

ILLINOIS FAMILIES Now and Forever™

Families by Foster Care, Adoption and Guardianship

Illinois Department of Children and Family Services

Head of governor's DCFS Task Force takes top job New DCFS Director Bryan Samuels to tackle problems of older and troubled youth

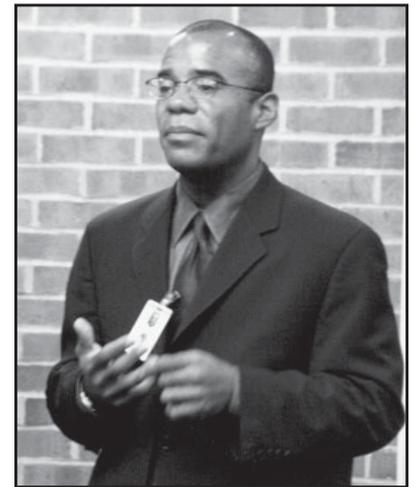
In February, Bryan Samuels answered the governor's call to lead a DCFS task force. The mission was to review the department and make recommendations to address any problems he and his team of experts found. When the review was completed sixty days later, Governor Blagojevich had a recommendation that Samuels did not expect. Samuels was moving from the consultant's chair to the director's office. He was the governor's pick to run DCFS and ultimately responsible for fixing the problems detailed in the 60-page task force report.

Director Samuel's made his first order of business to take care of the children listed as missing or runaways. "As the ultimate 'parent', we have to know where our kids are and provide them services," he said.

This is no easy task, especially dealing with youth who may decide to remove themselves from the system's reach. However, Director Samuels started by first identifying children who are missing (413 children as reported on May 13). Next, the task force assigned to tackle the problem researched each case to ensure records were in order and missing persons reports were filed. From there, caseworkers will take to the phones and the streets to do all they can to get children back in a setting where they can be helped. Since the increased efforts, 191 children have been returned to care. Additionally, in June, a new toll-free 24/7 hotline (866-503-0184) went live to receive phone calls about missing wards.

Beyond the immediate urgency of missing children, Director Samuels set two additional

priorities. As the population of children under DCFS care shifts to older youth with more complicated emotional/mental health problems, he plans to shift resources to better meet the need. He also will work with the network of private agencies and make adjustments in how they deliver services.



*New DCFS Director
Bryan Samuels*

He seems to have broken out of the gate running hard. He has been working nights and weekends to make the tough decisions to form an effective management team, while still carrying on with the day-to-day business. The new management team was unveiled on July 9. Details are available on the DCFS website at www.state.il.us/dcfs. "At the end of the day, I want to bring decision-making at DCFS into the light of day. Our decisions have to be rational and above board," he said.

It seems this open, rational approach will extend to the foster and adoptive families as well. Director Samuels stated a willingness to listen to the formal foster parent and adoptive advisory boards and the youth advisory councils. He also wants to communicate more with caregivers.

Relative caregivers can provide paths to permanency



Imagine yourself as the child who, through no fault of your own, is made to leave a home that though familiar, is unsafe. It could be late at night when the child protection investigator says it is time to go to another home. While nothing can take away that kind of pain, it could help if the pair of

arms waiting to take you in were the same ones that hugged you at the last Thanksgiving dinner.

Family members can play an important role when they step in to care for a child whose parents become involved with the child welfare system. In addition to the foster parents who care for non-related children, DCFS also serves 5,000 relative caregivers who are caring for more than 7,500 children. The Department has made a concerted effort to provide relative caregivers support and training to help them successfully care for children. That has resulted in a dramatic increase in the number of relatives applying to become licensed foster parents. It also accounts in large part for the increase in adoptions during the last five years. In fiscal year 2002, 40 percent of adoptions were completed by relatives.

