. **Consent to Participate in School Athletic Activities.** Effective immediately, foster parents, relative caregivers, and residential administrators and their designees (substitute caregivers) may approve a child’s participation in school athletic activities. The substitute caregiver must use “reasonable parenting standards” when making decisions for children to participate in athletic activities.

“Reasonable parenting standards” includes consideration of the child’s age, and whether the activity is developmentally appropriate for that child. When considering whether an athletic activity is “age-” or “developmentally appropriate”, the substitute caregiver shall consider whether the activity is accepted as suitable for children of the same chronological age or level of maturity as that child, or is determined to be developmentally appropriate for a child based on development of cognitive, emotional, physical and behavioral capacities that are typical for that child’s age or age group.

The decisions made for the child must keep that specific child’s capabilities and attainment of developmental stages in mind.

V. QUESTIONS

Questions regarding these revised procedures should be directed to the Office of Child and Family Policy at 217-524-1983 or by e-mail through Outlook at OCFP-Mailbox. Non-Outlook users may send questions to cfpolicy@idcfs.state.il.us or the phone number provided.

VI. FILING INSTRUCTIONS

This Policy Guide is to be filed immediately following **Procedures 314.30 c), Consents for School Activities** and immediately following **Procedures 327.4 d), School Matters** and immediately following **Procedures 327.5 a) 3) C), Ordinary and Routine Treatment Consents.**

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Foster parents and other caregivers are **not** authorized to sign consents for the following situations. Caregivers shall contact the child's Permanency Worker when consent is needed for:

- athletic participation;
- media coverage/events (DCFS policy on media photos, coverage and events is set out below);
- slide show productions;
- photographs (except for school photos)
- social media issues (DCFS policy on acceptable use of social media is set out in **Administrative Procedures #28, Social Media/Mobile Technology for Children/Youth in Care**);
- voice reproductions;
- research projects;
- field trips outside of Illinois;
- liability releases;
- medical examinations or care; or
- physical restraints. (For DCFS policy on the use of physical restraint, refer to **Rule 384, Behavior Treatment in Residential Child Care Facilities**.)

The DCFS Guardian or Authorized Agent must be contacted for other situations that require consent from a child's parent or guardian and are not addressed in these procedures.

C) Home Schooling

Consent of the DCFS Guardian or an Authorized Agent from the Consent Unit is needed for a caregiver to home school a ward. Generally, the DCFS Guardian does not grant permission for home schooling. However, the Guardian may consider allowing home schooling in certain circumstances. To request consideration for home schooling, the worker and caregiver must submit the information listed in **Procedures 314.30(i), Home Schooling** to the Office of the DCFS Guardian.

7) Corporal Punishment

It is the policy of the Department that children for whom it has legal responsibility shall not be subjected to corporal punishment in residential, school and other settings and that discipline is achieved by alternate means.

Corporal punishment is not considered an acceptable form of discipline in unlicensed relative caregiver homes or in any facilities licensed by the Department. Corporal punishment of a child in DCFS custody or guardianship shall be immediately reported to the child's Permanency Worker. Corporal

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punishment that occurs in a licensed facility shall be reported to the appropriate licensing unit, and also to the child's Permanency Worker. It is a violation of licensing standards for an employee or volunteer of a DCFS licensed facility to spank or physically punish a child.

8) Release of Liability

Often the parent or guardian of a child is requested to consent to the child's participation in activities such as summer camp or in a particular sport such as horseback riding or in other possibly hazardous pursuits. The DCFS Guardian or an Authorized Agent from the Consent Unit must review all documents that contain a written and express consent for these types of activities or release of responsibility for injury/harm and determine if it is in the best interest of the child to participate prior to signing the consent or release. This is the only way the Guardian can ensure that there is no agreement to waive, indemnify, release, discharge or hold harmless this corporation or agency, its employees or agents from willful and/or wanton negligence.

9) Driver's License and Permits for Driver's Training

The DCFS Guardian, Authorized Agent from the Consent Unit, foster parent or residential care facility director may sign the application for a learner's permit. For good cause, the guardian or Authorized Agent can contact Driver Control, Secretary of State, and request that a license be revoked or reinstated.

Since mandatory insurance is required in Illinois, wards should be covered on the car owner's insurance before permission is given to drive the car. More information is available on the Secretary of State's website: www.cyberdriveillinois.com.

10) Media Releases

Many organizations require participants to authorize the release of photographs, voice reproductions, slide, video-tapes or movie films in their possession. Such material may be intended for staff training, the education of outside persons or groups, promotional pamphlets, news releases, etc.

Often a "blanket" type of release is sought granting the organization autonomy to release all such information to whomever they deem appropriate. These release forms must always be forwarded to the Office of the DCFS Guardian for review and a decision. **Under no circumstance** shall a Permanency Worker, supervisor or caregiver sign a release form.

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“High Profile” Cases. All “High Profile” cases are exempted from these general procedures. The DCFS Office of Communications shall decide if the case is deemed “high profile.” No photos or interviews of the children are allowed under any circumstances when the children are involved in a “high profile” case.

If the situation involves a benefit or honor to be bestowed upon the ward, the ward’s image and/or voice may be recorded, but shall not be identified as a DCFS ward. The Permanency Worker shall ensure that the location of the ward’s residence **does not** become public.

Wards may be interviewed for situations involving a merit scholarship (e.g., Girl Scouts/Boy Scouts, the Olympics, etc.) only with the consent of the DCFS Guardian.

Specific Photo Requests of Children. No direct observation or face of a ward can be shown without consent. A general group setting is permissible. Under no circumstances may the child be identified as a DCFS ward. An image and/or voice of a ward may not be used for marketing purposes.

School photos and years book pictures may be consented to by the foster parent.

Pseudonyms. A decision will be made on case-by-case determination by the Office of the DCFS Guardian.

Media Interviews. In the case of consents for coverage by the news media, the DCFS Guardian will consult with the DCFS Office of Communications. Consent must be obtained in writing from the Office of the DCFS Guardian. Only the DCFS Guardian or Assistant DCFS Guardian shall consent to media interviews of children in DCFS custody or guardianship.

After the DCFS Guardian or Assistant Guardian has given consent for the interview, the interview or contact must be coordinated with the permanency worker handling the case.

In a group setting, the following individuals must be present during interviews for wards of all ages:

- Clinical Manager; and
- Director of the institution and the Permanency Worker.

In interviews conducted in an individual’s home:

- both the Permanency Worker and the caregiver must be present; and
- the head of the private agency or DCFS Regional Administrator should be present if at all possible.

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In a party setting sponsored by an organization that wants the press present, the organization must notify the DCFS Communications Office and the Office of the Guardian at least two weeks in advance of the scheduled event.

The child's Permanency Worker shall submit the following information to the Office of the DCFS Guardian at least 2 weeks in advance of the proposed interview/event:

- the name of the event, location, date, time and purpose of the event (submit in narrative form);
- the slant of the article/event (submit in narrative form);
- The name, age, date of birth and ID# for each child involved;
- attach a copy of the court order stating the legal status of each child;
- the permanency goal for each child involved;
- the name and telephone number of the Permanency Worker for each child;
- whether parental rights have been terminated for any of the children to be interviewed. If not, how do the parents feel about this interview/event? (Submit in narrative form);
- a statement is needed from each child's Permanency Worker explaining how each child came into DCFS care, and why each child should or should not be involved in this interview or photo event (submit in narrative form);
- whether the children involved will be identified as DCFS wards; and
- how each child feels about participating in this interview/event (submit in narrative form).

The Permanency Supervisor should review and approve the content of each release before it is submitted to the Office of the DCFS Guardian, and should make any needed modifications. Consideration should be given to protection of the ward's identity, constraints upon use for commercial purposes, and assurances that, where possible, the content of the material released will tend to present the ward in a light that would not be distasteful or offensive to him/her.

Adoptions and Missing Wards. If the ward is 14 years of age or older, the ward's image and/or voice may be recorded only with the written consent of both the ward and the DCFS Guardian.

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If the ward is 13 years of age or younger, the DCFS Guardian's written consent is always required, and the following criteria apply:

- If parental rights have been terminated and the prospective adoptive parents agree, the ward's image and/or voice may be recorded **ONLY IF** the ward will benefit from doing so and there are no safety concerns in identifying the ward and his/her location and/or prospective adoptive parents.
- If the ward is seeking adoptive parents, the photo is allowed.
- If the ward has been abandoned or the case involves a missing ward, then the ward's photo may be used for purposes related to finding that ward.

In all cases, the ward's Permanency or Adoption Worker must be consulted when determining whether an interview is in the best interest of the child.

11) Research Project Participation

All requests for a ward's participation in any research project must be forwarded to the DCFS Institutional Review Board for consideration and approval. If approved, the research proposal, consent request, and signed Memorandum of Understanding will be forwarded to the Office of the DCFS Guardian, Consent Unit and assigned to an Authorized Agent from the Consent Unit for determination of consent. (See **Rules and Procedures 432, Research Involving Children and Families** for information regarding research involving children.)

If the Department does not have guardianship of the child, consent for participation in a research project must come from the parent or legal guardian.

12) Control of Mail

A Department ward has a right to free communication by mail, including the right to be free from censorship. There shall be no examination of the contents and/or withholding of incoming mail addressed to wards without the ward's written consent or without the DCFS Guardian's written consent. Outgoing mail may not be screened.

The DCFS Guardian shall provide prior written consent for withholding or screening of mail only in extreme instances and for the specific purpose of protecting the recipient or others from harm, harassment, or intimidation. Such psychological or psychiatric harm must be determined by a psychologist or psychiatrist based upon clinical data and must be clearly stated in a written, professional opinion.

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13) Smoking

Illinois law [720 ILCS 675/1] prohibits the sale to and possession of tobacco by minors. The DCFS Guardian and Authorized Agents from the Consent Unit shall not provide consent for a ward to smoke. Staff and caregivers shall not purchase tobacco for Department wards under age 18 years of age. If a Department ward under age 18 is already using tobacco, the Permanency Worker shall provide the minor with information from a medical facility or the public health facility about the health risks associated with smoking. Counseling, self-help, and supportive services shall be offered to the youth.

14) Other Situations That Require Consent

There may be other situations requiring consent from a child's parent or guardian not covered in these procedures. The DCFS Guardian or an Authorized Agent from the Consent Unit must be contacted for advice or instructions on how to proceed.

e) **Obtaining Legal Representation for a Ward**

When a minor is under the guardianship of DCFS, only the DCFS Guardian can make legal decisions and retain legal counsel for the minor ward. This means that only the DCFS Guardian is authorized to hire a lawyer for a ward and to file a legal action or enter into a settlement agreement (financial or otherwise) on behalf of a DCFS ward.

The DCFS Guardian must be notified of all potential lawsuits that may be initiated on behalf of or against a minor ward. Upon learning of the need for legal representation for a minor (outside of juvenile court), the Permanency Worker should consult with the DCFS Guardian's legal counsel as soon as possible. The child/youth's Permanency Worker is responsible for gathering all the relevant information, when the need for legal representation (outside of juvenile court) arises. The Permanency Worker should consult with the DCFS Guardian's legal counsel to determine whether the facts of the matter warrant further legal action or engaging a private attorney to represent the DCFS ward.

Note: Legal matters that involve the personal and private rights or interests of a DCFS ward must be referred to the Guardian's legal counsel, and should not be referred to the Department's Office of Legal Services. The Office of Legal Services represents the Department in its "corporate" form, and does not represent individual wards.

The examples below describe situations when wards may require legal representation, and the procedures for handling them.

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1) Civil Cases

A) Personal Injury

The Permanency Worker shall send the DCFS Guardian all information pertaining to any ward who has been injured in an accident or who has suffered a personal injury that may have been caused by an action or inaction of another.

The information needed by the DCFS Guardian to bring legal proceedings on behalf of the ward includes, but is not limited to:

- Child's name, birth date, address, any prior handicapping conditions, and any other relevant information which would be affected by the accident or the outcome of legal action;
- Police reports of the incident including witnesses, if any;
- All reports of medical treatment administered to the injured ward following the accident, including emergency room care, in-patient treatment, and subsequent care;
- Statement by current treating physician reporting present condition, cost prognosis, and duration of continued treatment;
- All bills incurred as a result of the injury, including emergency room care, anesthesiology, in-patient expenses, drugs, rehabilitation devices, and subsequent medical care;
- Records of any collateral court proceedings pertinent to the injury, such as traffic court proceedings, criminal court hearings, and administrative hearings; and
- Insurance coverage of household or facility in which the ward resided at the time of the injury. This could include, but is not limited to, uninsured motorist policies, homeowner insurance policies or med-pay coverage.

The DCFS Guardian may consult with a private attorney to review the accident and injury information, determine whether or not the facts support the bringing a law suit, and advise the DCFS Guardian how to proceed.

When a lawsuit has been settled or a settlement offer made, the DCFS Guardian must approve the settlement.

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The Permanency Worker shall cooperate with the attorney retained by the DCFS Guardian to represent the ward and provide all requested information.

It is important that the ward and the Children's Account Unit or the estate guardian, if one has been appointed, remain in contact if the ward is released from DCFS guardianship. Therefore, when completing the **CFS 906** for case closure the Permanency Worker should enter the wards most recent contact information.

B) Wrongful Death/Survival Action

A wrongful death action can be brought by a party who has lost someone important to him/her as a result of an error or mishap on the part of another. This lawsuit can be brought on behalf of a ward who has lost a parent or even a sibling from certain kinds of circumstances, such as, but not limited to:

- Mother killed by a drunk driver (driver and tavern can be sued); or
- Father killed in an accident at work when safety equipment was not available or did not work properly (employer or manufacturer of safety equipment can be sued).

If a ward needs an attorney to file suit on his/her behalf, the Permanency Worker shall contact the Office of the DCFS Guardian at **(312) 814-8600**.

Note: The DCFS Guardian cannot bring a suit if a DCFS ward is killed as a result of an error or mishap on the part of another party, because the Department is not considered to have lost either a loved one or someone who provides a service that the ward needs (i.e., support). However, if a ward is killed and has a sibling under DCFS guardianship, the Permanency Worker must consult with the DCFS Guardian to determine whether the DCFS Guardian can pursue a claim on behalf of a surviving sibling.

C) Probate Estates vs. Children's Accounts

i) Inheritance; Settlements

Children in DCFS guardianship may be the recipients of funds from insurance policies, inheritances, lawsuits, or other sources.

If the amount of money is less than \$10,000, the money can be accepted by the DCFS Guardian on behalf of the ward. The money will be kept by the DCFS Children's Account Unit in an interest bearing account until the ward reaches age 18 or until guardianship is released. The settlement check shall be payable to "(name of guardian), DCFS Guardian, for (name of ward), a minor."

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The DCFS Guardian shall send the check to the DCFS Children's Account Unit with the request that the funds be held for the child and not used for care.

When the ward reaches 18 years of age, the Children's Account Unit shall send the money (by check) to the ward. If guardianship is terminated prior to the ward's 18th birthday, the money shall be sent to the adult responsible for the child.

If the amount of money exceeds \$10,000, the DCFS Guardian may obtain legal representation for the ward and request the appointment of guardian of the estate for the ward.

The DCFS Guardian is not authorized to serve as the guardian of the estate for any DCFS ward. If the DCFS Guardian is appointed guardian of the estate for a ward, the Permanency Worker shall immediately notify the DCFS Guardian's legal counsel to move to vacate that appointment.

ii) Taxes

When a DCFS ward has a bank account that earns interest, bank statements may be sent to the Office of the DCFS Guardian at the end of the calendar year.

When a ward is 14 or older and is employed, prior to April 15th of each year, the Permanency Worker shall ask the ward if he/she will file a state or federal income tax form. If the ward is filing a tax form, the Permanency Worker shall contact the Office of the DCFS Guardian and request the ward's statement from the bank for tax preparation purposes, when applicable.

Some wards have a guardian/trustee of their estate. The estate guardian/trustee is responsible for submitting annual reports to the Probate Court and completing and filing any tax forms.

iii) Children's Benefits

DCFS, as custodian or guardian of a child, is required to apply for public benefits that the child is eligible to receive. Through a contractual arrangement and with the assistance and cooperation of regional and field staff, the DCFS Federal Financial Participation Unit handles the actual day-to-day responsibilities for applying for public benefits on behalf of children for whom the Department is supporting financially through the board payment system. The DCFS Children's Account Unit is responsible for accounting for and disbursing benefits received on behalf of eligible children.

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All benefits are received in the name of the DCFS Guardian. For more information see **Rule 351, Federal Benefits and Other Public Funds** and **Rule 353, Children's Accounts**.

When a **Supplemental Security Income** award is greater than 6 times the current federal benefit rate, a dedicated account shall be established for the child. These accounts are restricted for special needs other than monthly care and maintenance expenses. Any disbursement requests from these accounts must be approved by the Social Security Administration.

The Children's Account Unit notifies a Permanency Worker when a child on his/her caseload has a dedicated account. Examples of allowable expenses include, but are not limited to:

- Medical treatment;
- Education or job skills training;
- Special equipment;
- Personal needs assistance;
- Therapy or rehabilitation; and
- Special foods for children with dietary needs.

All purchases must be related to the child's disability. A payment for services or purchases shall be made directly to the vendor when appropriate. The Permanency Worker shall forward all receipts for purchases to the Special Needs Coordinator in the Children's Account Unit.

2) Criminal Cases

When a Child Protection Specialist or law enforcement personnel want to interview/interrogate a ward, and there is a possibility that, based on the information gathered, the ward may be arrested or criminally charged, the Permanency Worker must immediately contact the Office of the DCFS Guardian at **312-814-8600** or the DCFS Regional Legal Counsel (during business hour) or the Child Intake Recovery Unit at **866-503-0184** (after hours) to request legal assistance for the ward. The worker shall provide:

- Wards' name, ID# and DOB;
- Permanency Worker's name, phone number, and other contact information;
- Name and address of the ward's current placement;
- If the ward is detained, the address and phone number of the police station, Child Advocacy Center, or other office where the ward is detained;
- A brief explanation of the facts and the charges or potential criminal charges; and
- Name and phone number of the arresting officer.

