

SPECIAL IMMIGRANT JUVENILE REFERRAL FORM

**COMPLETE THIS FORM AND TELEFAX TO: IMMIGRATION SERVICES UNIT (ISU) @ 312-793-3546.
ANY QUESTIONS MAY BE DIRECTED TO 312-814-8600.**

1. DCFS Case Name/Case ID #: _____
2. Child's Complete Birth Name: _____
City, State & Country of Birth: _____
Exact Date of Birth: _____
Does Minor have a Birth Certificate or Proof of Nationality? _____
3. Minor's Country of **LAST RESIDENCE** Outside of the U.S.: _____
4. Name of Biological Mother: _____
Mother's Place of Birth: _____
Mother's Last Known Whereabouts: _____
5. Name of Biological Father: _____
Father's Place of Birth: _____
Father's Last Known Whereabouts: _____
6. Date of Minor's First Entry into the U.S.: _____
Has Minor Ever Left the U. S.? _____
7. **HOW and WHERE** did Minor Enter the U.S., if known? _____
Did Minor Enter with a Passport/Visa? _____ Passport/Visa # _____
Minor's Legal Status: _____ A#: _____ SSN: _____
8. **When was the DCFS Case Opened:** _____
WHY was the Case Opened: Neglect _____ Abuse _____ Dependency _____ Other _____
Date Guardianship was granted in Court: _____
9. What is the **PERMANENCY GOAL** for the Minor? _____
When was the **Goal Established?** _____
What is the Achievement Date? _____
10. **Has this youth ever been employed? Yes _____ No _____ If yes, when & where?**

Has this youth ever been arrested, charged or detained by police or other law officials for any violation of the law? Yes _____ No _____ If yes, when? _____ Why? _____

DCFS & POS Caseworkers are required to personally address these two issues with any youth age 14 and older and review all case records/files to ensure a correct answer.

11. Minor's Current Foster Care/Substitute Care Placement Address & Telephone #: _____
12. Court Docket #: _____ Calendar: _____
13. Case Worker Name & Telephone #: _____
DCFS Office: _____ POS Agency/Name: _____ Region/Site/Field #: _____

DATE SENT TO ISU: _____

DATE RECEIVED BY ISU: _____