Placing a foster child in the care of a relative, also called kinship care, is a double-edged sword. From the caregiver's perspective, kinship care can change a child's life for the better and, like anything worthwhile, it can also be fraught with difficulties. It is an age-old tradition for families to rally together when crises occur. But to do so when there is a parenting breakdown, brings in a complicated set of family dynamics that most non-relative foster and adoptive parents don't have and would not choose to deal with. Still, when relative care works, it works well. Kinship care has been documented to be one of the safest, healthiest and most stable types of placements. It is believed that children are more likely to

overcome family trauma when they are able to stay in their community among people who share their personal history and traditions.

Terry Solomon, executive director of the African-American Family Commission, takes a mixed view of the Department's work with relatives.

"DCFS was in the forefront to recognize and support kinship care," said Solomon. "The subsidized guardianship program especially has helped many kinship families and has brought national attention."

Still recognition does not always equate to reality. Solomon added, "There can be a bias against relatives. Some case managers make the assumption that because the family was not successful with one child (the abusive or neglectful parent) that other family members are not capable of parenting the child."

She suggests that when working with relatives, case managers should look for strengths within the family that could help mend the original family or create another permanent family within the child's own circle of relatives. The Department is incorporating this more positive, strength-based perspective in the field with the Family to Family initiative. This approach to serving families is based on working collaboratively with birth families, foster families and other resources among the child's community.

To further support relative caregivers, DCFS has recently made policy changes to encourage more relatives to become licensed. Some requirements, while useful, were often obstacles in the cases of relatives. For example, training requirements were also modified. Relatives can become licensed to care for related children after completing six hours of pre-licensing training. Relatives are strongly encouraged and many opt to complete an additional 21 hours of training. The additional training is required to have any

Relatives (con't.)

non-related children placed in the home. The training division has also made video tapes of trainings available as another option for families to get information they need to help the child and the family to cope through this difficult time.

Relative foster parents will also find more financial support available to help them care for their relative children. Licensed relatives can receive the licensed foster care board rates as opposed to the standard rate of need. As an example, a great aunt living in DeKalb County without other DCFS children in her home would receive \$292 monthly to be used to take care of her nephew. Yet, if she became licensed, she would receive the licensed foster care rate of \$410 each month to use toward her nephew's needs.

While most foster parents (relative and non-relative) realize that the payments only scratch the surface of what it takes to care for a child, the rates can help ease the burden. This can be especially true for kinship families who are often called upon to disrupt their lives without the benefit of advance notice to assume daily care for a child.

"Many relative caregivers are in tough financial situations themselves. But, in spite of their financial situation, they are doing it out of love and commitment," said Solomon.

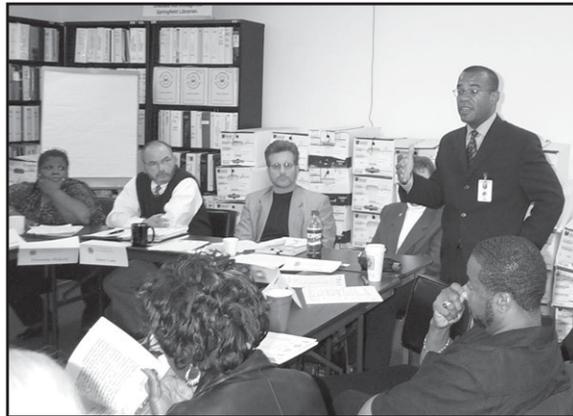


*Terry Solomon
African-American
Family Commission*

As more relatives answer the call to step in and help the children within their own family network, DCFS will continue to work with them and do what it takes to improve the long-term outlook for the children.

New DCFS Director (con't.)

"Relationships are built not bought. It can't be, 'do what we say because we pay you'. Foster parenting is a higher calling. People need to feel appreciated and be treated as an asset," said Samuels.



Director Samuels meets with the Statewide Foster Care Advisory Council.

This is going to be more important as foster and adoptive parents are confronted with children with tougher problems. The Director pledges more support and more training so families can have the skills to work with the children they make part of their family. His hope is that foster parents will start with a skill set that is very different years later, because of on-going training.