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The DCFS Guardian will determine if the ward will benefit from legal representation while being questioned or interviewed by law enforcement officials or the Child Protection Specialist. Any legal representation will be short-term only, and will only apply to the investigative period of time. This representation shall cease if any formal charges are brought against the ward, and the ward will need to request appointment a public defender.

The Office of the DCFS Guardian will retain an attorney for a ward who is age 17 years or younger.

The Office of the DCFS Guardian may retain an attorney for a ward who is 18 years of age or older when the ward has been charged with murder or faces other serious felony charges, and/or the ward has developmental delays.

Examples when **attorneys are not retained** or to represent wards include, but are not limited to:

- Arrests for misdemeanors, municipal violations, traffic tickets or fines. If a ward is taken to the police station, he/she will be released to custody of his/her Permanency Worker or a residential staff person.
- Arrests for violation of probation.
- Wards who are competent adults and will not be charged with a serious felony that carries a long sentencing term.
- In some courts, such as traffic/municipal court, the ward may be ordered to pay a fine, but is not subject to incarceration. An attorney will not be retained or assigned to represent a ward in this situation.
- When a ward is a victim or witness, and is not charged as a perpetrator.

Requests to Interview a Ward By Child Protection Specialists and Law Enforcement. If a ward under 18 years of age is the alleged perpetrator in a DCP investigation, and the Child Protection Specialist or law enforcement officer wants to interview the ward, the ward's Permanency Worker shall follow the procedures previously outlined for criminal cases, and contact the Office of the DCFS Guardian to request that an attorney be retained to represent the ward. However, a ward age who is 18 years of age or older can waive his/her right to counsel and choose to talk (or not talk) to the Child Protection Specialist or law enforcement officer.

If the ward is the child victim of abuse or neglect, and a Forensic Interview report has been done, the Child Protection Specialist has the right to interview the child.

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Requests to Interview a Ward by Assistant States Attorneys and Police. All minor wards who are suspected of involvement in criminal activity must be provided the opportunity to have legal counsel before the ward is interviewed by an officer of a State's Attorney's Office or Law Enforcement, and the procedures previously outlined for criminal cases must be followed.

If the ward is not an alleged perpetrator, but may be a victim or witness or have relevant information, the Permanency Worker shall ask the ward if he/she wants to cooperate with the investigation and, if so, the Permanency Worker shall consult with the ward's therapist about the ward's psychological fitness to undergo questioning. .

Human Trafficking Cases. Federal law defines “*severe forms of trafficking in persons*” (Human Trafficking) as:

A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery. [22 U.S.C. §7102(9)]

Child Protection Specialists and Permanency Workers shall refer to **Allegation #40/90, Human Trafficking of Children and Policy Guide 2013.05, Human Trafficking of Children** for instructions regarding these cases.

Retail Theft. When a minor ward receives a letter (usually addressed to the Parent/Guardian) demanding payment in satisfaction of a civil matter regarding retail theft, the Permanency Worker shall forward a copy of the letter to the Office of the DCFS Guardian. The DCFS Guardian shall reply to the sender, explaining that the DCFS Guardian is not liable for any alleged retail theft committed by the ward. Section 16-27(b) of the Criminal Code of 2012 provides:

If a minor commits the offense of retail theft, the parents or guardian of said minor shall be civilly liable as provided in this Section; however a guardian appointed pursuant to the Juvenile Court Act of 1987 shall not be liable under this Section. [720 ILCS 5/16-27(b)]

The ward may still be held accountable for restitution, fines and/or sentences for retail theft proven to be committed by that ward.

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f) Consumer Credit Reports for DCFS Wards

Wards age 12 to 18. The Department of Children and Family Services is required to conduct an annual consumer credit report check to determine the financial history of children ages 12 - 18 placed under its guardianship. [See 20 ILCS 505/5(x)]

The Division of Quality Assurance and Research will send a monthly list of children in guardianship (wards) to the Office of the DCFS Guardian, starting when a ward turns 12 years old and each year thereafter (based on the ward's birth month) until the ward reaches 18 years of age, or is no longer in DCFS guardianship.

Wards ages 18 - 21 coded "Intellectual Disability." DCFS will also conduct annual consumer credit report checks for wards ages **18 - 21 that** are coded as having an intellectual disability. Before this can be done, the Permanency Worker shall obtain the ward's permission for DCFS to request the consumer credit check. Permanency Workers for youth in this age group will receive an email inquiring whether the ward has the mental capacity to consent to the consumer credit report request.

- If **yes** - The Permanency Worker shall obtain the ward's signature on the credit check consent form and e-mail a scanned copy back to the Office of the DCFS Guardian at "**DCFS Credit Checks.**" The original signed consent shall be placed in the ward's case record. The credit report request will be carried out following the same protocol for all other ward checks, *but* these requests shall be coded "I.C." (i.e., intellectually challenged) to alert the credit consumer company that DCFS is requesting a check be done on someone 18 years of age or older (i.e., an adult).
- If **no** - A court order is required to be in the ward's file that allows the Guardian, to consent for the ward. Without a copy of the court order a consumer credit check cannot be requested for the ward. The Permanency Worker will email a scanned copy of the **court order** to the Office of the DCFS Guardian at "**DCFS Credit Checks**", and the credit check request will be carried out following the same protocol for all other ward checks.

Responsibilities of the Office of the DCFS Guardian. Designated staff from Office of the DCFS Guardian shall submit a request for a copy of any "consumer report" (as defined in Section 603(d) of the Fair Credit Reporting Act) for the above-referenced wards to a "consumer reporting agency" (as defined in Section 603(f) and (p) of that Act). Reports will be sent to the Office of the DCFS Guardian.

When the result is negative (no credit record found), staff from the Office of the DCFS Guardian will email the Permanency Worker confirming that a credit check was run but no report was found, indicating that the ward's financial data has not been compromised. The Permanency Worker shall print a copy of the email confirmation and place it in the ward's case record.

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When the result is positive (possible “activity” reported), staff from the Office of the DCFS Guardian will email the credit report to the ward’s Permanency Worker and supervisor. The email will include:

- a scanned copy of the ward’s consumer credit report;
- a summary of the activity found;
- a complaint packet (scanned complaint, affidavit and consent forms);
- a link to the Identity Theft Resource Guide; and
- instructions on how to file an identity theft complaint with the Attorney General’s (AG’s) office.

The Permanency Worker shall address all credit report activity with the ward. Any credit activity that was not initiated by the ward is considered an indication that the youth’s financial information may have been compromised. The Permanency Worker must notify the Office of the DCFS Guardian, by email, within 10 business days advising whether the credit activity was initiated by the ward.

If the activity was initiated by the ward, the Permanency Worker shall place a copy of the credit report and related e-mail correspondence in the ward’s file. If the credit activity was not initiated by the ward, the Permanency Worker shall file an identity theft complaint packet with the Office of the Illinois Attorney General.

Staff from the Office of the DCFS Guardian shall follow up with the Permanency Worker and supervisor until the activity has been appropriately addressed.

File Complaint with Attorney General. Permanency Workers are required to notify the Illinois Attorney General’s Office if financial exploitation appears to have taken place.

The complaint must be completed by the ward and/or Permanency Worker and emailed to the Attorney General’s office and also the DCFS Guardian’s Office via “**DCFS Credit Checks.**” If the ward refuses to complete or sign the forms, the Permanency Worker shall complete and sign the forms on the ward’s behalf. The ward’s refusal to cooperate shall be noted on the complaint. Lack of a ward’s signature shall not prevent the complaint from being sent to the Attorney General’s office.

The Office of the DCFS Guardian shall follow up with the Permanency Worker and supervisor to ensure that the complaint has been filed.

Permanency Workers cannot conduct consumer credit report checks for wards.

This can only be done by designated staff at the Office of the DCFS Guardian. A consumer credit report check can only be done without charge once a year and the Office of the DCFS Guardian monitors all credit checks.

If a Permanency Worker receives information from someone other than the Office of the DCFS Guardian that possible financial fraud is presently happening to a ward between the ages of 12 - 18, the Permanency Worker shall contact Office of the DCFS Guardian immediately by Outlook email via “**DCFS Credit Checks**” or by phone at **312-814-8600**.

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Wards age 18 and older. When the ward turns 18, he/she will be able to conduct a consumer credit report check for himself/herself by going to www.annualcreditreport.com. Permanency Workers shall assist wards 18 - 21 years old in doing an annual consumer credit report check for as long as the wards are under DCFS guardianship, and work with them to dispute any inaccuracies.

For more information, Permanency Workers and wards may also call the Illinois Attorney General's fraud hotline number at **866-999-5630**.

g) **Cases in which a Ward Is Subpoenaed As a Witness**

The DCFS Guardian should be served with all subpoenas for minor DCFS wards (Statewide) to testify in court, grand jury hearings, evidentiary hearings and depositions, and sometimes to produce confidential information. The DCFS Guardian's legal counsel will contact the ward's Permanency Worker to advise that the ward is compelled to appear and testify, pursuant to the subpoena. The Permanency Worker must ensure that the ward appears pursuant to the subpoena, unless there is an expressly verifiable, clinical reason why the ward cannot appear and testify. Examples of a clinical reason include the current hospitalization of the ward (psychiatric or medical), extreme developmental disability of the ward, or severe Post Traumatic Stress Disorder. All clinical reasons must be verified in a written report by the treating psychiatrist, psychologist or physician. The report must be provided to DCFS Guardian's legal counsel or local DCFS Regional Counsel prior to the date and time designated for the ward's testimony. If clinical evidence supports a Motion to Quash the subpoena, the case will be referred by the Guardian's lawyer to the Office of the Attorney General.

h) **School/Education Cases**

Children who are at-risk of being expelled or who have been expelled from public schools, and children who are being denied or inappropriately being provided special education or early intervention services may need legal representation.

DCFS has a contract with the LAF (Legal Assistance Foundation) to provide legal support services to assist in the effort to ensure that children receive timely, appropriate special education services. LAF has subcontractors to assist in providing statewide coverage as follows:

- **Legal Assistance Foundation (LAF)** provides services to Cook County.
- **Prairie State Legal Services** provides services to Northern Region.
- **Land of Lincoln Legal Assistance Foundation** directly provides services to Central and Southern Regions.

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To access these services, the Permanency Worker, the foster parent or the ward's educational surrogate must send a written request for assistance to the legal assistance vendor. (It is strongly suggested that the person making the referral for legal services first contact the DCFS Education Advisor in the region to determine if the services are needed, or if some other remedy is possible.) The referral shall include:

- Child's name;
- Current substitute care placement;
- Name and address of current school or early childhood education program placement;
- Immediate problem or reason for referral;
- Name of the education advisor if one was contacted;
- Assistance needed;
- Any emergency care issues;
- Name and phone number of the surrogate parent, if one has been assigned;
- Date a surrogate parent was requested, if one has not been assigned; and
- Copies of all relevant school/early childhood education program and medical records.

Education Plans

When developing a client service plan, the Department is required to complete an education or developmental services plan for each child or youth regardless of age. The primary function of the education plan is to provide a framework for needed educational or developmental services, supports and interests, and to link general educational needs to child-specific supports and activities.

Special Education Advocacy

Public schools directly provide or contract for the purchase of special education services for children, aged 3 to 21 years, who meet specific eligibility criteria.

Additionally, children who have any other disability or who are perceived to have any disability which affects a major life function are entitled to reasonable accommodations for their disabilities by the public schools or service providers under provisions of the IDEIA 2004, the Americans with Disabilities Act (ADA) of 1990, and Section 504 of the Rehabilitation Act of 1973, if they use federal funds, regardless of whether they need special education services.

If a ward is entitled to special education services under applicable Education law, but is not receiving appropriate services from his/her residential school district, the matter may be a legal issue that should be referred to LAF, Land of Lincoln or Prairie State.

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School Discipline

If a Permanency Worker, caregiver or educational surrogate receives notice that a ward faces suspension or expulsion, the Permanency Worker shall contact the school and demand a written report or notice, if not previously provided, and also notify the Office of the DCFS Guardian. The Permanency Worker shall make a referral to the appropriate legal assistance vendor to request legal representation for the ward for expulsions, repeated suspensions or suspension for more than 10 school days.

Examination of Records and Confidentiality of Information

The Illinois Early Intervention Services System (the System) provides the foster or surrogate parent the opportunity to inspect and review any records relating to the children, that are collected, maintained, or used by the System under IDEIA 2004.

The Illinois Early Intervention Services System, upon request, provides an opportunity for a hearing to challenge information in early intervention records to insure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.

An impartial hearing officer having knowledge about the Early Intervention Program of IDEIA 2004, and the needs of and services available for eligible children and families shall act as judge.

Parties have the right to be accompanied and advised by counsel (in this case the legal services contract) with respect to the problems of children with disabilities.

i) Administrative Hearings

If a ward under 18 years of age is indicated as a perpetrator of child abuse or neglect, the DCFS Guardian will retain an attorney to represent the ward in an appeal of the indicated finding brought pursuant to **Rule 336, Appeal of Child Abuse and Neglect Investigation Findings**.

If a ward is 18 years of age or older and developmentally disabled, and has been indicated for “Death”, “Torture”, “Sexually Transmitted Diseases”, “Sexual Penetration”, “Sexual Exploitation”, “Sexual Molestation”, “Substantial Risk of Sexual Injury”, or “Human Trafficking”, the DCFS Guardian will retain an attorney to represent the ward in an appeal of the indicated finding brought pursuant to **Rule 336**.

Note: The State Central Register (SCR) shall notify the DCFS Guardian when a DCFS ward is listed as an indicated perpetrator in a child abuse or neglect investigation.

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The DCFS Guardian's attorney will confirm the youth's age and that the youth is a DCFS ward, and determine the DCFS region where the appeal will be conducted. If the investigation took place in Cook County, the DCFS Guardian's attorney will obtain legal counsel for the ward. If the investigation took place outside of Cook County, the DCFS Guardian's attorney shall seek assistance from DCFS Regional Counsel to hire an attorney in the region where the appeal will be conducted.

The attorney retained for the ward will contact the ward for an interview, further information and possible testimony at the hearing. The attorney will file an appearance on behalf of the ward and request an appeal and a copy of the investigative file from the DCFS Administrative Hearings Unit.

The attorney's request for an appeal must be submitted 60 days from the date of the notification letter that is sent to the ward.

j) Name Changes

The DCFS Guardian may petition for the name change of a minor ward upon the well-reasoned request of the ward. The petition must be filed in the Illinois county where the ward resides.

The Permanency Worker shall provide the following information to the Office of the DCFS Guardian:

- Why does ward want to change his/her name?
- What is the new name chosen?
- Why did the ward choose that particular name?
- Are there any of ward's family members with a similar name?
- How old is the ward?
- What are the wishes of the ward's birth family members and/or caregivers?
- What is the ward's adjustment to his/her home, school and community?

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Section 327.5 Medical Consents

MEDICAL CONSENTS -- IMPORTANT PHONE NUMBERS:

Monday – Friday, 8:30 a.m. to 4:30 p.m., call the DCFS Consent Unit at 800-828-2179

After hours, holidays and weekends, call the Child Intake and Recovery Unit at 866-503-0184

Note: The Guardianship Administrator is referred to throughout these procedures as the “DCFS Guardian.”

a) Principles of Consultation and Consent

1) When Consent Is Not Required

The Consent by Minors to Medical Procedures Act [410 ILCS 210] states that a legal custodian or guardian may not provide consent:

- for a ward beyond his/her 18th birthday;
- for females who are pregnant; or
- for dissemination to children 12 or older of information about and treatment for sexually transmissible disease, drug or alcohol abuse and for birth control information.

A) Pregnancy. A pregnant minor can consent to any medical or surgical care or treatment while she is pregnant, including, but not limited to, prenatal care or an abortion. After her baby is born the minor mother can consent to any treatment for her baby.

However, when the minor is no longer pregnant, she can no longer consent to her own treatment. Medical personnel must obtain the consent of a parent or guardian to provide treatment to the minor.

Permanency Workers shall refer each pregnant minor to the DCFS Pregnant and/or Parenting Program. (See **Procedures 302.Appendix J, Pregnant and/or Parenting Program**). The Permanency Worker shall ensure that the minor and her physician discuss all options for resolution of the pregnancy or that the physician refers the minor for pregnancy counseling.

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- B) **Abortion.** Because a pregnant minor has a legal right to consent to her own medical/surgical treatment, the pregnant minor has the legal right to arrange and accomplish an abortion without her parent's or guardian's consent. The Permanency Worker shall ensure that a pregnant minor who is contemplating an abortion is fully informed about all options for resolution of her pregnancy and has received counseling regarding abortion. (See **Procedures 302.360(m), Family Planning Services, Pregnancy Testing and Abortion Notification.**)

The Illinois Parental Notice of Abortion Act of 1995 [750 ILCS 70]. This Act requires a physician who intends to perform an abortion on a pregnant minor, or a physician referring the minor for an abortion, to give 48 hours actual notice directly, in person or by phone, to an adult family member of the pregnant minor of the intent to perform an abortion on that minor. The Act defines “adult family member” as a parent, grandparent, step-parent living in the household or legal guardian.

The Act requires that a physician give notice to the adult family member. The adult family member does not provide consent to the abortion.

The Act provides the physician with alternative notice options when an adult family member cannot be directly contacted, and provides a number of exceptions, including one involving court intervention.

If a physician contacts a DCFS or POS Permanency Worker, supervisor, or foster parent to provide an “abortion notification” for a pregnant minor under DCFS custody, the worker, supervisor or foster parent shall immediately instruct the physician to contact the DCFS Guardian, and shall give the physician the phone numbers shown below.

Abortion Notification phone numbers:

Monday – Friday, 8:30 a.m. to 4:30 p.m., call the DCFS Consent Unit at 800-828-2179

After hours, holidays and weekends, call the Child Intake and Recovery Unit at 866-503-0184

An Authorized Agent from the Consent Unit or the Child Intake and Recovery Unit shall accept notification calls for pregnant minors for whom DCFS has guardianship. The Authorized Agent will advise the physician if DCFS does not have guardianship of the pregnant minor and will not accept notification when DCFS has protective or temporary custody.

