

State of Illinois
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CONFIRMATION OF INTEREST IN FOSTER HOME LICENSURE

Caregiver: _____

Caregiver: _____

Address: _____

(City) (Zip Code)

Licensing representative _____ met with me/us on this date and explained the benefits of getting licensed, to me/us and to the children in my/our care, including the increase in payment from the Standard of Need rate to the Full Foster Care Board Rate. The licensing representative also explained the requirements for getting licensed and all of the steps I/we would have to take in order to get a license.

After giving it careful thought, I/we have decided the following:

- I am/we are interested in getting licensed and intend to apply for a foster home license.
- I am/we are interested in getting licensed and intend to apply for a foster home license. I/we would also like to learn more about other permanency options, including adoption and guardianship
- I am/we are not interested in getting licensed and will not apply for a foster home license for the following reason(s):

- ____ I/we do not want to go to training
- ____ I/we do not think we can meet licensing standards
- ____ Other (please specify) _____

(Caregiver Signature) (Date) (SSN)

(Caregiver Signature) (Date) (SSN)

Submitted by: _____
(Licensing Worker Signature) (Date)

Directions to Licensing Worker: Fax completed form to HMR Coordinator at 217/782-6446.