Samuels is also planning on bringing more educational resources into the mix of services. Education was the lifeline that pulled Samuels through tough times. As a second grader, his widowed mother who suffered from drug addiction and mental illness turned care of her three young sons over to the Glenwood School for Boys. With a caring support system, stability and a focus on schooling, Samuels went on to obtain degrees from Notre Dame University and the University of Chicago.

"As someone who was raised on the kindness of strangers, I have a deep appreciation for those families who care for the most vulnerable," said Director Samuels.

Foster, adoptive and guardianship families won't be strangers to Director Samuels for long. He plans on getting to know those who serve as parents to youth in care and encouraging others to join in the cause.

Preventing children's deaths with important safety precautions

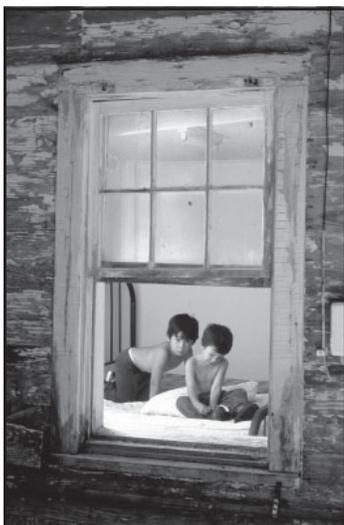
When any DCFS related child under 18 dies, it falls to the Illinois Child Death Review Team to investigate the death to determine the cause and what, if anything, might have prevented the death. In 2002, 184 children died of accidental deaths, mainly related to cars, fires, physical injuries and drowning. As the review teams look over the circumstances of a child's death, they in many cases have found circumstances that could have been avoided. Those recommendations are made to the Office of the Director and to other agencies or providers as needed. Here are some of the problems reported and ways to avoid these types of tragic accidents.

Fires and Burns

- Hot water from sinks or tub faucets should be tested and should not exceed 115°.
- The stove or burners should never be used to heat the house.
- The home should have smoke detectors on every floor and a carbon monoxide detector and fresh batteries.
- Make a fire safety map and practice the plan on how to get out of the house in a fire.
- Hot items such as coffee, hot foods, pots and pans and cigarettes should be kept out of children's reach and away from the edges of countertops, tables and stoves.
- Do not overload electrical outlets with too many cords and cover unused outlets.



Falls



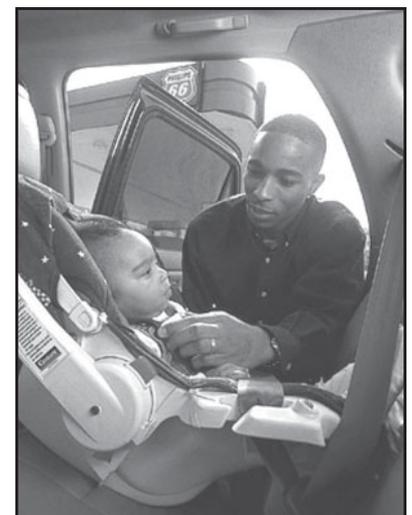
- Do not leave children alone on high surfaces like kitchen tables, countertops or bunk beds.
- Gate stairs and windows so children will not fall.
- Do not place beds or chairs near windows. Remember a screen may not be strong enough to hold a child leaning on it.

Poison Problems

- Keep household products that could be poisonous (cleansers, bleach, pesticides, liquor) in a cabinet that children cannot reach.
- Do not keep poisonous cleaning liquids or products in food jars or soft drink cans or bottles that could fool curious children.
- Keep medicines separate from cleaning supplies and keep household products separate from foods.
- Post emergency phone numbers near the telephone for Doctor, clinic, emergency room and the Poison Control Center 800-222-1222 (toll-free, 24 hours a day)
- Look for peeling paint that could cause lead poisoning if children eat the paint flakes.

Car Dangers

- All children under the age of 5 must be secured in a car seat when riding in any car.
- Seat children under 12 in the back seat.
- Don't leave children unattended in a car at any time.



Hot temperatures inside a car can cause heat exposure, which can lead to death.