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- C) **Victim of Sexual Assault or Abuse.** Section 3(b) of the Consent by Minors to Medical Procedures Act [410 ILCS 210] provides:

Where a minor is the victim of a predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse or criminal sexual abuse, as provided in Sections 11-1.20 through 11-1.60 of the Criminal Code of 2012, the consent of the minor's parent or legal guardian need not be obtained to authorize a hospital, physician, advanced practice nurse, physician assistant, or other medical personnel to furnish medical care or counseling related to the diagnosis or treatment of any disease or injury arising from such offense. The minor may consent to such counseling, diagnosis or treatment as if the minor had reached his or her age of majority.

- D) **Sexually Transmissible Infections, Drug or Alcohol Abuse.** Section 4 of the Consent by Minors to Medical Procedures Act [410 ILCS 210] provides:

...a minor 12 years of age or older who may have come into contact with any [sexually transmitted infection or “STI”] or who may be determined to be an addict, an alcoholic or an intoxicated person...or who may have a family member who abuses drugs or alcohol may give consent to the furnishing of medical care or counseling related to the diagnosis or treatment of [the STI or drug or alcohol abuse]... The consent of the parent, parents, or legal guardian of a minor shall not be necessary to authorize medical care or counseling related to the diagnosis or treatment of [an STI] or drug use or alcohol consumption by the minor or the effects on the minor of drug or alcohol abuse by a member of the minor's family....

Anyone involved in the furnishing of medical care to the minor or counseling related to the diagnosis of the minor's [STI], or drug or alcohol use by the minor or a member of the minor's family shall, upon the minor's consent, make reasonable efforts, to involve the family of the minor in his/her treatment, if the person furnishing treatment believes that the involvement of the family will not be detrimental to the progress and care of the minor. Reasonable efforts shall be extended to assist the minor in accepting the involvement of his or her family in the care and treatment being given. [410 ILCS 210/4]

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Section 5 of the Act provides:

...[the person] who provides counseling to a minor patient who has come into contact with any [STI] may, but shall not be obligated to, inform the parent, parents, or guardian of the minor as to the treatment given or needed. Any person described in [Section 5 of this Act] who provides counseling to a minor who abuses drugs or alcohol or has a family member who abuses drugs or alcohol shall not inform the parent, parents or guardian, or other responsible adult of the minor's condition or treatment without the minor's consent unless that action is, in the person's judgment, necessary to protect the safety of the minor, a family member, or another individual.

- E) **Birth Control Services and Information.** Birth control services and information may be provided to a minor (male or female) over age 12 by a doctor without parental or guardian consent if the child is pregnant or if the failure to provide such services would create a serious health hazard or the child has been referred for such services by a physician, clergyman or a planned parenthood agency.

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- 3) Who May Provide Medical Consents

When a medical consent is required for children under 18 years of age in the custody or guardianship of the Department, that consent shall be given only by the DCFS Guardian or an Authorized Agent.

For medical consents, **“Authorized Agent” means staff of the DCFS Consent Unit or Child Intake and Recovery Unit** who have received training on the duties and responsibilities of an Authorized Agent and who have been registered as Authorized Agents by the Department with the Illinois Secretary of State - Index Department.

During regular working hours, medical providers requesting a medical consent (other than consent for ordinary or routine medical or dental care) should be instructed to call the DCFS Consent Unit at **800-828-2179**.

After hours, and on weekends and holidays, medical providers should call the Child Intake and Recovery Unit at **866-503-0184**.

Providers and substitute caregivers cannot provide medical consents for children in DCFS custody or guardianship.

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A parent of a child in the custody or guardianship of DCFS cannot provide medical consent for the child except in very limited and specific circumstances. (See subsection (b), Specific Circumstances.)

- A) **Responsibilities of Authorized Agents Providing Medical Consent.** The first responsibility of the Authorized Agent receiving a request for medical consent is to determine the legal status of the child who requires the service, as the DCFS Guardian's authority varies depending upon whether the Department has temporary or protective custody, a surrender, voluntary placement agreement or full guardianship. (See subsection (b), Specific Circumstances).

The Authorized Agent shall ask whatever questions are necessary to secure a clear picture of the child's circumstances. The ultimate decision of whether to grant or withhold the requested consent shall be based upon an understanding of the facts and how these relate to good care of children. The Department provides several professional consultation resources for the Department's Authorized Agents. (See subsection (a)(4), Consultation for Major/Elective Procedures.)

- B) **Consents for Emergency Care.** The Consent by Minors to Medical Procedures Act states that the consent of a parent or guardian is not necessary for emergency treatment or first aid of a minor if in the sole opinion of the licensed physician, advanced practice nurse, physician assistant, dentist or hospital, the obtaining of consent is not reasonably feasible under the circumstances without adversely affecting the condition of the minor's health.

While this Act does not preclude the request for consent, the provision of treatment and care is not entirely dependent upon the Guardian granting consent. The Act provides:

3)a) Where a hospital, a physician, licensed to practice medicine or surgery, an advanced practice nurse...or a physician assistant... renders emergency treatment or first aid or a licensed dentist renders emergency dental treatment to a minor, consent of the minor's parent or legal guardian need not be obtained if, in the sole opinion of the physician, advanced practice nurse, physician assistant, dentist or hospital, the obtaining of consent is not reasonably feasible under the circumstances without adversely affecting the condition of such minor's health.

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b) *Where a minor is the victim of a predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse or criminal sexual abuse..., the consent of the minor's parent or legal guardian need not be obtained to authorize a hospital, physician, advanced practice nurse, physician assistant, or other medical personnel to furnish medical care or counseling related to the diagnosis or treatment of any disease or injury arising from such offense. The minor may consent to such counseling, diagnosis or treatment as if the minor had reached his or her age of majority. Such consent shall not be voidable, nor subject to later disaffirmance, because of minority. [410 ILCS 210]*

- C) **Ordinary and Routine Treatment Consents.** Ordinary medical and dental procedures are those procedures administered or performed on a routine basis that do not include hospitalization, surgery, or the use of anesthesia. Ordinary medical and dental procedures include, but are not limited to, inoculations, physical examinations, remedial treatment for minor illnesses and injuries, psychological or psychiatric counseling, therapy or treatment and HIV testing for wards.
- D) **Major Medical/Surgical Consents.** Major medical and surgical procedures are those procedures that are not administered or performed on a routine basis and that involve hospitalization, surgery, or use of anesthesia. These medical treatments and/or surgical procedures are intended to alleviate, ameliorate, prevent or correct physical illness, injury, disability, or disfigurement. These procedures include, but are not limited to, tonsillectomies, provisions of blood transfusions, psychiatric hospitalizations, the use of life support systems, organ transplants, sensitive procedures involving the sexual or reproductive organs and the use of experimental drugs.

During regular working hours, medical providers requesting consent for a major medical or surgical procedure should be instructed to call the DCFS Consent Unit at 800-828-2179. After hours, and on weekends and holidays, medical providers should speak with an Authorized Agent at the Child Intake and Recovery Unit at 866-503-0184.

- E) **Notification to Region of After-Hours Consents.** All after hours consents by Authorized Agents in the Child Intake and Recovery Unit shall be documented on the **CFS 431, Consent of Guardian to Medical/Surgical Treatment.** The Authorized Agent shall fax the completed **CFS 431** to the hospital or physician requesting the consent and to the child's Permanency Worker. Any supplementary information should be forwarded to the appropriate Area Administrator.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

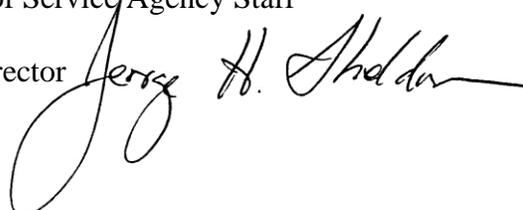
POLICY GUIDE 2015.14

**CONSENTS FOR ORDINARY MEDICAL AND DENTAL CARE
AND ATHLETIC PARTICIPATION**

DATE: September 4, 2015

TO: All Department and Purchase of Service Agency Staff

FROM: George H. Sheldon, Acting Director



EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to inform Department and POS staff that that:

- until further notice, staff should continue to request consents for ordinary and routine medical and dental care from Authorized Agents of the DCFS Guardian, located in the DCFS Regions; and
- substitute caregivers (including residential administrators and their designees) may consent to a child's participation in athletic activities. Substitute caregivers are required to use Reasonable Parenting Standards when making such decisions.

II. PRIMARY USERS

Primary users include all DCFS and private child welfare agency staff.

III. INSTRUCTIONS

1. **Consent for Ordinary and Routine Medical/Dental Care.** Department and POS staff shall continue to request consents for ordinary and routine medical and dental care from Authorized Agents of the DCFS Guardian in the DCFS Regions.

Consents for ordinary and routine medical and dental treatment may be centralized in the future, but have not been centralized at this time.

Consent for major medical and surgical treatment shall be given only by the DCFS Guardian or an Authorized Agent at the DCFS Consent Unit or Child Intake and Recovery Unit.



2. **Consent to Participate in School Athletic Activities.** Effective immediately, foster parents, relative caregivers, and residential administrators and their designees (substitute caregivers) may approve a child’s participation in school athletic activities. The substitute caregiver must use “reasonable parenting standards” when making decisions for children to participate in athletic activities.

“Reasonable parenting standards” includes consideration of the child’s age, and whether the activity is developmentally appropriate for that child. When considering whether an athletic activity is “age-” or “developmentally appropriate”, the substitute caregiver shall consider whether the activity is accepted as suitable for children of the same chronological age or level of maturity as that child, or is determined to be developmentally appropriate for a child based on development of cognitive, emotional, physical and behavioral capacities that are typical for that child’s age or age group.

The decisions made for the child must keep that specific child’s capabilities and attainment of developmental stages in mind.

V. QUESTIONS

Questions regarding these revised procedures should be directed to the Office of Child and Family Policy at 217-524-1983 or by e-mail through Outlook at OCFP-Mailbox. Non-Outlook users may send questions to cfpolicy@idcfs.state.il.us or the phone number provided.

VI. FILING INSTRUCTIONS

This Policy Guide is to be filed immediately following **Procedures 314.30 c), Consents for School Activities** and immediately following **Procedures 327.4 d), School Matters** and immediately following **Procedures 327.5 a) 3) C), Ordinary and Routine Treatment Consents.**

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4) Consultation for Major/Elective Procedures

All major medical consent requests for wards should be directed to the DCFS Consent Unit during working hours. After-hours, holiday and weekend consent requests should be directed to the Child Intake and Recovery Unit. When handling such requests, the Child Intake and Recovery Unit shall verify the child's legal status and notify the requesting region of the decision made on the **CFS 431, Consent of Guardian to Medical/ Surgical Treatment**.

The reverse side of the **CFS 431** is designed for completion by the physician in order to supply the facts and information needed for the DCFS Guardian or Authorized Agent to make a decision. More information may be needed, however, regarding major or elective medical/surgical procedures or the use of psychotropic medications, since prior to making a decision the DCFS Guardian or Authorized Agent must often seek the advice of a Department medical consultant.

The medical consultants do not make the decisions to give or withhold consent for a particular medical procedure. Consent decisions must be made by the DCFS Guardian or an Authorized Agent. A consultant will explain the child's medical situation and the proposed treatment to the Guardian/Authorized Agent to enable the Guardian/Agent to make an informed decision on behalf of a child. Medical consultants also help by explaining medical protocol and strategies for handling difficult situations with providers.

The medical consultants often need more information about a particular procedure than what is provided for on the back of the **CFS 431**. In general, the type of information the worker should attempt to obtain from a physician recommending the major medical or elective procedure includes the following:

- The exact nature of the condition;
- Diagnosis;
- History of the condition, what kinds of treatment have been given, and the child's response to that treatment;
- Current medication child is receiving;
- Child's general medical history;
- Allergies to medication, food, etc.;
- Special medical conditions (e.g. sickle cell anemia);
- Risk concerning anesthetics;
- Effects of not having the proposed treatment;
- Side effects of proposed treatment;
- Credentials of the doctor performing the surgery (What is the physician's area of specialty, e.g., Cardiologist); and
- The name of the hospital where the surgery will be performed.

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An Authorized Agent may need to obtain additional facts and details specific to the procedure. The medical consultant will advise the Authorized Agent about the additional information that must be obtained and assessed in order to make an informed decision. In highly technical situations, medical consultants will communicate directly with the child's physician.

In emergency situations, consent should be requested without delay and any consultation involved will be expedited.

In emergency situations, with the parent or guardian unavailable or unwilling, the doctor or hospital should be asked to proceed by the authority granted to them under the Consent by Minors to Medical Procedures Act

5) Consent for Administration of Psychotropic Medications

Rule 325 and Policy Guide 2012.04, Administration of Psychotropic Medication to Children for Whom DCFS Is Legally Responsible provide in-depth information about appropriate use of psychotropic medications and the process for physicians and other licensed prescribers of psychotropic medications to obtain consent from the DCFS Guardian.

Except in a medical emergency or as a one-time non-emergency treatment (defined in Rule 325), a licensed prescriber must obtain consent from the DCFS Guardian prior to administering a psychotropic medication to a DCFS ward under 18 years of age or a DCFS ward age 18 or older for whom a court order authorizes the DCFS Guardian to consent on behalf of the ward.

Only the DCFS Guardian and designated staff of the DCFS Consent Unit and Child Intake and Recovery Unit may consent to administration of psychotropic medication. These are the only Department staff that may consent to administration of psychotropic medications to DCFS wards.

Licensed prescribers must complete the **CFS 431-A, Psychotropic Medication Request Form** and **CFS 431-A Cover, Psychotropic Medication Request Fax Cover Sheet**. The completed forms shall be sent via fax to the DCFS Psychiatric Consultants at the fax number provided on the **CFS 431-A Cover**.

The DCFS Psychiatric Consultants shall review all requests for their appropriateness. In accordance with **Rule 325 and Policy Guide 2012.04**, Authorized Agents shall consult with the DCFS Psychiatric Consultants' research team at the University of Illinois Chicago (UIC) before giving approval for the use of psychotropic medications.

When consenting to the administration of a psychotropic medication, Authorized Agents shall complete the **CFS 431-B, Psychotropic Medication Consent Form**.

Standing medication (PRN) orders for administration of psychotropic medication to DCFS wards are prohibited.

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Rule 325 and **Policy Guide 2012.04** also address the rights of youth age 18 and older to consent to their own medication requests, and the circumstances in which youth may refuse medication.

Rule 325 and **Policy Guide 2012.04** provide instructions for staff in the Office of the DCFS Guardian to address a licensed prescriber, DCFS-licensed residential facility, hospital or other non-DCFS licensed facility that fails to obtain consent prior to administering a psychotropic medication to a child or youth in DCFS custody or guardianship.

6) Complex / High Risk Procedures

Complex/high risk procedures require consultation with the child's parents (if whereabouts are known and parental rights have not been terminated in a court of law), the opinion of the child's primary/treating licensed physician and consideration of opinions from at least two other licensed medical physicians with specialized training, knowledge, or experience in the field who are not professionally associated with the primary/treating licensed physician. After the opinions have been received by the Office of the DCFS Guardian, the Guardian or Assistant Guardian shall review them. If approved, the Guardian or Assistant Guardian shall request a consultation with the medical specialist performing the procedure. Consent for the procedure shall not be given until after that consultation occurs.

If the issue is whether to administer experimental medications, the opinions of medical experts in the experimental area who are not licensed physicians may be substituted.

For sensitive procedures involving the LGBTQ population, if a child/youth in substitute care makes a request to begin puberty blocking/hormone therapy, the Permanency Worker shall refer the child/youth **to medical professionals who are recognized as culturally competent in the care** of transgender youth. The Permanency Worker shall contact both the Statewide LGBTQ Coordinator and DCFS Guardian's office when transgender medical care is being considered.

- For the new initiation of puberty blocking/hormone therapy, if the child/youth's Permanency Goal is Return Home, and if the parents' whereabouts are known, the Permanency Worker should inform the parents of the initiation of puberty blocking/hormone therapy.
- Two physicians or a physician and another licensed health care provider such as a Psychologist, LCPC, LCSW who is culturally competent in transgender health care, must agree that the child/youth is appropriate for the initiation of puberty blocking/hormone therapy.

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Complex/high risk procedures include:

- use of puberty blocking drugs/hormone therapy for LGBTQ population.
- elective surgical or medical procedures involving the sexual or reproductive organs of a minor and the procedure may affect the ability to sire, conceive, or bear children;
- transplant of any organ (see subsection (e), Organ Transplants and Donations);
- administration of experimental medications; or
- administration of medications in an experimental fashion.

7) Experimental Medications

The use of experimental medications or the use of a medication experimentally is a complex/high risk procedure that requires consultation with the child's parents, if their whereabouts are known, and with at least two physicians other than the recommending physician. (See subsection (g), Health Integration Committee.) The Department's psychiatric consultant must be contacted if the experimental medication is prescribed for psychiatric/psychological purposes.

b) Specific Circumstances

This section describes how consent to medical treatment is obtained depending on the various conditions under which the Department has responsibility for a child.

1) Temporary Custody, Guardianship, or Surrender With Major Medical Consent Rights

When the Department has temporary custody with the right to consent to major medical, or guardianship of a child through court order or through parental surrenders, consent for medical treatment should be requested by sending the **CFS 431, Consent of Guardian to Medical/Surgical Treatment**, to the DCFS Consent Unit. (See subsection (a)(4), Consultation for Major/Elective Procedures for additional information about consents for major and elective medical/surgical treatment, administration of psychotropic medications, and sensitive procedures.)

In emergency situations, consent requests should be called into the DCFS Consent Unit during normal business hours or the Child Intake Recovery Unit after hours, weekends, and holidays. In an emergency, the Authorized Agent will give verbal consent and forward written consent, on a **CFS 431**, to the doctor/hospital and Permanency Worker.

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When the Department obtains temporary custody by court order, the Department's representative in court should always seek to obtain authority to consent to major medical procedures. If the court has indicated that it is unwilling to grant the right to consent to major medical treatment on a routine basis, the Department's representative in court shall request the right to consent to major medical when:

- the child is currently hospitalized, has a medical condition which will require major treatment procedures or blood transfusions, has recently been released from the hospital and may need additional treatment (this includes psychiatric hospitalization), or the guardian's consent to screen a child for exposure to the Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS) has been requested, or
- the child has been abandoned;
- the family has a history of chronic inaccessibility to the Department;, or
- the family is threatening to staff or extremely hostile to the Department.

If the Department did not seek the right to consent to major medical care at the temporary custody hearing but the family's circumstances have changed so that such consent rights are necessary now, the Department's representative shall return to court to seek such consent rights.

A) The parents or responsible relative should be advised and consulted in all cases involving major or elective procedures.

== B)

== C)

2) Temporary Custody Without Major Medical Consent Rights

When the Department holds temporary custody of a child through:

- Court order without major medical consent rights;
- Abandonment or police intervention; or
- Temporary protective custody;

then the following rules for consents apply:

A) Consent to ordinary medical treatment should be obtained from the DCFS Guardian or Authorized Agent from the Consent Unit.

B) Consent to major medical or surgical procedures should be obtained from the child's parent or guardian (guardian in this context does not refer to the Department).

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- C) In emergency situations, with the parent or guardian unavailable or unwilling, the doctor or hospital should be asked to proceed by the authority granted to them under the Consent by Minors to Medical Procedures Act.
- D) For elective procedures, with the parent or guardian unavailable or unwilling, a request should be made to the court for authority to consent to major medical treatment.

== E)

== c)

d)

e) **Organ Transplants and Donations**

1) Organ Transplants

Organ transplants are a sensitive procedure. The Permanency Worker shall obtain a written consultation from at least two physicians with specialized training, knowledge, or experience in the medical discipline of the ward's disease or disability who are not professionally associated with the physician recommending the transplant. This information shall be provided to the authorized agent who will seek the opinion of the child's parents, if their whereabouts are known, and the appropriate Department medical consultant. The Department medical consultant may contact the involved physicians for further information and clarification before making a recommendation.

Experimental organ transplants are prohibited unless specifically requested by the parents, other methods of treatment are deemed futile, and death is imminent if a transplant is not obtained.

2) Organ Donations/Anatomical Gifts

Consent for these procedures is a residual parental right. The Department may consent to organ donations/anatomical gifts only when the child's parents are dead or parental rights have been terminated in a court of law.

Unless organ donation is against the express preference or religious beliefs of the child or family, consent may be given once the Department's consent authority has been established.

Note: Most major religious denominations do not oppose organ donations/anatomical gifts. Organ donations/anatomical gifts shall *not* be approved for any child who subscribes to the beliefs and practices of the Jehovah's Witnesses or the Christian Science faiths.

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f) Foregoing Life Sustaining Medical Treatment

1) Introduction

Under Illinois law, "legal death" may be established by either:

- the more traditional standard of irreversible cessation of circulatory and respiratory functions, according to usual and customary standards of medical practice, or
- the standard of irreversible cessation of total brain function, according to usual and customary standards of medical practice.

The determination of whether there has been an irreversible cessation of total brain function is solely a medical determination.

// The Health Care Surrogate Act [755 ILCS 40] allows private decision making without court involvement on behalf of a minor or incompetent adult person with respect to forego life sustaining treatments. The decisions made by "surrogates" who act on behalf of the patient are based upon the medical determinations that certain conditions exist that cannot be remedied by life sustaining treatment or that treatment will serve only to prolong the dying process.

The DCFS Guardian or an Authorized Agent shall will contact the child's physician to discuss the child's condition prior to any decision to forego life sustaining medical treatment.

2) Defining "Life Sustaining Treatment"

A "life sustaining treatment" is any medical treatment procedure or intervention that, in the judgment of the attending physician, would not be effective to remove the qualifying condition or would serve only to prolong the dying process. It can include, but is not limited to, assisted ventilation, renal dialysis, surgical procedures, blood transfusions, the administration of drugs, antibiotics, and artificial nutrition and hydration.

When the DCFS Guardian is the surrogate decision maker, the Guardian shall consult with the provider's ethics committee, if there is one, and/or obtain an independent medical opinion.

In determining whether to forego life sustaining treatment, the surrogate decision maker shall consider the burdens on the patient from instituting or continuing life sustaining treatment against the benefits of that treatment, and shall make his or her decision guided by the best interests of the patient. The surrogate decision maker shall take into account all available information, including the views of the patient's family and friends.

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The Health Care Surrogate Act does not authorize the Department to act as the surrogate decision maker on behalf of an 18 year old, for whom the Department has guardianship. (See **Procedures 302.Appendix M, Transition Planning for Adolescents** and **CFS 2032-2, Your Future, Your Health**. The **CFS 2032-2** contains the Illinois statutory form for Power of Attorney for Health Care.)

In accordance with the provisions of the Health Care Surrogate Act, the Department should never take temporary protective custody of a child for the purpose of consenting to the removal of life support systems. The Department, as temporary custodian, is not authorized to consent to foregoing life sustaining treatment.

3) Requests for Removal of Life Support

All requests for consent to the removal of life support, limiting medical treatment, foregoing life sustaining treatments and/or the entry of a Do Not Resuscitate (DNR) order must immediately be referred to the Office of the DCFS Guardian at **312-814-8600**. Step-by-step instructions are set out below. Prior to providing consent, the DCFS Guardian shall consult with the Department's Medical Director about the request.

Any action concerning the removal of life support, foregoing life sustaining treatment, limiting medical treatments, and/or the entry of a DNR order must comply with the Health Care Surrogate Act. A DNR order is a doctor's order entered in a patient's medical chart that instructs hospital staff not to revive a patient if the patient suffers a cardiopulmonary arrest (a cardiac or respiratory arrest). The Health Care Surrogate Act defines the circumstances under which private decisions to terminate life-sustaining treatment may be made by surrogate decision-makers on behalf of patients lacking decision-making capacity without judicial involvement.

The Health Care Surrogate Act provides, in part, that a patient's attending physician must certify that a patient is suffering from a "qualifying condition" within the meaning of the Act. The Health Care Surrogate Act identifies three conditions for which a surrogate decision-maker may be called upon to render a decision regarding foregoing life sustaining treatment on behalf of a patient:

- terminal condition;
- permanent unconsciousness; or
- incurable or irreversible condition.

The attending physician must make one of these medical determinations before the surrogate decision-maker may consider whether to forgo life sustaining treatment.

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THE DEPARTMENT MUST HAVE GUARDIANSHIP OF A CHILD OR YOUTH IN ORDER TO CONSIDER A DNR REQUEST. ONLY THE DCFS GUARDIAN OR ASSISTANT DCFS GUARDIAN MAY PROVIDE CONSENT ON BEHALF OF A WARD FOR A DNR REQUEST. ALL OTHER AUTHORIZED AGENTS ARE PROHIBITED FROM PROVIDING CONSENT TO THE REMOVAL OF LIFE SUPPORT, ENTRY OF A DNR ORDER OR SIMILARLY LIMITING MEDICAL TREATMENT ON BEHALF OF A WARD.

4) Consent Procedure

If a Permanency Worker receives a request for removal of life support, DNR order, or foregoing life sustaining treatment, the following procedure must be followed:

**Step 1: Immediately telephone the Office of the DCFS Guardian.
Phone number: 312-814-8600.**

**Step 2: Fax the following documents to the Office of the DCFS Guardian.
Fax number: 312-793-3546:**

- a copy of the Disposition Order awarding DCFS guardianship of the minor;
- names, addresses and telephone numbers of the child's birth or adoptive parents (and if applicable, other interested relatives and substitute caregivers). If parental rights were terminated, the birth parents' information is not required;
- a letter from the minor's attending physician recommending the advanced directive, including a statement identifying the qualifying condition, a brief medical history and diagnosis, and the basis for the physician's treatment recommendation;
- letters from two physicians (with specialized training, knowledge or experience in the medical discipline of the minor's disease and/or disability who are not professionally associated with the child's attending physician) stating their reasons for recommending the treatment (e.g., the entry of a DNR order); and
- a written statement from the medical provider's ethics committee stating the committee's reasons for recommending the treatment.

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Although the DCFS Guardian has the legal authority to consent to these types of requests on behalf of a ward under guardianship, the wishes of the birth parents, interested relatives, family members and substitute caregivers are considered in the decision making process. The DCFS Guardian and/or Assistant DCFS Guardian usually visit a child for whom such a request has been made. The DCFS Guardian will also consult with the Department's Medical Director about the request.

5) Referral to DCFS Nursing Services

When a Permanency Worker receives a request for removal of life support, a DNR order, or foregoing life sustaining treatment for a ward, or identifies a child who has an existing DNR when a DCFS case is open, the case shall be referred to the DCFS Regional Nurse for assessment, medical guidance to the Permanency Worker and substitute caregivers, and on-going consultation as needed.

g) Health Integration Committee

The Health Integration Committee (HIC) is designed to address complex, controversial and questionable health care issues. The HIC is not intended to substitute for supervision and/or consultation with the Regional Nurse, Clinical Managers and Coordinators or Agency Performance Team (APT) staff.

1) Composition of the Health Issues Review Panel and Meeting Time

The Health Issues Review Panel will be comprised of the Department's Medical Director serving as chair-person, the DCFS Chief Nurse, a DCFS Regional Nurse from the region to which the case belongs, the DCFS Guardian or designee, and other selected health care and multi-disciplinary specialists as dictated by the facts of the case to be reviewed.

The Panel will meet on the fourth Thursday of each month from 2:00 p.m. through 5:00 p.m. at the office of the Clinical Services Division, James R. Thompson Center in Chicago. Participants may confer with the Panel in writing or by telephone. If the meeting is suspended or postponed, the Office of Clinical Services will notify the party requesting a review indicating the new date for review.

2) Who May Request Assistance from the HIC

DCFS and private agency workers or supervisors, the DCFS Guardian, Nursing Services, Clinical Managers and Coordinators, Administrative Case Reviewers, legal staff, the Office of the Inspector General, the Office of Health Policy, or health care providers outside the Department can make referrals. Referrals on DCFS cases should be made to the Panel only after consultation between the Permanency Worker, supervisor and Regional Nurse has occurred.

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3) When to Request an HIC Review

Review of Do Not Resuscitate (DNR) orders and other life-threatening situations that require immediate assistance will be managed by the DCFS Guardian in consultation with the Medical Director on an immediate basis.

The following are examples of health related concerns that can be addressed by the Health Issues Review Panel:

- Opposing physical and or behavioral treatment recommendations for a minor. This disagreement may be between any number of people involved with the child's well-being, such as worker and health care provider, worker and caregiver, caregiver and health care provider, worker and APT liaison;
- Concerns from the health care community concerning treatment options for a ward;
- A decision regarding appropriate treatment after a second opinion has been rendered; or
- To confirm care rendered by an individual health care practitioner or skilled and/or residential facility is appropriate for the child.

Referrals are not limited to these examples. Cases will be considered on an individual basis. If a referral is not accepted as appropriate for the HIC, the person making the referral will be notified by the Chief Nurse that the referral was not accepted.

Situations that require an immediate decision based on the condition of the child should be referred to the DCFS Guardian who will consult with the Medical Director and the Chief Nurse.

DO NOT WAIT FOR AN HIC DECISION WHEN A CHILD IS IN NEED OF IMMEDIATE CARE OR MEDICATION OR IN A LIFE-THREATENING SITUATION.

4) How to Request a Review

After consultation with the appropriate supervisory staff and notification to the Regional Nurse, referrals to the Health Issues Review Panel, using the **CFS 534, Health Issues Review Panel Referral Form**, should be sent to:

DCFS Chief Nurse
100 W. Randolph 6-200
Chicago, IL 60601
Phone: 312- 814-5693
Fax: 866-594-1234

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Copies of medical records and other materials pertinent to the review should accompany the referral form. After all the records and materials are received, an appointment will be scheduled via phone or email by the Chief Nurse with the supervisor, Permanency Worker, or the party who made the referral.

5) Record of the HIC Review

After completion of the review by the Panel, a written summary of recommendations will be forwarded within 15 days by the Medical Director to the parties responsible for implementing each recommendation. Copies shall also be forwarded to the Permanency Worker, Permanency Supervisor, the Office of Health Policy, and all Panel participants. A copy of the recommendations will be retained by the Chief Nurse for follow-up and review.

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Appendix B - Wards Committed to Department of Juvenile Justice

a) Assignment of DJJ Cases to DCFS Casework Staff

All cases involving youth in the custody or guardianship of the Department of Children and Family Services (DCFS) who are committed by an Illinois court to the Illinois Department of Juvenile Justice (DJJ) shall be served by DCFS permanency staff. If, at the time of commitment, the youth is being served by a purchase of service agency (POS), the POS Permanency Worker shall prepare all case transfer information, in accordance with **Administrative Procedures #9, Case Transfer Requirements**, and transfer the case back to the Department for reassignment to a DCFS Permanency Worker.

The POS agency and the supervisor of the receiving DCFS team shall jointly ensure that a **CFS 906-1, Placement/Payment Authorization Form**, is completed and submitted to data entry to record the change in placement. The DCFS supervisor shall also complete and submit a **CFS 1425, Change of Status Form** to ensure that assignment of the case is changed.

The DCFS supervisor shall also notify the DCFS Regional liaison to the Department of Juvenile Justice of the child's commitment to the DJJ and the DCFS team to which the child's case has been assigned for service.

The POS Permanency Worker who was serving the child and the DCFS Permanency Worker to whom the case is assigned shall meet within 3 working days after the case transfer to discuss the case so that the DCFS Permanency Worker can become fully informed of the child's needs and service planning. The DCFS DJJ liaison for the area that the child was being served should also be invited to participate in the staffing.

The DCFS Permanency Worker is responsible for all future services for or on behalf of the youth, including but not limited to client service planning, visiting the youth, administrative case reviews, and discharge planning for aftercare services.

If POS staff have questions, they should contact their supervisor or the supervisor of the DCFS monitoring unit that monitors the POS agency. DCFS staff questions should be directed to the DCFS supervisor or Area Administrator.

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b) **Responsibility of Regional/Field Offices in Guardianship Cases**

When a court commits a DCFS ward under 18 years of age to the Department of Juvenile Justice, the court appoints the DJJ Director as the youth's legal custodian. DCFS retains its legal relationship, case management and placement planning responsibility for the youth.

All DCFS communications with the DJJ should be directed to the DJJ Field Service Representative for the Illinois Youth Center facility to which the youth was committed. The DCFS Permanency Worker shall furnish a social history, copies of reports of psychological or psychiatric examinations, and report any monthly benefit payments that are currently paid to the youth. At the request of the DJJ Field Service Representative, the DCFS Permanency Worker shall forward to a DCFS Authorized Agent the DJJ Release of Medical Information form, and will return the signed form. The Permanency Worker shall handle any other DJJ forms requiring consent of the DCFS Guardian in the same manner.

In continuing guardianship cases, the regional/field office shall retain case responsibility, maintain the case record, provide consultation services when requested on behalf of the youth, and provide substitute care and maintenance if needed following the youth's discharge from DJJ.

c) **Role of DCFS Guardian**

In continuing guardianship of the person, Authorized Agents of the DCFS Guardian shall exercise the same powers and duties applicable to children directly under the care and supervision of the Department. With regard to medical consents, the Authorized Agent shall sign a **CFS 415, Consent for Ordinary and Routine Medical and Dental Care** authorizing the DJJ to consent to ordinary medical and dental care. However, the DCFS Guardian's consent must be sought when the youth requires a major medical, psychiatric or surgical procedure. (Any procedure that involves hospitalization, surgery, use of anesthesia, or administration of psychotropic medications is considered major medical care.) Continuation of DCFS guardianship for youth committed to DJJ should be carefully evaluated, and the Permanency Worker should seek discharge from guardianship if (1) the youth has a parent living in Illinois who is capable and willing to resume the parental role, and (2) if, in the opinion of the Area Administrator and Permanency Supervisor, the Department cannot provide any potentially meaningful service or treatment to the youth upon release from DJJ. The DCFS Permanency Worker shall consult with the DJJ Field Service Representative prior to requesting release of DCFS guardianship.

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Appendix F – Immigration/Legalization Services for Foreign Born DCFS Wards

a) Purpose

These procedures provide staff with information and instructions regarding application for immigration/legalization services for foreign-born DCFS wards.

The DCFS Immigration Services Unit (ISU) is responsible on a statewide basis for assisting staff with acquiring adjustment of legal status for foreign-born children who are under the guardianship of the Department of Children and Family Services. Under federal provisions, the child/youth must be placed in a substitute care living arrangement to be deemed eligible for immigration/legalization services.

Immigration Services provided include:

- application for Special Immigrant Juvenile (SIJ) status for foreign-born children and youth;
- application for legal permanent resident (LPR) status for foreign-born children and youth;
- application for citizenship status for qualified youth who are permanent residents;
- application for replacement of permanent resident cards;
- coordination and/or ensuring legal representation if needed for refugee status adjustment, stay of deportation, asylum or removal of conditional status;
- assistance in obtaining birth documents from foreign counsels/embassies; and
- Liaison to Foreign Consulates.

b) Definitions

“Alien Registration Number or Alien Number (A Number or#)” means a unique 7, 8 or 9-digit number assigned to a noncitizen by the Department of Homeland Security.

“Citizen” mean a person born in the United States or certain territories or outlying possessions of the United States, and subject to the jurisdiction of the United States; In addition, persons who are born outside of the United States may be U.S. citizens at birth if one or both parents were U.S. citizens at their time of birth. Persons who are not U.S. citizens at birth may become U.S. citizens through naturalization.

“Civil Surgeons” means medically trained, licensed and experienced doctors practicing in the U.S. who are certified by United States Citizenship & Immigration Services (USCIS). These medical professionals receive U.S. immigration-focused training in order to provide examinations as required by the Center for Disease Control and Prevention (CDC) and USCIS.

“Arrival-Departure Record (Form **I-94/I-94A**)” means a small white card placed in the passport of an alien when they are admitted or paroled to the United States. This form is also issued to aliens in connection with the approval of an immigration benefit granted

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from within the United States. The card indicates parole or the immigration status under which the alien was admitted, and, if applicable, how long the alien is authorized to stay in the United States, either with a specific date, or with a notation such as D/S (Duration of Status). See also Duration of Status.