Safety precautions (con't.)

Sleeping Safety Tips

- Make sure babies sleep alone in a crib and is always placed on his or her back to sleep.
- Make sure the crib sides are up, the mattress is in the low position and the crib is away from windows and cords.
- Don't leave pillows stuffed animals or toys in the crib with the baby.



Choking Hazards

- Never tie a pacifier to a string or ribbon and place it around a child's neck. This could cause accidental strangulation.
- Make sure all toys are too large to swallow, too tough to break and do not have sharp edges or points.
- Keep plastic bags, pins, buttons, coins, and sharp or breakable objects out of children's reach.

Drowning Precautions

- NEVER leave a baby alone in water even for a second. Always keep baby in arm's reach.
- NEVER leave young children alone or with young siblings in bathtub even if you are using a bath seat or ring. Children can drown quickly and silently.
- Keep the toilet lid down, and keep young children out of the bathroom when unsupervised. Consider placing a latch on the bathroom door out of reach of young children.
- Be sure all containers that contain liquids are emptied immediately after use. Do not leave empty containers in yards or around the house where they may accumulate water and attract young children.
- Always secure the safety cover on your spa or hot tub.
- Learn CPR (cardiopulmonary resuscitation) - it can be a lifesaver.

Look out for recalled products

Here is a partial list of items recently recalled by the U.S. Consumer Product Safety Commission (CPSC). Information on other recalled productions can be obtained at the CPSC website at cpsc.gov/cpscpub/prerel/prerel.html or by calling the Illinois Department of Public Health at 217-782-4977.

Baby's Dream Furniture Inc., of Buena Vista, Ga., is voluntarily recalling about 4,600 wooden convertible cribs manufactured from January to August 2001 to repair hinges on the drop gate. The three hinges along the fold-down drop gate can crack or break and allow babies to have their fingers pinched. The recalled cribs were sold under either the Baby's Dream Furniture label or the National Baby Furniture label in five different models. The five models included in the recall are "Always Crib," "Crib 4 Life," "Legendary Crib," "Set 4 Life," and "Crib-2-College." The wooden cribs are honey, amber or cherry in color. Consumers owning these Baby's Dream cribs should call Baby's Dream at (800) TEL CRIB (835-2742) or visit the firm's web site at www.babysdream.com to receive a repair kit for hinges and/or latches or for specific instructions for examining their latches.

Lovee Doll & Toy Co., Inc., of New York, N.Y., is voluntarily recalling about 160,000 talking, electronic dolls. Buttons on the dolls' outfit could detach, posing a choking hazard to young children. This recall includes the "Talking Learn n' Play" dolls with buttons. The dolls describe the functions of zippers, buttons, snaps and shoelaces. The dolls are about 13- inches tall and are dressed in pink jumpers with pink and white plaid shirts. Consumers should take these dolls away from children immediately and return the dolls to the store where it was purchased for a refund. For more information, consumers can contact Lovee Doll & Toy Co., Inc. at (800) 307-5911.

Don't forget school physicals

The state of Illinois requires school children to have a current physical (within the past year) and to be current with immunizations if they are:

- Entering school for the first time at any age
- Are or will be five years old when entering kindergarten
- Entering the fifth grade
- Entering the ninth grade

There is a new requirement for children entering kindergarten or first grade to be immunized against Chickenpox/Varicella.

Original copies of the Certificate of Child Health Examination, completed and signed by the physician should be given to the school nurse where the child is enrolled. Don't forget to give a copy to the child's caseworker and to keep a copy for your own records.

Children who do not have a current physical or shots by October 15, according to State law will not be allowed to attend school until the record is updated. Questions about exams or immunizations can be directed to the Division of Health Policy at 217-557-2689.



Explaining new health privacy standards

Earlier this year, the federal government enacted standards to protect the access or release of health information called HIPAA (Health Insurance Portability and Accountability Act). As sometimes happens, a policy designed to help has left many a foster parent standing confused in the doctor's office or pharmacist's line.