“Entry document(s)” means an approved travel document(s) in the USCIS form I-94, Arrival/Departure Record, passport or visa that is issued by the country of nationality, last country of residence or the country to which the individual wishes to enter.

“Foreign-born child” means any child who was born **outside** of the United States or any commonwealth or territory (e. g., Puerto Rico) of the United States.

“**I-360** Petition” means a USCIS form used to classify an alien as: 1. An Amerasian; 2. A Widow or Widower; 3. A Battered or Abused Spouse or Child of a U.S. Citizen or Lawful Permanent Resident; or 4. A Special Immigrant. A special immigrant is defined as one of the following: A. Religious Worker; B. Panama Canal Company Employee, Canal Zone Government Employee, U.S. Government in the Canal Zone Employee; C. Physician; D. International Organization Employee or Family Member; E. Juvenile Court Dependent; F. Armed Forces Member; G. Afghanistan or Iraq national who supported the U.S. Armed Forces as a translator; H. Iraq national who worked for or on behalf of the U.S. Government in Iraq or I. an Afghan national who worked for or on behalf of the U.S. Government in Afghanistan.

“**I-485** Application” means the USCIS form used to apply to adjust your status to that of a permanent resident of the United States.

“Immigration Services Coordinator” means the DCFS employee responsible for coordinating immigration and/or legalization services for a DCFS ward.

“Lawful Permanent Resident (LPR)” means any person who is not a citizen of the United States and who is residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant, also known as "Permanent Resident Alien", "Resident Alien Permit Holder", or "Green Card Holder."

“Legal Status Adjustment” means the process by which a foreign-born person in the United States obtains status as a Lawful Permanent Resident.

“Naturalization” means the process by which U.S. citizenship is conferred upon a foreign citizen or national after he or she fulfills the requirements established by Congress in the Immigration and Nationality Act.

“Permanent Resident Card”, also referred to as “Green Card” or “**I-551**”, is evidence of a person’s status as a lawful permanent resident with a right to live and work permanently in the United States. It also is evidence that the person is registered in accordance with United States immigration laws.

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“Refugee” means any person outside his or her country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution. Persecution or the fear must be based on the person’s race, religion, nationality, membership in a particular social group or political opinion. For a legal definition of refugee, see Section 101(a)(42) of the Immigration and Nationality Act (INA).

“Special Immigrant Juvenile Status” (SIJS) is a program to help foreign children in the United States who have been abused, abandoned, or neglected, who are unable to be reunited with a parent can get a green card as a SIJ that allows them to live and work permanently in the United States.

“Undocumented resident” means a foreign-born individual who is residing in the United States without permission or authorization from USCIS or the U.S. Department of State.

“United States Citizenship and Immigration Services (USCIS)”, formerly known as the Immigration and Nationalization Service (INS), is the agency in charge of immigrant related services and benefits, including granting or denying a person’s request for immigration status. There are several USCIS field offices located throughout the country. USCIS makes decisions on applications regarding immigration benefits such as applications for Lawful Permanent Residency, Citizenship and Asylum. USCIS can initiate removal proceedings if it denies an application for benefit.

c) **Special Immigrant Juvenile Status and Legal Permanent Residency**

1) Eligibility Requirements

To be eligible for SIJ status:

- the child/youth must be under 21 years of age on the filing date of the form **I-360**;
- the child/youth cannot be married, both when filing the application and when USCIS makes a decision on the **I-360** application;
- the child/youth must be inside the United States at the time of filing the **I-360**;
- a state court in the United States must decide and issue an order that:
 - declares that the child/youth is a dependent of the court or to legally place with a state agency, a private agency or a private person; and
 - states whether it is not in the child/youth’s best interests to return to his/her home country (or the country child/youth last lived in); and
 - states whether a child/youth cannot be reunited with a parent because of any of the following: abuse, abandonment, neglect and/or similar reason under state law; and

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- The state court order must be in effect on the filing date of the **I-360** and when USCIS makes a decision on child/youth's application, unless the child/youth "aged out" of the state court's jurisdiction due to no fault of his/her own.

2) Identification

In an effort to assist both Department and Purchase of Service (POS) staff with the identification of an undocumented or foreign-born child/youth requiring immigration services, the Immigration Services Unit (ISU) has issued a **DCFS ALERT** (See Attachment 1). The ALERT can be used by staff to help determine if the child or youth may require and be eligible for immigration or legalization services, especially for status adjustment as a Special Juvenile Immigrant (SIJS) to become a Lawful Permanent Resident.

The undocumented status of a child or youth is not limited to any specific race or ethnicity. It includes any child or youth of any race that is foreign-born and residing without a legal status in the United States.

3) Referral

The Permanency Worker must submit a completed **CFS 1016, Special Immigrant Juvenile Referral Form** to the Immigrations Services Coordinator.

After the referral information has been received and reviewed by ISU, the Permanency Worker will be contacted and notified of the initial assessment of the child's eligibility for immigration services.

If the review determines that the child may be eligible for SIJS or another form of relief, the Permanency Worker will be asked to fax or mail the ISU a copy of the following documents:

- Adjudication order
- Disposition order
- Permanency order
- Recent social history or Integrated Assessment.
- Child's birth certificate*
- Immunization record

* The child's identity should be verified by a birth certificate or a baptismal record, the child's school records, if applicable or health records. When the birth certificate of a foreign-born child is not available, Immigration Services Unit staff will contact the Consulate of the child's country of birth to request assistance in obtaining the child's birth record or an official "identity document."

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4) Petition and Lawful Permanent Resident Application

ISU staff will send a referral to the DCFS Office of Legal Services to request a court date to obtain a SIJ Court Order, if required; assist in having the child's foreign birth document translated and notarized and to obtain a waiver signed by the DCFS Guardian (or Authorized Agent) for the USCIS filing fees.

ISU staff will email the Permanency Worker the forms listed below. (These forms are also available on the USCIS website at www.USCIS.gov.) The Permanency Worker shall complete each of these forms. If the youth is 14 years of age or older, the youth must sign the forms.

- **I-360, Petition for Amerasian, Widow(er), or Special Immigrant**
- **I-485, Application to Register Permanent Resident or Adjust Status***
- **G-325, Biographical Information** (Youth age 14 and older)
- **I-765, Employment Authorization Document** (Youth age 15 and older)
- **Immigration 101 pamphlet** - to be reviewed and revised annually as needed.
- **Immigration Resource and Practice Guide**- to be reviewed and revised annually as needed.

The ISU staff will schedule a teleconference with the eligible ward, the Permanency Worker and an invested adult such as a foster parent or concerned relative to fully explain all sections of the immigration process and responsibilities to the child as well as the importance of answering all questions truthfully. During the conference the ISU staff will provide a copy and review with the Permanency Worker, child, and invested adult the Immigration 101 pamphlet and the Immigration Resource and Practice Guide. Special emphasis will be placed on the risks and responsibilities of the adolescent wards in the process of status adjustment and once status is granted. The Permanency Worker does **not** sign the form. ISU staff will obtain signature for a child under age 14 from an Authorized Agent of the DCFS Guardian.

The completed hard copy of forms must be mailed to ISU because only original signatures will be accepted by USCIS.

The Permanency Worker shall notify the ISU of any arrest or detainment of a non-citizen DCFS ward for information to be provided to/shared with the ward's public defender regarding the child/youth's immigration status.

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5) Filing with United States Citizenship & Immigration Services

When the juvenile court issues the Special Immigrant Juvenile Status (SIJS) court order, the Permanency Worker shall forward a certified copy of the order to ISU.

ISU staff will mail the following documents to the appropriate USCIS office:

- the completed and signed **I-360**;
- an original translation and notarization of the birth document and a copy of the foreign birth document or identity document;
- a certified copy of the SIJS court order;
- copies of the court orders for adjudication, disposition and the most recent permanency hearing;
- four color, frontal view passport photos of child/youth; and
- a waiver request for filing fees (signed by an Authorized Agent of the DCFS Guardian or by the youth if 18 years or older)A completed and signed **I-912, Request for Fee Waiver**.

Other USCIS forms may be filed concurrently with the **I-360**.

- **I-485** - filed on behalf of a child/youth who enters the US as a Refugee;
- **G-325, Biographical Data**, for youth age 14 and over;
- **I-765, Employment Authorization**, for a youth 15 and over seeking employment; or
- **I-912, Request for Fee Waiver**.

6) Approval and Notification

Upon approval of an application, USCIS office will send an **I-171, Notice of Approval** to the ISU, with an Alien Registration number (referred to as the “A” number) for the DCFS child/youth. ISU staff will notify the child’s Permanency Worker by phone or email when the Notice of Approval is received.

7) Medical Examinations, Photos and Fingerprints

A) Medical Examinations

All applicants, regardless of age, are required to have a medical examination completed by a designated “Civil Surgeon” (defined above). The child’s Permanency Worker shall identify an approved Civil Surgeon close to the child’s placement from the list on the USCIS website. The website uses the child’s zip code to find the closest Civil Surgeon.

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The Civil Surgeon will complete the medical exam forms **I-693** and **I-693 Supplemental**, and return them to the child's Permanency Worker in a **sealed and signed** envelope. **The Permanency Worker shall ensure that the envelope remains sealed, and submit it, unopened, to the USCIS Officer.**

Please Note: Immigration physical exams are not covered by the child's medical card. When a Civil Surgeon has been contacted and the cost of the examination has been established, the Permanency Worker must contact ISU, via email, and provide the payee's name, address, phone number and the cost of for the examination. ISU will request that a check for the cost of the examination be issued and will make arrangements for pick up with the Permanency Worker when the check is received. The exam can be scheduled when the check is received.

B) Photos of the Child

The Permanency Worker shall obtain four color photos of the child or youth, taken within 30 days of the date the application will be filed. The photos must be passport-style (2" x 2"), printed on thin paper with a glossy finish, and must not be mounted or retouched. The photos must be in color with a full face, frontal view on a white to off-white background. Head height should measure 1" to 1 3/8" from top of hair to bottom of chin, and eye height must be between 1 1/8" to 1 3/8" from the bottom of the photo. The child/youth's head must be bare unless he or she is wearing a headdress required by a religious order of which he or she is a member.

These photos can be obtained from most businesses that provide passport photos.

C) Fingerprints

All applicants must be fingerprinted at a facility designated by USCIS. USCIS will send a notice to ISU for the child/youth to appear for a biometric fingerprint appointment. The child/youth is required to bring a photo ID to the fingerprinting appointment. ISU will notify the Permanency Worker and assist in scheduling the child/youth. If necessary, ISU can assist the youth in obtaining a photo ID via the DCFS Office of Employee Services.

If the youth has ever been arrested or detained by any law enforcement officer for any reason and charges were filed, the Permanency Worker must provide ISU with a certified copy of the complete arrest record and/or disposition for each incident (e.g., dismissal order, conviction record or acquittal order).

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8) Interview

USCIS will contact ISU to schedule an interview for the child/youth with a USCIS officer. The child/youth must bring a photo ID, the originals of all photocopied documents that were previously submitted with the application, a certified copy of the child/youth's birth certificate and certified court dispositions regarding any arrests. ISU staff will assist the Permanency Worker in preparing the child/youth for the interview, and will emphasize the importance of answering all questions truthfully. If approved, the USCIS officer will request issuance of the **I-551, Legal Permanent Resident Card (LPR)**. The Permanency Worker should inform the child/youth that it may take several months to receive the LPR card. The LPR card is valid for 10 years and must be renewed prior to expiration.

Note: Children who receive an LPR card prior to their 14th birthday must renew their card when they reach age 14.

9) Social Security Card

Once the LPR card is received, ISU will arrange to apply for the child/youth's Social Security card. ISU will set an appointment for the Permanency Worker and child/youth (age 12 and older) to meet at the Social Security office to apply for the Social Security card. The Permanency Worker will need to bring the child/youth's current medical card and a certified guardianship order. ISU will assist in obtaining the Social Security card. ISU will bring the LPR card and certified birth certificate and DCFS ID.

(Procedures 327.Appendix G, Application for Social Security Number, contains instructions for applying for a Social Security card.)

b) Naturalization

A youth may qualify for U.S. citizenship via naturalization when the youth has been a Legal Permanent Resident of the United States for FIVE YEARS, and the youth is 18 years of age or older. The youth will need to study the U.S. History and Government test. This test is available on line at the "uscis.gov" website.

The general requirements for administrative naturalization include:

- A period of continuous residence and physical presence in the United States;
- Residence in a particular USCIS District prior to filing;
- The ability to read, write, and speak English;
- A knowledge and understanding of U.S. history and government;
- Good moral character;
- Attachment to the principles of the U.S. Constitution; and,
- A favorable disposition toward the United States.

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To referral a DCFS ward for citizenship, the Permanency Worker should complete a **CFS 1016, Special Immigrant Juvenile Referral Form**, and email it to ISU along with a copy of the youth's LPR Card or the Alien number (if the LPR card is not immediately available).

ISU will have the Permanency Worker complete an **N-400, Application for Naturalization**, and ensure that the all required documents (including the request for waiver of fees) are prepared. The Permanency Worker shall ensure that the youth has at least one additional piece of identification along with the Legal Permanent Resident card, and four recent color photos (photo requirements are set out in subsection (d)) to accompany the application.

The Permanency Worker shall have the youth sign the **N-400** and **I-912, Request for Fee Waiver** before they are submitted to USCIS for processing. A copy of each document shall be submitted to the ISU.

USCIS will notify ISU of the time and place the youth must report for fingerprinting services. ISU will notify the Permanency Worker of the appointment time.

All applicants are required to be fingerprinted and photographed at a facility designated by USCIS (Application Support Center - ASC). USCIS will send a notice to ISU for the child/youth to appear for a fingerprinting appointment. The child/youth is required to bring a form of photo ID and their LPR card to the fingerprinting appointment. ISU will notify the Permanency Worker and assist in scheduling the child/youth for the in obtaining a photo ID via the DCFS Office of Employee Services, if the child/youth does not have an ID.

c) **Replacement of Legal Permanent Resident Card**

A child/youth's Legal Permanent Resident card must be replaced if:

- The card is lost, stolen, mutilated, or destroyed;
- The card expires (cards are valid for 10 years after the date issued);
- The card was issued before the child/youth attained 14 years of age and the child has now reached his or her 14th birthday;
- The card contains incorrect data;
- The child/youth's name or other biographic information on the card has been legally changed since the card was initially received; or
- An LPR card that was previously issued by the USCIS was never received.

If any of the above conditions are met for children or youth who obtained LPR status while under the DCFS Guardianship, the Permanency Worker must fax or email the **CFS 1016, Special Immigrant Juvenile Referral Form** to ISU to initiate the process.

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To obtain a replacement LPR card for children/youth who obtained their status prior to coming into DCFS care and for those youth who were given their LPR cards upon reaching age 18, the Permanency Worker must fax a copy of the original LPR card to ISU along with the **CFS 1016**.

ISU will email the Permanency Worker the **I-90 Application to Replace Legal Permanent Resident Card** and **I-912, Request for Fee Waiver**. These forms are also available on the USCIS website at www.USCIS.gov. The Permanency Worker must complete the form and obtain the signature for any youth age 14 or older. The guardian's signature for a child under age 14 will be obtained by ISU staff through an authorized agent of the DCFS Guardian.

The Permanency Worker must mail the completed and original, signed application and request for waiver forms along with any required documentation to the DCFS Immigration Services Unit (original signatures are required by USCIS). ISU will submit the application and forms to USCIS. USCIS will notify ISU of the date the child/youth must appear for a biometrics fingerprint appointment at a local USCIS Application Support Center (ASC).

Youth age 18 or over who were previously given their LPR card, and meet the criteria for a replacement LPR card, must bring a photo ID (e.g., driver's license, passport or copy of another document containing their name, date of birth, photograph and signature) to the fingerprint appointment. Photographs will be taken of the child/youth while they are at the local USCIS ASC.

When the fingerprints "clear", the USCIS will send ISU an appointment letter for an interview of the child/youth.

d) **Refugee Status Adjustment**

DCFS and POS Permanency Workers and supervisors should contact the ISU at (312) 814-8600 or via Outlook email at immigration@illinois.gov for assistance.

e) **Stay of Deportation, Asylum or Removal of Conditional Status**

DCFS and POS Permanency Workers and supervisors should contact the ISU at **(312) 814-8600** or via Outlook email at immigration@illinois.gov for assistance or by e-mail to immigration@illinois.gov.

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f) Application for Certificate of Citizenship

An adopted child/youth who is foreign born may have acquired citizenship through his or her adopted parents who are United States Citizens, depending on the law being applied. Therefore, if an adopted child/youth comes into care, the Permanency Worker shall obtain copies of the following documents from the adoptive parents. If a return home goal is no longer possible the Permanency Worker should ask the adoptive parents for the original documents.

- Birth certificate from the country of the child/youth's birth (with translation);
- Birth certificate(s) of the adopted parents;
- Marriage certificate of their adopted parents;
- Documentation showing termination/dissolution of the marriage of the parents (if applicable);
- Copy of full and final Order of Adoption (with translation);
- If the child/youth had to be re-adopted in the U.S., a copy of the full and final Order of Adoption;
- Evidence of all Legal Name changes(with translation); and
- Entry document, LPR card.

The Permanency Worker must scan and email copies of the above documents to ISU, along with the **CFS 1016** to initiate the process. ISU will e-mail the Permanency Worker the **N-600, Application for Certificate of Citizenship** and **I-912, Request for Fee Waiver**. (These forms are also available on the USCIS website at www.USCIS.gov.) The Permanency Worker shall complete the forms and obtain the signature of any youth age 14 or older. The guardian's signature for a child under age 14 will be obtained by ISU staff through an authorized agent of the DCFS Guardian. The Permanency Worker shall mail all certified and original documents from the list above to the Immigration Services Unit, along with 4 color passport photos, and the signed and completed **N-600** and **I-912**.

The ISU will notify the Permanency Worker of the date for the fingerprinting appointment and the interview appointment. If the child/youth was issued a legal permanent resident (LPR) card as an entry document, the child/youth must bring it with his/her and relinquish it to USCIS.