Along with the new standards, many health providers printed notices to state their compliance and have asked patients to sign logs saying they received the notice. For adults signing for themselves, this is not a problem. For adults signing on behalf of their children by birth, adoption or guardianship, this is not a problem. But for adults being asked to sign for foster children, there is a problem.

Just as foster parents cannot sign medical consents for treatment, they cannot sign a privacy statement notice acknowledgement for a child in foster care. Like consents, these notices must be handled by the Office of the Guardian. If a health care provider tries to provide you with a privacy notice for a child in foster care, ask them to fax it to the Office of the Guardian at 312-814-4128. The child can still receive the health service, since HIPAA does **not** require that the patient or the patient's personal representative sign an acknowledgement of privacy notice receipt to receive treatment.

Be careful not to confuse this signature with the pharmacy's signature log to pick up medicine. HIPAA does **not** require that the person for whom the medication is prescribed must be the same person signing for the medication. Foster parents can pick up prescription medications for a DCFS ward and sign the pharmacy's signature log. But if they ask you to sign for a privacy statement when you pick up the medicine for a child in foster care, direct the pharmacist to fax the notice to the DCFS Office of the Guardian. If you had already signed a privacy notice while picking up medication at a pharmacy, that is OK, just follow the above guidance from now on. If you signed a privacy notice for a health care provider, inform your worker who should in turn notify the Guardian. The Guardian's Office will work with the health care provider so that the privacy forms are properly signed.

Please call your caseworker if you are having problems getting services for a DCFS ward because of a provider's concerns about HIPAA. Questions about the HIPAA changes can be directed to the Office of Legal Services at 312-814-2401.



Book Review:

The Whole Life Adoption Book

by Jayne E. Schooler

The book, *The Whole Life Adoption Book*, provides thoughtful insights for a family as they consider adoption, and hands-on suggestions on how to meet the needs of children who are already a part of your family. The book acknowledges that most of the problems families face as they rear children are the same regardless of whether the child came to you by birth or adoption. At the same time, it discusses those issues that are unique to adoptive families, and to children who are adopted. However, *The Whole Life Adoption Book* avoids the all too common flaw of referring to “all adoptive families” or “all adopted persons, as if by virtue of adoption, a sameness pervades every family and individual.

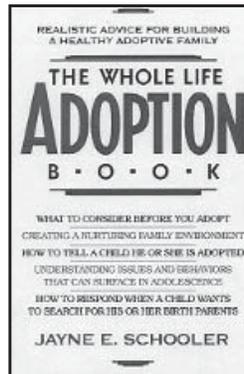
The book focuses on how to help your children grow into healthy adults. The book pays particular attention to how important it is to all of us to have “... the universally longed for sense of unconditional affirmation.” It provides concrete ideas to instill in children the sense that they are loved, respected and valued.

The book also does an excellent job of speaking to the issues of adopting older children, and freely speaks to the unique set of difficult circumstances that infant adoptions bring. In addition, the book has a wonderful chapter on transracial and transcultural adoption.

One flaw of the book is that it spends little time on foster care adoptions. It never mentions that for many parents who foster and then adopt, there is only one reason we do so. We fall madly in love with the children in our home, and want them to be a part of our families forever. Still, while there are many books on adoption, this is one of the best.

210 pages, easy read. \$15.00 Available from Amazon.com and the Pinon Press, P.O. 35007, Colorado Springs, CO 80935

The reviewer is Jane Elmore, who recently left her position with the Department as the Deputy Director of Foster Care and Permanency Services. She continues to work in the field of child welfare, as a consultant, volunteer and advocate for foster and adoptive parents and youth who are aging out of the system.



Adoption News Exchange

Large Families Unite!

Check out the Foundation for Large Families at www.geocities.com/largefamilies2001. The site has articles written by large families, tips on finances for large families and resources for to help parents and children in large families created by adoption. The group also advocates for families that have problems obtaining home studies or having more children placed in their homes.