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Appendix F, Attachment 1 - Immigration Services Alert

It is critical for DCFS and POS Permanency Workers to correctly determine a foreign-born child's legal status in the United States. Failure to do so may result in the loss of benefits and services that the child is otherwise eligible to receive. If you have a child on your caseload that was not born in the United States, or its commonwealth or territories, please answer the following three questions:

Do you have verification/documentation of the child's legal status in the United States, such as a permanent resident card, paroled indefinitely, visa?

Does the child have a Social Security card or a verified Social Security number?

Does the child have a parent who is a U.S. citizen? (Such a child may be eligible for derivative citizenship through birth to a parent who is a U.S. citizen.)

If the answer to all of the above questions is no, this child may be an undocumented resident of the United States. If DCFS has legal guardianship, the child may be eligible for Status Adjustment to become a Legal Permanent Resident of the United States. Please refer this child to the DCFS Immigration Services Unit (ISU) using the **CFS 1016, Special Immigrant Juvenile Referral Form** which can be found on the templates. If DCFS does not have Guardianship, the case must be referred to the ISU when the legal status changes to Guardianship.

An assessment of the child's legal status and subsequent status adjustment for an eligible child is crucial for the following reasons:

- Permanency planning may be disrupted or not completed when the child does not have a Social Security number.
- Adoption Assistance subsidy applications may be delayed or denied without a Social Security number.
- Independence cannot be established as a viable goal because the youth is ineligible for employment or work-study programs without a Social Security number.
- Federal Reimbursement cannot be fully claimed by the Department because certain federal services are not reimbursable for a child who does not have a Social Security number.

A child without documented legal status in the United States cannot obtain a Social Security number. It is in the child's best interest for DCFS and POS Permanency Workers and supervisors to ensure that the child's "undocumented status" is changed to that of a legal, permanent resident when the child qualifies under the federal provisions. If the child or youth is residing in the United States under special provisions or with special permission of the United States Citizenship and Immigration Services (visa, passport, refugee), he or she may also be eligible to become a Legal Permanent Resident.

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A DCFS ward who meets any of the following criteria should be referred to the Immigration Services Unit to assess appropriateness for referral to an immigration attorney BEFORE any petition is filed with U.S. Citizenship and Immigration Services:

- Has an arrest record
- Has been or is associated with a gang
- Has engaged in, or is accused of engaging in, the sale or trafficking of drugs
- Is the spouse, son, or daughter of someone accused of drug trafficking
- Has any connection to a terrorist group
- Has engaged in smuggling or trafficking of persons
- Is in removal proceedings
- Has been deported before or has an outstanding deportation order
- Has registered to vote or has voted in a past election
- Has used false documents
- Has a substance abuse problem
- Has significant mental health issues
- Is interested in gaining immigration benefits for a parent or sibling
- Is married
- Has been the victim of a crime in the United States

DCFS or POS Permanency Workers or supervisors who have questions or would like assistance in determining if a child qualifies for legal Status Adjustment may call **312-814-8600** or send an e-mail to immigration@illinois.gov.

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Appendix F, Attachment 2 - Emergency Care Plan for Children with Undocumented Caregivers

a) **Background**

Immigrant families are a large and growing population of the total of all families in the United States. Almost one-fourth of all children and youth in the United States are either immigrants or children of immigrants. As the immigrant population is growing, the numbers in child welfare have also increased slightly. In serving these families, DCFS and POS workers may encounter another dynamic regarding the legal status of immigrant adult caregivers in living in the United States.

b) **Purpose**

This Section of Appendix F provides guidance for DCFS and POS workers and supervisors working with families who may have the potential to becoming involved in deportation proceedings. It is not the intent of the Department to provide legal advice for these families but rather to provide guidance to assist families (traditional foster care, Home of Relative and biological) in making a care plan for the children in their homes in the event that the caregiver is detained due to his or her undocumented legal status in the United States. Additionally, a list of resources is included at the end of this attachment that may be given to families when they are developing their care plans.

c) **Developing a Plan of Action if an Emergency Placement Becomes Necessary**

When assisting families in developing their care plan, workers should review existing policy that provides guidelines for developing a plan of action if an emergency placement becomes necessary. DCFS and POS workers with intact or placement cases shall ensure families have appropriate child care plans in case of an emergency.

d) **What Is an Emergency?**

For the purpose of this transmittal, an emergency is defined as the death or absence of a parent or foster parent (e.g., car or medical accident, parent detained by law enforcement, victim of a serious crime, etc.). See **Procedures 302.387 (b), What Is a Crisis** for additional information.

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e) Worker Responsibilities

Workers must:

- 1) Have parents or foster parents identify a family member or friend to care for their children in advance in case of an emergency;
- 2) Tell the parents or foster parents to have the telephone numbers of these identified persons with them at all times and make sure the information is documented in the child's case record;
- 3) Contact the identified persons to ensure they are in agreement with providing alternative care for the children should an emergency arise; and
- 4) Identify and utilize appropriate resource services to assist in such situations (staff will provide relevant information from the attached resources list to parents and foster parents as related to their specific needs and situation).

Workers or supervisors who have questions about developing an emergency plan of care may contact the Immigration Services Unit at **312-814-8600** or by e-mail to immigration@illinois.gov.

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List of Resources for Services to the Immigrant Community

Arab

Arab American Family Service
5440 West 87th Street
Burbank, IL 60459

Phone: (708) 229-2314

Fax: (708) 229-2601

Asian

Apua Ghar, Inc.
4753 North Broadway, Suite 632
Chicago, IL 60640

Phone: (773) 334-4663

Fax: (773) 334-0963

Bosnian

Bosnian and Herzegovian American Community Center
1016 West Argyle Street
Chicago, IL 60616

Phone: (773) 274-0044

Fax: (773) 784-2984

Chinese

Chinese American Services League
2141 South Ten Court
Chicago, IL 60616

Phone: (312) 791-0418

Fax: (312) 791-0509

Korean

Korean American Community Services
4300 N. California
Chicago, IL 60618

Phone: (773) 583-5501

Fax: (773) 585-7009

Polish

Polish American Association
3834 North Cicero Ave.
Chicago, IL 60641

Phone: (773) 282-8206

Fax: (773) 282-1324

Russian

HIAS / Hebrew Immigrant Aid Society
216 West Jackson, Suite 700
Chicago, IL 60606

Phone: (312) 357-4666

Fax: (312) 855-3291

Vietnamese

Vietnamese Association of Illinois
5110 North Broadway
Chicago, IL 60640

Phone: (773) 728-3700

Fax: (773) 728-0497

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Downstate

East Central Illinois Refugee MAA Center
302 South Birch Street
Urbana, IL 61801

Phone: (217) 344-8455

Fax: (217) 239-0159

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**Advocates, Agencies and Community Organizations
Providing Bilingual Services to Latinos in Illinois**

Archdiocese of Chicago/Hispanic Ministries

1850 South Throop
Chicago, IL 60608
PHONE: (312) 738-1080
FAX: (312) 243-3459
Services: Spanish-speaking services

Cross Cultural Interpreter Services

4753 North Broadway
Chicago, IL 60640
PHONE: (773) 751-4094
EMAIL: ccis@heartlandalliance.org

Heartland Alliance/National Immigrant Justice Center

208 S. LaSalle, Suite 1818
Chicago, IL 60604
PHONE: (312) 629-1960
WEB: www.heartlandalliance.org
FAX: (312) 660-1500
Services: Immigrant rights, housing and healthcare.

Illinois Association of Agencies and Community Organizations (IAACOMA)

28 East Jackson Blvd., Suite 1600
Chicago, IL 60604
PHONE: (312) 663-1522
FAX: (312) 663-1994
Services: Advocacy for Migrants.

Illinois Coalition for Immigrants and Refugee Rights (ICIRR) (statewide)

55 E. Jackson
Suite 2075
Chicago, IL 60604
PHONE: (312) 332-7360 x17
FAX: (312) 332-7044
Services: Advocacy, immigration and citizenship assistance.

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Illinois Migrant Council

(statewide)

28 East Jackson Blvd., Suite 1600

Chicago, IL 60604

PHONE: (312) 663-1522

WEB: www.illinoismigrant.org

FAX: (312) 663-1994

Services: Family Services and assistance for migrants and seasonal farm workers.

Illinois Migrant Legal Assistance Project/LAF

(statewide)

111 W. Jackson Blvd 3rd floor

Chicago, IL 60604

PHONE: (312) 341-1071

FAX: (312) 341-1041

Services: Legal Advocacy, and migrant legal aid.

Legal Services Center for Immigrants, LAF

(statewide)

111 W. Jackson Blvd, 3rd Floor

Chicago, IL 60604

PHONE: (312) 341-9180; MAIN (312) 341-1070

EMAIL / WEB: www.lafchicago.org

FAX: (312) 341-1041

Services: Advocacy for immigrant rights and immigration matters.

Mexican American Legal Defense & Educational Fund (MALDEF)

188 W. Randolph, Suite 1405

Chicago, IL 60601

PHONE: (312) 782-1422

EMAIL / WEB: www.maldef.org

FAX: (312) 782-1428

Services: Advocacy, civil rights, educational, public resource, and immigration assistance.

Mujeres Latinas En Acción

1823 West 17th Street

Chicago, IL 60608

PHONE: (312) 226-1544

EMAIL / WEB: www.mujereslatinasenaccion.org

FAX: (312) 226-2720

Services: Advocacy, counseling for battered women & teenagers, parenting classes

United Network for Immigrants and Refugee Rights (U.N.I.R.R.)

1620 W. 18th St.

Chicago, IL 60608

PHONE: (312) 563-0002

FAX: (312) 563-9864

Services: Immigrant rights services.

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Listing of Consulates in Illinois

Consulate General of Australia

123 N. Wacker Drive, Suite 1330
Chicago, IL 60606
Phone: (312) 419-1480

Consulate General of Austria

400 North Michigan Avenue, Suite 707
Chicago, IL 60611
Phone: (312) 222-1515

Consulate General of Bosnia & Herzegovina

Olympia Center
737 North Michigan Avenue, Suite 810
Chicago, IL 60611
Phone: (312) 951-1245

Consulate General of Brazil

401 North Michigan Avenue, Suite 3050
Chicago, IL 60611
Phone: (312) 464-0246

Consulate General of Bulgaria

737 N. Michigan Avenue, Suite 2105
Chicago, IL 60611
Phone: (312) 867-1905

Consulate General of Canada

180 North Stetson, Suite 2400
Chicago, IL 60601-6714
Phone: (312) 616-1860

Consulate General of Chile

875 North Michigan Avenue, Suite 3352
Chicago, IL 60611
Phone: (312) 654-8780

Consulate General of Colombia

500 North Michigan Avenue, Suite 2040
Chicago, IL 60611
Phone: (312) 923-1197

Consulate General of Costa Rica

203 N. Wabash Avenue, Suite 1312
Chicago, IL 60601
Phone: (312) 263-2772

Consulate General of Ecuador

500 North Michigan Avenue, Suite 1510
Chicago, IL 60611
Phone: (312) 329-0266

Consulate General of El Salvador

104 South Michigan Avenue, Suite 816
Chicago, IL 60603
Phone: (312) 332-1393

Consulate General of France

205 North Michigan Avenue, Suite 3700
Chicago, IL 60601
Phone: (312) 327-5200

Consulate General of Greece

650 North Saint Clair Street
Chicago, IL 60611
Phone: (312) 335-3915

Consulate General of Guatemala

203 North Wabash, Suite 910
Chicago, IL 60601
Phone: (312) 332-1587

Consulate General of Haiti

220 South State Street, Suite 2110
Chicago, IL 60604
Phone: (312) 922-4004

Consulate General of Honduras

4506 West Fullerton Avenue
Chicago, IL 60639
Phone: (773) 342-8281

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Consulate General of India

455 North Cityfront Plaza Drive, Suite
850
Chicago, IL 60611
Phone: (312) 595-0405

Consulate General of Ireland

400 North Michigan Avenue, Suite 911
Chicago, IL 60611
Phone: (312) 337-1868

Consulate General of Israel

111 E. Wacker Drive, Suite 1308
Chicago, IL 60601
Phone: (312) 297-4800

Consulate General of Italy

500 North Michigan Avenue, Suite 1850
Chicago, IL 60611
Phone: (312) 467-1550

Consulate General of Japan

737 N. Michigan Avenue, Suite 1100
Chicago, IL 60611
Phone: (312) 280-0400

Consulate General of Mexico

204 S. Ashland
Chicago, IL 60612
Phone: (312) 855-1380

Consulate General of Pakistan

333 North Michigan Avenue, Suite 728
Chicago, IL 60601
Phone: (312) 781-1831

Consulate General of Peru

180 North Michigan Avenue, Suite 1830
Chicago, IL 60601
Phone: (312) 853-6174

Consulate General of Romania

737 North Michigan Avenue, Suite 2105
Chicago, IL 60611
Phone: (312) 573-1315

Consulate General of Serbia and Montenegro

201 East Ohio Street, Suite 200
Chicago, IL 60611
Phone: (312) 670-6707

Consulate General of South Africa

200 South Michigan Avenue, Suite 600
Chicago, IL 60604
Phone: (312) 939-7929

Consulate General of Spain

180 North Michigan Avenue, Suite 1500
Chicago, IL 60601
Phone: (312) 782-4588

Consulate General of Sweden

150 North Michigan, Avenue Suite 1250
Chicago, IL 60601-7593
Phone: (312) 781-6262

Consulate General of Switzerland

737 N. Michigan Avenue, Suite 2301
Chicago, IL 60611-0561
Phone: 312-915-0061 ext. 10

Consulate General of the Arab Republic of Egypt

500 North Michigan Avenue, Suite 1900
Chicago, IL 60611
Phone: (312) 828-9162

Consulate General of the Argentine Republic

205 North Michigan Avenue, Suite 4209
Chicago, IL 60601
Phone: (312) 819-2620

Consulate General of the Czech Republic

205 N. Michigan Avenue, Suite 1680
Chicago, IL 60601
Phone: (312) 861-1037

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Consulate General of the Dominican Republic

One Northfield Plaza, Suite 300
Northfield, IL 60093
Phone: (847) 441-1831

Consulate General of the Federal Republic of Germany

676 North Michigan Avenue, Suite 3200
Chicago, IL 60611
Phone: (312) 470-2063

Consulate General of the Kingdom of the Netherlands

303 East Wacker Drive, Suite 2600
Chicago, IL 60601
Phone: (312) 856-0110

Consulate General of the People's Republic of China

100 W. Erie Street
Chicago, IL 60010
Phone: (312) 803-0105

Consulate General of the Philippines

30 North Michigan Avenue, Suite 2100
Chicago, IL 60602
Phone: (312) 332-6458

Consulate General of the Republic of Croatia

737 North Michigan Avenue, Suite 1030
Chicago, IL 60611
Phone: (312) 482-9902

Consulate General of the Republic of Indonesia

211 W. Wacker Drive, 8th Floor
Chicago, IL 60606
Phone: (312) 920-1881

Consulate General of the Republic of Korea

455 N. Cityfront Plaza Drive, Suite 2700
Chicago, IL 60611
Phone: (312) 822-9485

Consulate General of the Republic of Lithuania

211 East Ontario Street, Suite 1500
Chicago, IL 60611
Phone: (312) 397-0382

Consulate General of the Republic of Poland

1530 North Lake Shore Drive
Chicago, IL 60611
Phone: (312) 337-8166

Consulate General of the Republic of Turkey

360 North Michigan Avenue, Suite 1405
Chicago, IL 60601
Phone: (312) 263-0644

Consulate General of the Republic of Venezuela

20 N. Wacker, Suite 1925
Chicago, IL 60606
Phone: (312) 236-9655

Consulate General of the United Kingdom of Great Britain and Northern Ireland

The Wrigley Building
400 North Michigan, Suite 1300
Chicago, IL 60611
Phone: (312) 970-3800

Consulate General of Ukraine

10 East Huron Street
Chicago, IL 60611
Phone: (312) 642-4388

Consulate General of Uruguay

Consul General
875 North Michigan Avenue, Suite 1422
Chicago, IL 60611
Phone: (312) 642-3430

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Honorary Consul of the Republic of Hungary

8 South Michigan Avenue, Suite 2500
Chicago, IL 60603
Phone: (312) 263-3500

Honorary Consulate General of Jordan

12559 S. Holiday Drive, Unit A
Alsip, IL 60803
Phone: (708) 272-6665

Honorary Consulate General of the Grand Duchy of Luxembourg

1417 Braeburn Court
Wheeling, IL 60090-6933
Phone: (847) 520-5995

Honorary Consulate General of the Republic of Iceland

Honorary Consul General
15750 S. Harlem Avenue, Suite 28
Chicago, IL 60462
Phone: (708) 429-1126

Honorary Consulate General of the Republic of Liberia

7342 S. Bennett Avenue
Chicago, IL 60649
Phone: (773) 643-8635

Honorary Consulate General of the Republic of Panama

9048 South Commercial Avenue
Chicago, IL 60617
Phone: (773) 933-0395

Honorary Consulate of Barbados

6700 South Oglesby Avenue, Suite 1603
Chicago, IL 60649
Phone: (773) 667-5963

Honorary Consulate of Belize

1200 Howard Drive
West Chicago, IL 60185
Phone: (630) 293-0010

Honorary Consulate of Bolivia

1111 West Superior Street, Suite 309
Melrose Park, IL 60160
Phone: (708) 343-1234

Honorary Consulate of Estonia

410 North Michigan Avenue
Chicago, IL 60611
Phone: (312) 595-2527

Honorary Consulate of Finland

15 Long Common Road
Riverside, IL 60546
Phone: (708) 442-0635

Honorary Consulate of Grenada

438 W. St. James Place
Chicago, IL 60614-2750
Phone: (773) 472-2810

Honorary Consulate of Jamaica

4655 S. Dr. Martin Luther King Jr.
Drive, Suite 201
Chicago, IL 60653
Phone: (773) 373-8988

Honorary Consulate of Mongolia

4701 W. Rice Street
Chicago, IL 60651
Phone: (773) 626-1430

Honorary Consulate of New Zealand

8600 West Bryn Mawr Avenue, Suite
500 North
Chicago, IL 60631-3579
Phone: (773) 714-9461

Honorary Consulate of Norway

300 S. Wacker Drive, Suite 1220
Chicago, IL 60606
Phone: (312) 899-1101

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Honorary Consulate of Portugal

One Bank One Plaza, Suite IL1-0947
Chicago, IL 60670-0947
Phone: (312) 259-9408

Honorary Consulate of Sao Tome & Principe

1320 Valley Court
Libertyville, IL 60048
Phone: (847) 362-5615

Honorary Consulate of Singapore

c/o Sidley, Austin, Brown & Wood
10 S. Dearborn Street, Suite 4800
Chicago, IL 60603
Phone: (312) 853-7555

Honorary Consulate of Sri Lanka

c/o Sandler, Travis & Rosenberg P.A.
225 W. Washington Street, Suite 1550
Chicago, IL 60606
Phone: (312) 641-0000

Honorary Consulate of the Republic of Cyprus

1875 Dempster Street, Suite 555
Park Ridge, IL 60068
Phone: (847) 698-5500

Honorary Consulate of the Republic of Rwanda

666 Dundee Road, Suite 1401
Northbrook, IL 60062
Phone: (847) 205-1188

Honorary Royal Nepalese Consulate

100 West Monroe Street, Suite 500
Chicago, IL 60603
Phone: (312) 263-1250

Honorary Consulate of the Slovak Republic

34 S. Washington Street
Naperville, IL 60540
Phone: (630) 420-7597

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Appendix G - Application for Social Security Number

To be eligible for financial reimbursement for Medicaid services, the Department must obtain the Social Security number (SSN) for each child in substitute care or any former ward who returns to DCFS custody or guardianship after a failed adoption. When a child does not have a Social Security card, or DCFS has not received verification of the child's SSN from the Social Security Administration, the child is ineligible for Medicaid services and the cost for medical services must be paid from State funding without any Federal reimbursement.

a) **Verifying an Existing Social Security Number**

Monthly, the Department generates a report listing children in DCFS custody or guardianship currently without an SSN. Using this list, the Federal Financial Participation Division (FFP) contacts Permanency Workers for each listed child and requests that they obtain a Social Security card for the child.