Parent Group Leaders training on-line

North American Council on Adoptable Children (NACAC) is offering on-line training for individuals leading parent groups. This online training is designed for leaders of foster, adoption, and kinship parent groups who want to increase their skills, develop new programs, and connect with other group leaders. Held on one Wednesday of every month from 8:30 to 10 p.m. ET, each training will focus on a different topic of interest to parent group leaders. For more information, contact Josh at joshk@nacac.org.

Adoption announcements

Prospective adoptive families can announce their family news with creative cards produced by an adoptive mother. Announcements 4 Adoption offers several selections of announcement cards with personalized messages. Contact Announcements 4 Adoptions at (888) 242-6050 or look at design samples at www.announcements4adoption.com.

Parenting tasks that facilitate children's positive racial identity

The realities of children living in transracial families raise many questions:

- How does a child develop a positive racial or cultural identity?
- What are the affects of transracial adoption or foster care on a child and his or her family?
- What are the special needs of adopted or foster children living in transracial families?
- What are the parenting tasks specific to transracial families? And
- What skills, attitudes, knowledge, and resources must parents in transracial families have or develop?

Because children from minority groups (Asian, Latino, African American, or Native American) who experience prejudice or discrimination are subject to developing negative racial identity, they require monitoring, with attention paid to their perception of racial identity. Children should not be expected to develop positive racial identity without support and reinforcement from their families, role models, and the community. Parents can provide support and reinforcement through the following seven tasks.

TASK 1: Acknowledge the existence of prejudice, racism, and discrimination.

Adoptive parents must recognize not only that racism, prejudice, and discrimination exist, but that they, too, have been victims and survivors of it. By admitting to the existence of inequities, parents can avoid racist, prejudicial or discriminatory behavior. By admitting to being a victim and survivor, parents are able to:

1) recognize inequities and how they affect others; and 2) elicit strategies for intervening on behalf of their child, based on personal experiences and knowledge.

While the victimization of minority groups is fairly obvious, that of members from the dominant culture and race may not be. Children in the dominant group are victims of racism by



inadvertently developing superiority complexes. Once parents understand how racism victimizes members from both the dominant and minority communities, they are prepared for the second task.

TASK 2: Explain why the child's minority group is mistreated.

Parents must explain and define racism, prejudice, discrimination, and bigotry, and why such behavior exists. Understanding the behaviors beyond their simply being "good or bad" will enhance the child's coping skills. Understanding the functions and reasons for the behaviors increases the child's range of responses beyond anger or retaliation.

TASK 3: Provide the child with a repertoire of responses to racial discrimination.

Parents must work to minimize their children's feelings of helplessness. A child's identity can be more positive if he or she perceives him or herself and members of racial groups to be empowered with choices, resources, and the ability to acquire and protect their rights. This repertoire of responses may include:

1. selective confrontation or avoidance
2. styles of confrontations (passive, aggressive)
3. individual, legal, institutional, or community resources and responses (i.e. grievances, suits, NAACP, protests)
4. priorities and timing (what to avoid and when to avoid issues)
5. goal-oriented responses rather than unplanned reactions
6. institutional/organizational strategies (positioning, coalitions, compromising)

Parenting Tasks (con't.)

TASK 4: Provide the child with role models and positive contact with his or her minority community.

Parents of a different race from their child are quite capable of modeling and helping the child develop various identities (i.e. gender, class). However, counteracting the racial identity projected by a racially conscious or discriminating society requires positive exposure to same-race models or experiences. These contacts and experiences require: 1) interacting with the child's minority community, 2) providing the child information about his or her history and culture, and 3) providing an environment that includes the child's culture on a regular basis (i.e. art, music, food, religion, school, integrated or same race community).

TASK 5: Prepare the child for discrimination.

Providing the child with information on how his or her racial identity might be degraded helps him or her develop better coping skills and methods of maintaining a positive identity. Feeling self-confident about his or her ability to cope with and appropriately respond to discrimination reinforces a child's positive self-image and identity.

Same race role models may be a helpful resource for information and preparation if an adoptive parent has not experienced discrimination similar to the child's minority group (i.e. double standards, slander, interracial dating and gender issues).

TASK 6: Teach the child the difference between responsibility to and for his or her minority group.

This task relieves the child of: 1) feeling embarrassed or needing to apologize for his or her racial identity or group, 2) of having to overcompensate or prove his or her worth because of his or her racial identity or negative stereotypes. However, the child is able to develop a commitment to both his or her individual and minority group's accomplishments, resources and empowerment.

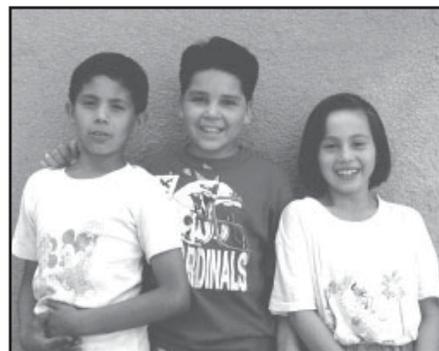
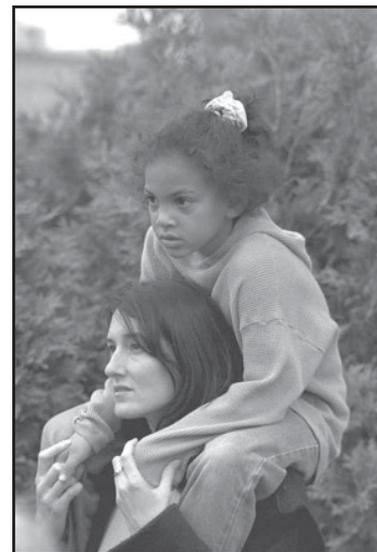
TASK 7: Advocate on behalf of your child's positive identity.

The purpose of this task is to provide the child an environment that is conducive to the formation of a positive identity. The parent should advocate for family, social, and educational experiences that are respectful, reflective, and sensitive to cultural diversity. Therefore, the parent may need to be prepared to correct or confront individual or institutional racism, prejudice, or discrimination that the child may encounter.

As an advocate, the parent models for the child how to advocate for themselves. The child also sees and feels their parent's protection, loyalty, and commitment, which are essential in attachment and bonding. Confronting prejudice and discrimination on the child's behalf is no longer optional once a parent adopts transracially.

Joseph Crumbley, D.S.W., is in private practice as a consultant and family therapist. His most recent areas of concentration have been kinship care and transracial adoptions. This article is adapted from his book, Transracial Adoption and Foster Care, available from the Child Welfare League of America Press.

This article was originally published in Adoptive Families, September/October 1999



Tell it like it is – Families speak out

Families, Now and Forever want to hear the “real deal” on caring for children from those who know best – you!

Here is what you had to say to the question: **What special thing has a child in your care done or said to make you feel appreciated?**

“After caring for two twin girls for more than two years, the twins returned home to their father. As the twins walked to the car they turned and said, “Grandma, we really thank you for loving us and keeping us this long.” The words from the four-year-olds were medicine for my heart.”

Earlean Pickney

“There are two things that I will never forget. During a counseling session, his therapist asked him if he could change anything he wanted about me, what would it be? His reply was, ‘That she had given birth to me.’ He was 10 years old. The other thing was when I was picking him up I always ask, ‘How was your day?’ His reply was, ‘You know, if you hadn’t adopted me, no one would ever ask me that.’”

Connie Diering

“I feel appreciated when they give me that certain smile. It’s usually given following a difficult time when I’ve had to encourage them...a sad time when I’ve had to cheer them...or a good time at the park or a tasty meal. The smile says thanks for being there for me. They need not say or do anything more, because that certain smile tells me that they appreciate me.”

A. McClellon

“I recently came down with a really bad cold. Cyrus, 10, and Echo, 4, spent almost a whole day drawing me a special get-well picture. They both came up to me and gave me a hug and a kiss and said that they really wanted me to feel better.”