When the Permanency Worker is able to obtain the Social Security card from the child's parents, the Permanency Worker shall scan the card and send it to FFP by Outlook e-mail at "SSNCard Request" or by fax to **217-785-8067**.

When the Permanency Worker cannot obtain the Social Security card or number for a child, the Permanency Worker shall request FFP to obtain one. The Permanency Worker shall email or fax the request to FFP and shall scan and send FFP a copy of the child's birth certificate for this purpose.

FFP will prepare and send an SS-5, along with the copy of the child's birth certificate, to the Social Security Administration. The Social Security Administration will verify whether the child has been issued an SSN and provide a replacement card if necessary.

b) **Applying for an Initial or Replacement Social Security Card**

The FFP shall also submit the SS-5 for any child in DCFS guardianship who does not have an SSN. The FFP will file the original Social Security Card in the child's Eligibility Determination file and send a copy to the Permanency Worker to be filed in the Financial Section of the child's case record. The Permanency Worker should contact FFP when the ward needs the original Social Security card (e.g., job applications, emancipation, etc.).

Since the Social Security Administration sets a lifetime limit on the number of replacement cards a person can obtain, Permanency Workers shall not give Social Security cards to foster parents/relative caregivers or other caregivers or providers. Original cards obtained by FFP will remain in the child's Eligibility Determination file unless requested by the Permanency Worker. In the event that a child's Social Security card is lost and cannot be located, the child's Permanency Worker must contact FFP to request a new card. (Receipt of a replacement card from the Social Security Administration can take up to 7 weeks.)

Please note: Wards age 18 and over must apply in person at the local Social Security Administration Office unless they are disabled.

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Wards age 12 or older who have never been issued a Social Security number must apply in person at the local Social Security Administration office.

Additional information is available on the website for the Social Security Administration (www.ssa.gov).

c) **Foster Parent Requests for a Foster Child's Social Security Number**

Foster parents/relative caregivers may request a foster child's SSN in order to claim children as deductions on their federal income tax returns or for enrollment in camp and/or school. All requests shall be submitted to FFP on the **CFS 452-6, Request for Access to Social Security Number Foster Child(ren)**. The address for FFP is provided on the form. Caregivers may obtain the **CFS 452-6** on the DCFS website (www.dcf.illinois.gov) or from the caseworker.

Note: Permanency Workers should never give a child's SSN to the child's caregivers.

All of the following must be met for FFP to provide the foster parents with a child's SSN.

- The caregivers' names and address on CYCIS must match the names and address on the request form;
- The child must be placed in the caregivers' home more than 6 months in a calendar year;
- The SSN must be verified by Social Security Administration; and
- The caregivers must sign the **CFS 452-6**, certifying that they understand the limits of Social Security number access and the confidentiality of such information.

When a request is approved, FFP will send a letter to the caregivers, by U.S. Mail, containing the requested SSN; FFP will not mail the actual Social Security card. When any of the criteria above are not met, FFP will contact the Permanency Worker, by email, to request additional information. If FFP determines that the request should be denied, FFP will notify the Permanency Worker. The Permanency Worker shall be responsible for notifying the caregivers and explaining why the SSN cannot be given to them.

d) **Illinois Identity Protection Act**

Administrative Procedures #27 contain the Department's policy for complying with the Illinois Identity Protection Act [5 ILCS 179]. This Act requires implementation of an identity protection policy to ensure the confidentiality of SSNs collected by the Department, stored in hard-copy records and in electronic systems, and used in carrying out its routine services. The intent is to ensure the confidentiality of the private identities of persons served by the Department against identity theft and fraud by limiting the collection, storage, access and distribution of SSNs. Any person who intentionally violates the prohibitions of this Act is guilty of a Class B misdemeanor.

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Appendix H - Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS)

I. Treatment Path Stage I: Identifying HIV/AIDS

a. Primary Casework Task

Permanency Workers should review client health care records and obtain information from the client, family history and caregivers to identify any HIV risk factors the client may exhibit. The Permanency Worker should consult with the supervisor, a health care professional or the Department's HIV/AIDS Specialists to determine if a client that is exhibiting any of the risk factors should be referred for HIV testing.

DCFS HIV/AIDS Specialists are part of the Division of Clinical Practice and Development's Specialty Services Programs. Permanency Workers can request a clinical consultation with Specialty Services staff by emailing a **CFS 399-1, Clinical Referral Form** to "ClinicalRef" (via DCFS Outlook) or calling **312-328-2150** or **855-814-8421** (toll-free).

b. What is HIV/AIDS disease?

Human Immunodeficiency Virus is the communicable blood-borne disease that may also cause Acquired Immune Deficiency Syndrome. HIV damages the immune system leaving a person vulnerable to infection by viruses, fungi, bacteria, and other opportunistic diseases. An infected person may remain asymptomatic for years, but is still able to transmit the virus to others. Though there is no cure at this time, HIV is considered a manageable chronic illness.

c. How common is HIV/AIDS?

The percentage of people reaching an AIDS diagnosis has declined because of the effectiveness of combination anti-retroviral treatment available. However, the number of people with HIV disease continues to increase. Recent trends show that women, adolescents and people of color are being infected with HIV in disproportionate numbers. These statistics strongly indicate that the child welfare client population is at highest risk for contracting the HIV disease.

d. What causes HIV/AIDS?

HIV is caused by the transmission of infected blood products into the bloodstream of another individual through sexual intercourse, subcutaneous exposure or perinatal exposure from mother to infant.

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- e. What body fluids and activities do not cause HIV/AIDS?

Saliva, tears, perspiration, urine, feces, sputum, nasal secretions, and vomit do not contain blood products in sufficient amounts and are not likely to enter the blood stream of another person to cause transmission of HIV. Similarly, casual contact, coughing, sneezing, sharing food, shaking hands, kissing, bathing, sharing toilets and towels, donating blood and insect bites do not transmit HIV.

- f. What are the risk factors for HIV/AIDS and who should be tested?

Risk factors for transmission of HIV include unprotected anal, vaginal, or oral sexual intercourse; the sharing of needles for intravenous drug use, piercing, or tattoos; and perinatal transmission from a mother with HIV disease to her infant during pregnancy and delivery or postpartum via breast-feeding. The Perinatal HIV Transmission Act now requires the offer of HIV testing to every pregnant woman.

Risk factors for testing children and youth include any history of parental drug abuse or multiple sexual partners; being a child of a parent with HIV; being a substance exposed infant or the sibling of an HIV exposed infant; a history of blood transfusions or needle use for drugs, piercing, or tattoos; any unprotected sexual intercourse, including sexual abuse or rape, sexually transmitted disease, or pregnancy; accidental exposure to blood; and presentation of any symptoms suggesting the need for HIV testing.

If a child is in a pre-adoptive home and has not been tested for HIV, the law permits the foster parent to request an HIV test for *any child* to be screened for HIV disease prior to adoption.

A child or youth having one or more of the above risk factors should be referred for HIV testing.

- g. Indicators for HIV Testing.

In addition to considering the risk factors in subsection (f), above, the Permanency Worker should refer the following youth for HIV testing:

- Sexually active youth should be tested annually at a minimum or more frequently if a medical professional considers it to be necessary.
- A child or youth for whom a completed medical history cannot be obtained.

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h. Is it possible to prevent HIV/AIDS?

Yes. Transmission of HIV is caused by behaviors that can be modified to mitigate the chance of transmission. Risk reduction strategies include abstinence; outcourse; sexual intercourse with one mutual life-time partner; intercourse with condoms; and not sharing needles for drug use and cleaning them each time. Perinatal transmission may be reduced to just 3% through early intervention with HIV infected pregnant women, medication and prenatal care with an HIV specialist.

Universal Precautions around body fluids, including blood, should be implemented with all clients, regardless of their known HIV status. The DCFS HIV/AIDS Specialists or other health care provider can provide training to foster parents and staff in shelters, group homes, and residential treatment programs for a better understanding about the routes of transmission and how to prevent HIV. Staff may contact the DCFS HIV/AIDS Specialists at **312-328-2150** or **855-814-8421** (toll-free) for assistance.

i. What are the symptoms of HIV/AIDS?

HIV is a multi-organ illness with a wide spectrum of clinical manifestations. The effects of HIV range from a lack of symptoms to acute illness and difficulty in physical, developmental, psychosocial realms of life. Symptoms may be mild to severe, and periodic or chronic. Early identification is critical for the purpose of early treatment interventions.

Physical Symptoms include:

- Swollen glands, especially around the neck (lymphadenopathy)
- Frequent fevers
- Vomiting and diarrhea related to gastro-intestinal infections
- Slow weight gain, poor appetite, delayed growth
- Developmental delays
- Neurological impairments
- Skin rashes, infections or sores
- Recurrent infections of the mouth, ears, lungs, brain, liver, and other organs
- Opportunistic infections including lymphoid interstitial pneumonia (LIP), pneumocystis carinii pneumonia (PCP)
- Cancer

j. Do symptoms differ in children or adolescents?

Disease progression in infants and children may be more severe because their immune systems are not fully developed. They are more vulnerable to ordinary childhood illnesses that appear more often and seriously. Sexually active youth experience more severe sexually transmitted diseases and females may experience pelvic inflammatory disease.

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II. Treatment Path Stage II: Referral

a. Primary Casework Task

Permanency Workers should consult with the DCFS HIV/AIDS Specialists to identify the most appropriate testing site and obtain proper consents for testing.

b. What kinds of health care specialists can provide HIV testing?

Licensed health care professionals through Healthworks; Infectious Disease Clinics; Ob/Gyn Family Planning Clinics; Pediatricians and Family Practitioners; Adolescent Health Specialists; Sexually Transmitted Diseases (STD) Clinics, Public Health Clinics; Emergency Rooms; and Forensic Rape Centers can provide HIV testing.

c. Do I need a special consent for HIV testing?

No. The **CFS 415, Consent for Ordinary and Routine Medical and Dental Care** is to be used for testing children in temporary custody with the Healthworks Medical Doctor (MD) or any other health care provider. Youth 12 years of age and older *may* consent to an HIV test on their own. Parents consent to their own testing and that of the children who remain in their care and custody. The testing site should provide pre-and post-test counseling to youth and caregivers.

III. Treatment Path Stage III: Assessment and Diagnosis of HIV/AIDS

a. Primary Casework Task

Permanency Workers should ensure that clients and caregivers understand the purpose and meaning of the HIV test, and protect the confidentiality of the client in accordance with **Procedures 431.90(a), Disclosure of Information Regarding Acquired Immunodeficiency Syndrome (AIDS)**.

b. What are the HIV tests?

Different HIV tests are used and repeated for different purposes.

- ELISA and Western Blot tests screen blood samples for HIV antibodies.
- DNA PCR (polymerase chain-reaction) or viral culture tests are used for HIV exposed infants less than 18 months of age.
- Ora-sure or other new rapid tests that are approved by the FDA may be used for adolescents and adults at some sites.
- CD4 cell and viral load counts test blood for disease progression in patients who are known to have HIV.

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Repeat testing is recommended for HIV exposed infants until 18 months of age because their immune system is undeveloped. Repeat testing is also recommended within six months of the last potential HIV exposure in cases such as sexual intercourse or rape.

Pre- and post-test counseling by a health care provider is required by law to educate the patient or caregiver about HIV. Client-Centered Risk Reduction Counseling is provided by HIV specialists and is highly recommended to impact personal changes in behavior for both infected and non-infected patients.

c. What are the possible results of HIV testing?

In accordance with the Centers for Disease Control (CDC) Classification System for HIV Infection only a licensed physician can make an HIV diagnosis. The health care provider administering the test should also counsel the patient with the results. It is very important that the Permanency Worker, client, and caregiver understand the meaning of the test and the results. General HIV diagnosis definitions are as follows:

- **Uninfected** – any infant, youth or adult who tests negative for HIV antibodies since their last potential exposure to HIV.
- **HIV Exposed** – infant under 18 months of age born to a mother with HIV; an infant testing positive for HIV antibody; a newborn with a prescription for AZT or ZDV (zidovudine) administered to prevent perinatal infection.
- **HIV Indeterminate** – infant under 18 months of age testing positive for antibody, but pending definitive diagnosis.
- **HIV Seroreverted** – child over 18 months of age who was HIV exposed but is not infected.
- **HIV Infected** – an infant testing positive for a series of PCR or one viral culture under 18 months of age; a child over 18 months of age testing positive for HIV antibodies; a youth or adult testing positive for HIV antibodies.
- **Symptomatic HIV** – the stage of infection is diagnosed through a combination of CD4 and viral load counts, along with presenting symptoms.
- **AIDS** – patient with severe clinical symptoms or a CD4 cell count of less than 200/ml.

d. Who needs to know the results of an HIV test?

A person's HIV/AIDS testing and diagnosis information is confidential and protected under the Americans With Disabilities Act (ADA) and the AIDS Confidentiality Act. The information contained in these Acts has been included in **Rules and Procedures 431, Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services.**

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The individual's right to privacy must be balanced with the need to know in order to provide services. **Procedures 431** lists those who have a need to know about the HIV status of children in DCFS custody including the parent, Permanency Worker, foster parent, relative caregiver, health care providers, prospective adoptive parent and other persons providing direct care who have a need to know in order to provide services to the child.

Directors of child care facilities such as shelters, group homes, and residential treatment centers also have a need to know, however assistance should be sought from the DCFS HIV/AIDS Specialists to manage the information and to ensure that policies and training are in place to protect the client from discrimination.

Information about the child's HIV status may be shared privately with the Juvenile Court in the judge's chamber or by approaching the bench. Notification to the child's school is given through the child's physician to the Illinois Department of Public Health who will provide confidential notice to the school principal.

A mother with an HIV exposed infant or a HIV positive child perinatally infected should be counseled by her Permanency Worker to have herself and her other children tested. The Department cannot disclose the HIV status of a parent without the parent's consent. Clients with HIV should be advised against unprotected sex to prevent transmission.

Notification should always be accompanied by education about the meaning of the HIV information and caution that the information may not be re-disclosed without proper consents.

Documentation: HIV testing may be documented in Healthworks forms or in separate sections of the record marked CONFIDENTIAL, but not in service plans or written reports to the court. HIV may be referenced as a health care issue or chronic illness in case notes. Delete HIV/AIDS information from any records released to a third party who does not have a need to know.

NOTE: Department (DCFS) and purchase of service (POS) agency staff are required to notify the DCFS HIV/AIDS Specialists under the Division of Clinical Services about all HIV exposed or infected clients for consultation on HIV testing, treatment, precautions, resources, policy and training at 312/328-2150 or 855-814-8421 (toll-free).

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IV. Treatment Path Stage IV: Treating HIV/AIDS

a. Primary Casework Task

Permanency Workers should facilitate the most effective treatment regimen available for their clients; ensure that the caregiver and youth understand the treatment; and work collaboratively with the treatment team to ensure compliance and support services.

b. Who can provide treatment?

HIV or infectious disease specialists are best trained on the most current diagnosis and treatments of HIV. An HIV specialist may consult with the general practitioner in regions of the state where no specialist is accessible to the client.

c. What kinds of treatment are available?

Pregnant women with HIV disease are advised to begin a course of anti-retroviral medication to reduce their viral load and prevent the transmission of HIV to their unborn infant. The newborn is also prescribed medication to be taken at delivery and for the following six weeks to reduce the chance of infection. This regimen has been shown to reduce the chance of perinatal transmission to just 3%.

Treatment goals are to keep the HIV viral load low and the immune system functioning high so that the patient may fight off any infection or disease to which s/he is exposed. Prophylactic medications are prescribed to prevent disease and nutritional supplements may be added to strengthen the immune system and to promote optimal growth in children. Anti-retroviral medications work to reduce the viral load. The HIV specialist and the patient determine when to begin treatment based on symptoms, laboratory testing of disease progression and compliance issues. Any presenting symptoms of the disease are treated as diagnosed.

d. What kinds of medications are used?

A combination of medications is most often prescribed to reduce the viral load. This combination therapy is known as highly active anti-retroviral treatments (HAART). There are three classes of compounds approved by the Food and Drug Administration (FDA). These classes include nucleoside analog reverse transcriptase inhibitors (NRTIs), nonnucleoside reverse transcriptase inhibitors (NNRTIs) and the protease inhibitors (PIs). There are several choices of drugs approved in each class. Each class acts upon a different stage of viral replication in the CD4 cells to prevent an increase of the viral load.

It should be noted that Medicaid makes most of these medications readily available to our clients and wards. Core Center at the Cook County Hospital in Chicago accepts all patients, even those without Medicaid.

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- e. What other treatments are available?

The FDA continues to conduct clinical trials on new drugs to determine safety, efficacy and dosage for different classes of patients that include children, women and adolescents. The DCFS Institutional Review Board (IRB) reviews protocols for clinical trials and the medications may be available to wards with the specific consent of the Guardian. Alternative treatments such as massage therapy are thought to reduce the stress on the immune system.

- f. What may interfere with my client receiving treatment?

Medication regimens are complex and may require that the patient take from 10 to 30 pills per day. Each class of medication is powerful and may have unpleasant side effects. These side effects may include headaches, nausea, diarrhea, rashes, peripheral neuropathy (tingling) and anemia that may be treated with additional medications until the body adjusts. Some children, adolescents and adults cannot tolerate the medications; some parents, patients, and caregivers cannot maintain the medication schedule; and some patients refuse to take medications because they are afraid others may suspect they have AIDS. HIV specialists work with their patients and caregivers to find the best ways to manage the prescribed medication regimen.

There are a limited number of drugs available to treat HIV, and the virus can develop a resistance to drugs if they are not taken as directed. Treatment options become paramount if the patient develops a resistance to any of the drugs and becomes critically ill. For this reason, the HIV specialists will evaluate and counsel the patient and caregiver to determine if the patient will adhere to the prescribed medication regimen.

- g. What psychosocial treatments are available?

The psychosocial effects of HIV include depression, anxiety, confusion, anti-social reactions precipitated by rejection or avoidance by others, self-destructive behaviors and withdrawal. Stress can adversely affect the immune system. A parent's illness, the child's separation from a parent or a change in housing can cause stress on a child. Social stigma continues to exist about HIV and may lead to feelings of guilt, shame, fear, anger, denial and isolation for affected family members and their children. Continuity of care and relationships are essential for children and youth with HIV. Emphasis should be placed on active participation in normal childhood activities and quality of life.

The infected client, the caregiver and the affected family members should all be offered support services. Children need an opportunity to ask questions about HIV and talk about how they feel. Both the patient and his family may experience symptoms of loss at each stage of diagnosis, through critical illness and death. Children may express behavioral symptoms such as withdrawal, aggression, drug

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or alcohol abuse, or sexual acting out. These behavioral symptoms of loss are also risky behaviors for HIV and must be addressed to prevent disease and other problems. Other dimensions of loss include anticipatory grief, survivor guilt and anniversary reactions. Support services may include:

- HIV and health education
- Risk reduction counseling
- Peer support groups
- Gay, lesbian, bi-sexual, and trans-gender services
- HIV case manager
- Public benefits
- Drug treatment & recovery support
- Respite care
- Individual psychotherapy
- Family Counseling
- Personal care assistant
- Loss support counseling

h. When should children be told of their HIV diagnosis or that of their parent?

Disclosure is a clinical decision. There is no policy that defines the age to know. Consideration should be given to what the child already knows about HIV, how he handles this kind of stress and the parent's wishes. Disclosure can make some children more anxious and fearful. Other children feel relieved to know the secret and gain a sense of control. Consult with your treatment team about this issue.

i. How do I collaborate with the HIV specialists to design treatment goals?

A multi-disciplinary approach is most effective in dealing with the impact of HIV disease. The treatment team should include the child welfare case manager and nurse; the HIV clinic team; support service providers; the caregiver or foster parent; involved family members; and the patient. Workers and caregivers are encouraged to attend clinic staffings so that they understand the care plan. In turn, invite the HIV clinic social worker to child and family meetings and include them in critical decisions such as disclosure of HIV to family members or a change in placement.

Changes stress the immune system and require a well-planned transition to educate the client and caregiver on the treatments. Any member of the team may call a multi-disciplinary staffing to resolve problems. The DCFS HIV/AIDS Specialists collaborates with HIV clinics and programs to discuss clients and systemic issues and may be included in clinical staffings.

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V. Treatment Path Stage V: Monitoring and Reviewing

a. Primary Casework Task

Permanency Workers should continue to assess the needs of the client, family and caregivers and coordinate care with the multi-disciplinary team.

b. How do I know if the treatment is working?

The HIV clinic will monitor compliance, the benefits of medication and the course of disease through regular appointments and laboratory testing. Ideally, the viral load will become undetectable and the client will not show symptoms. Psychologically, the child and family will learn to live with HIV and integrate treatment and monitoring of their disease into a normal, active lifestyle.

c. What role do I play in monitoring my client's treatment goals?

Clients need on-going support from their treatment team as they may experience new symptoms, increasing viral loads, try new medications, are diagnosed with AIDS, experience depression and neurological affects, or require personal assistance, home nursing, pain management or hospice care.

Children will experience their disease differently as they become adolescents and may need new support and education around medication, disclosure, and risky behavior. Pay attention to the developmental stages of both the infected and affected children in relation to disease progression. Seek new interventions with changing behaviors.

d. How is HIV documented in client records?

HIV testing and treatment information shall be maintained in a separate section of the case record that is marked "CONFIDENTIAL." HIV information may be documented in Healthworks forms. HIV client information may not be cited in service plans. HIV may be referenced as a "health care issue" or "chronic illness" in social assessments and other documents as needed in order to provide services.

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VI. Caregiver Tasks

What do foster parents and residential treatment providers need to know about HIV/AIDS?

Foster parents and residential treatment providers should have an understanding of universal precautions and infection control described in **Administrative Procedures# 16, Staff Safety**, to reduce the transmission of any kind of infection in the residence. These include regular hand washing after toileting and diaper changing, before meal preparation, and after clean up of body fluids. Latex gloves or cloth or paper barrier protection should be used around the clean up of blood, followed by hand washing. Blood contaminated items should be washed in detergent and hot water or disposed of in a sealed container.

Foster parents and residential treatment providers should have an understanding of the risk factors for HIV and consult with their Permanency Worker, physician, or the DCFS HIV/AIDS Specialists about prevention of HIV and obtaining HIV tests for youth at risk. They should also gain an understanding of the meaning of those test results. Children with positive HIV tests should be reported to the DCFS HIV/AIDS Specialists for linkage with specialized medical providers and to obtain consultation and training for the foster parents or residential treatment provider.

Training and consultation for foster parents and residential treatment providers should include the meaning of HIV tests, treatment protocols, precaution and prevention methods, disclosure and confidentiality policy, psychosocial issues, and supportive resources as described in this appendix and attachments.

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VII. Resources for Clients

Where can my client, caregiver or I obtain information about HIV/AIDS?

National, state and local public health departments publish many brochures about the transmission and treatment of HIV/AIDS that are simple to read. These publications can also be obtained from local community HIV program providers. The Centers for Disease Control (CDC) publishes detailed surveillance reports, diagnostic classifications and treatment guides for all populations.

DCFS HIV/AIDS Specialists

Phone: 312-328-2150
or 855-814-8421 (toll-free)

Illinois Department of Public Health HIV/AIDS Section

Phone: 217-524-5983
E-mail: DPH.MAILUS@illinois.gov

Illinois HIV/AIDS and STD Hotline

Phone: 800-243-2437
TTY: 800-782-0423

AIDS Drug Assistance Program (ADAP) (Illinois only)

Phone: 800-825-3518
TTY: 800-547-0466

CDC-INFO (CDC Information)

Hours: 24 hours/day
Phone: 800-CDC-INFO (800-232-4636)
TTY: 888-232-6348
E-mail: cdcinfo@cdc.gov
Chat online with an NPIN Information
Specialist, M - F, 9 am - 6 pm (ET)
Website: www.cdcnpin.org

CDC National Prevention Information Network (NPIN)

Hours: M - F, 9 am - 6 pm (ET)
Phone: 800-458-5231
E-mail: info@cdcnpin.org
Chat online with an NPIN Information
Specialist, M - F, 9 am - 6 pm (ET)
Website: www.cdcnpin.org

AIDS Treatment Information Services

Hours: English and Spanish-speaking
Health Information Specialists are available
M - F, noon - 5 pm (ET)
Phone: 800-448-0440
TTY: 1-888-480-3739
E-mail: ContactUs@aidsinfo.nih.gov
Live Help: <http://aidsinfo.nih.gov/livehelp>
Website: www.aidsinfo.nih.gov

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Appendix H, Attachment 1 – Human Immunodeficiency Disease HIV/AIDS

Treatment Path Stage I: Identifying HIV/AIDS

Casework & Administrative Tasks

- Identify potential risk factors.
- Obtain information from client, family history, and caregivers.
- Review health care records.
- Counsel pregnant women to get prenatal care and an HIV test.
- Consult with supervisor, DCFS HIV/AIDS Specialists, regional nurse, Medical Doctor (MD) or DCFS Guardian about symptoms, accidental blood exposures and other questionable risk factors.

Clinical Information

HIV is a communicable blood-borne disease transmitted through sexual intercourse, subcutaneous exposure to blood, or perinatal exposure from mother to infant.

Symptoms:

- Swollen glands
- Frequent fevers
- Vomiting and diarrhea
- Skin rashes, sores, and infections
- Recurrent infections of mouth, ears, lungs, brain, and other organs
- Slow weight gain, poor appetite, delayed growth
- Developmental delays
- Opportunistic infections such as LIP and PCP pneumonias, thrush, herpes, etc.

Indicators for HIV Testing:

- Symptoms of HIV
- Parent has HIV
- History of parental drug abuse
- Substance exposed infant
- Sibling of HIV exposed infant
- Newborns on AZT or ZDV medication
- Sexual abuse with penetration
- History of unprotected sex
- Pregnancy or STDs
- History of substance abuse
- History of blood transfusions
- History of needle use for drugs, piercing, tattoos
- Accidental blood exposure
- Pre-adoptive home request for any child
- Complete medical history for child cannot be obtained

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Treatment Path Stage II: Referral

Casework & Administrative Tasks

- Consult with supervisor, HIV/AIDS Specialists, or regional nurse about most appropriate testing site.
- Refer child for testing.
- Obtain Consent for Routine Medical Care for wards.
- Obtain co-consent from youth 12 and over for HIV testing.
- Protect the client's right to confidentiality about testing (**Procedures 431**).
- Refer parents and children of intact families at risk for HIV testing to most appropriate site.

Clinical Information

HIV testing sites:

- Healthworks Clinics
- Infectious Disease Specialists
- Ob/Gyn/ Family Planning Clinics
- Pediatricians & Family Practices
- Adolescent Medicine Specialists
- STD Clinics
- Public Health Clinics

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Treatment Path Stage III: Assessment

Casework & Administrative Tasks

Casework:

- Consult with HIV/AIDS Specialists or MD about the meaning of the HIV test and the confidentiality policy.
- Ensure that the client (or caregiver) understands the purpose and meaning of the HIV test.
- Ensure that as few people as necessary and only those who need to know have information about the HIV testing (**Procedures 431**).
- Obtain consent for release of information from parent about results of HIV tests for parents and children in intact families.
- Ensure follow up testing for clients as recommended by MD.

Administrative:

- Maintain documents about HIV testing in a separate section of the record and mark confidential.

Clinical Information

HIV testing may include:

- ELISA and Western Blot antibody tests
- DNA PCR or viral culture tests for HIV exposed infants under 18 months of age
- Ora-sure or new FDA approved rapid tests for adolescents and adults at some sites
- CD4 cell and viral load counts for patients known to have HIV

Repeat testing is recommended within 6 months of the last potential HIV exposure, in cases such as sexual intercourse or rape.

Pre- and post- test counseling of patient (or caregiver) by health care provider about HIV testing is required by law.

Client-centered risk reduction counseling is provided by HIV specialists and is highly recommended to impact personal changes in behavior.

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Treatment Path Stage IV: Diagnosis

Casework & Administrative Tasks

Casework:

- Notify the DCFS HIV/AIDS Specialists of all HIV exposed or infected clients (wards and parents) for consultation on resources, treatment, policy, in-service training and assistance in client assessments and staffings at **312-328-2150** or **855-814-8421** (toll-free).
- Refer client to an HIV specialist for further diagnosis and treatment.
- Inform those who may have a need to know of the child's diagnosis such as the Permanency Worker, foster parent, physician, and birth parents (**Procedures 431**).
- Obtain special assistance from the HIV/AIDS Specialists for placements into child care facilities such as shelters, group homes, and residential treatment programs.
- Access training on HIV and universal precautions for the caregiver and Permanency Worker.
- Request approval of specialized foster care for HIV exposed and infected children.
- Consult about HIV testing for siblings and family members at risk.
- Counsel client against unprotected sex to prevent transmission.
- Do not re-disclose parent's diagnosis without their consent.
- Responsibility for partner notification rests with the client, MD, and the Dept. of Public Health.
- Responsibility for disclosure to schools is the responsibility of the MD and Department of Public Health.

Administrative:

- Maintain documents about HIV diagnosis in a separate section of the record and mark confidential.

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Clinical Information

Medical Doctor makes diagnosis according to the Centers for Disease Control (CDC) Classification System for HIV Infection.

General definitions:

- **Uninfected** - Any infant, youth or adult who tests negative for HIV antibodies since their last potential exposure to HIV.
- **HIV Exposed** - An infant less than 18 months of age born to a mother with HIV or infant testing positive for HIV antibody.
- **HIV Indeterminate** - An infant under 18 months of age testing positive for HIV antibody, but pending definitive diagnosis.
- **HIV Seroreverted** - A child over 18 months of age who was HIV exposed but is not infected.
- **HIV Infected** - An infant testing positive for a series of PCR or a viral culture under 18 months; a child over 18 months of age testing positive for HIV antibodies; a youth or adult testing positive for HIV antibodies.
- **Symptomatic HIV** - The stage of infection is diagnosed through a combination of CD4 and viral load counts, along with presenting symptoms.
- **AIDS** - A patient with severe clinical symptoms or a CD4 cell count of less than 200/ml.

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Treatment Path Stage V: Treatment

Casework & Administrative Tasks

Casework:

- Monitor treatment compliance with the HIV specialist, caregiver and/or client.
- Attend clinic staffing.
- Report changes in condition to clinic.
- Invite HIV clinic staff to child and family meetings.
- Include HIV clinic staff in critical decisions such as disclosures or change of placements.
- Obtain the specific consent of the Guardian or the AIDS Coordinator if MD recommends treatment in research protocols.
- Coordinate care with the multi-disciplinary treatment team.
- Assess need for support services.
- Make referrals for special HIV services as well as child welfare services.
- Call a multi-disciplinary staffing to resolve problems.
- Include HIV clinic in any plans for disclosure to patient, family, or others.
- Consult with DCFS HIV/AIDS Specialists about clinical issues and resources.

Administrative:

- Use the phrase “health care issue” or “chronic illness” in case documentation.

Clinical Information

Medical Interventions:

- HIV is considered a manageable chronic illness with no cure.
- The effects range from a lack of symptoms to acute illness and difficulty in all spheres of life: physical, developmental, social, and psychological.
- MD determines when to place a patient on prophylaxis and medications based on clinical testing and symptoms.
- Vaccinations for children with HIV are given in the attenuated form.
- Use Universal Precautions including latex gloves or paper/cloth barrier with blood; wash items with blood in detergent and warm water or dispose in sealed container. Wash hands after contact with any body fluid.
- Combination therapy is called HAART or Highly Active Anti-Retroviral Treatment.
- Adherence to medication regime is critical because virus may become resistance to treatment.
- Nutritional supplements will strengthen immune system.

Psychosocial Interventions

- A multidisciplinary team works best. Include child welfare case manager & nurse; the HIV clinic; support service providers; the caregiver; involved family; and the patient.
- Psychosocial effects include depression, anxiety when separated from caregiver, confusion, antisocial reactions precipitated by rejection or avoidance by others, withdrawal or non-responsiveness.

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Treatment Path Stage V: Treatment Continued

- Social stigma about HIV may lead to guilt, shame, fear, anger, denial and isolation for affected family members and their children.
- Disclosure of a parent or child's HIV status to any family member is a clinical decision to be made with the client and their treatment team.
- Stress reduces immune system functioning and must be managed.

Support services may include:

- Health education
- Peer group support
- Individual therapy
- Risk reduction counseling
- Gay, lesbian, bi-sexual, and trans-gender services
- HIV case manager
- Respite care
- Family Counseling
- Personal care assistant
- Public benefits
- Drug Treatment & Recovery Support

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Treatment Path Stage VI: Monitoring & Review of Treatment

Casework & Administrative Tasks

Casework:

- Maintain regular contact with treatment team to monitor patient progress.
- Continue to assess client needs.
- Consult with DCFS HIV/AIDS Specialists about clinical issues and resources.
- Consult with the DCFS Guardian if MD recommends do not resuscitate (DNR) orders for wards
- Maintain contact with support service providers.
- Continue to assess family needs and refer for services as needed.
- Invite treatment team to child and family meetings for progress report.
- Encourage visitation with parents to help children resolve their feelings of loss.
- Make transitional plans for adolescents with HIV for supports and benefits in adulthood.
- Refer parents with HIV who have custody of their children for legal services to make a future custody plan in the event of a critical illness or death.

Clinical Information

Medical Interventions:

- Continuity of care and relationships lead to stable health & well-being.
- MD orders lab tests to monitor the course of disease and benefits of medication.
- Clients need on-going support with new symptoms, new meds, depression, neurological affects, pain management, personal assistance, home nursing and hospice.
- Children experience their disease differently as they become adolescents and may need new supports and education around medication, disclosure, and risky behavior.

Psychosocial Interventions:

- The parent or sibling's HIV disease affects children.
- Children need an opportunity to ask questions and talk about how they feel.
- Family may experience symptoms of loss at each stage of the diagnosis, through critical illness and death.
- Children may express behavioral symptoms such as withdrawal, aggression, drug or alcohol abuse, or sexual acting out.
- Behavioral symptoms of loss are also risky behaviors for HIV and must be addressed.
- Stages of loss include: denial, anger, bargaining, depression, and acceptance.