Laura LoBue

“Our kids have come a long way with the help of so many people in their lives, from our caseworker, counselors, CASA, teachers, family and friends to so many others in our community. These people who have made a difference in our kids’ lives gave them something so special, it’s no wonder the kids want to grow up to be just like them. We are so proud of our kids; watching and listening to them role-play, hope and dream. Seeing how they encourage others to try to be their best and never give up makes us feel appreciated and reminds us that these little sponges really do hear us.”

Jim and Sheila Denikas

“Mommy I love you!”

Nancy Blecha

“After hearing ‘I need this and I need that’ continuously, my seven-year-old nephew said to me, ‘You know what you need...You need a big hug.’”

The new question is: **What is the best piece of positive advice that you could give to a caseworker?**

You can contact me with your response by e-mail at foster@chicagonet.net or by phone at 312-814-6824. I am looking forward to hearing from you.

Vanessa James, Editor



Rod R. Blagojevich, Governor

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Address Changes: Families must notify their licensing representative, who will notify DCFS. Agencies should change addresses of office locations or request staff copies through the Editor.

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A family for me

Timothy [C6922] Timothy, 14, loves his model car collection. When he's not building models, Tim plays basketball, football, and computer games. He also has a great sense of humor. Tim's worker said he is a friendly young man with a good personality. She added that he is intelligent and articulate. His teacher said he is respectful and popular at school.

Timothy and Dionte [C6668-69] These helpful youngsters are eager to join your family! Thirteen-year-old Timothy (right) is a delightful young man who loves praise from adults. He enjoys playing basketball and soccer and would love to learn to play the piano. Eight-year-old Dionte (left) may seem a little shy at first, but he is really very outgoing. He enjoys football and wrestling and loves to play with toy trucks and computer games.

Their foster parents said these young men are very helpful. Timothy likes to keep his room in order. Dionte loves to shop, bake cookies, and work in the yard. Timothy's teacher said he gets along well with other children, and Dionte's teacher said he helps her pass out papers in class.

Ronald [C5579] Ronald, 9, is a charming young man who likes to be active, especially outdoors. He is an enthusiastic basketball and football player. He loves to be around people and gets along well with adults and children. Ronald has a brother with whom he'd like to be adopted. His foster parents said Ronald is outgoing and has a sense of humor. He shows initiative and expresses himself well. His worker said Ronald is sweet and helpful.

Marc [C4473] Marc, 10, is a lovable young man with a great smile! His favorite pastimes are playing video games and enjoying the neighborhood park. He behaves well and is glad to help around the house. His worker said Marc enjoys new experiences and puts energy and effort into everything he does.

Latrice [6968] This charming young lady loves to be around people! Latrice, 11, enjoys talking and asking questions. Her favorite pastimes include listening to rap music and playing Nintendo and video games, and her all-time favorite place to go is Adventureland. She loves to eat, and any food is OK with her! Her foster parent said that Latrice is sociable and "very engaging" with other children and adults.

Jaquine [5893] Jacquine, 11, is a friendly young man who loves to clown around. When he's not making jokes, he likes to play video games and board games and spend time with the family dog. Jacquine enjoys Chinese food. In school, his favorite subject is history. Jacquine's foster parent said he is generous and affectionate and has a good sense of humor. His teacher said he always gives a good effort in class.

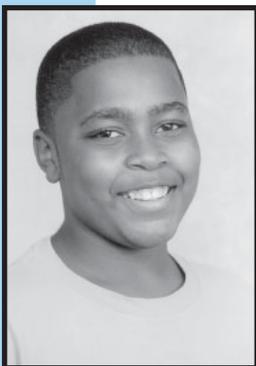
Gary [C5580] Gary, 8, is a joy to be around! He is a bright young man who loves to be helpful. He likes working on the computer and taking music lessons. He loves miniature trucks and sports-related toys. He also has a brother with whom he'd like to be adopted. His foster parent and teachers said that Gary is bright for his age and very sweet. He is an "A" student. His foster mom said he adapts well to new situations.

If you are interested in adopting one of these children or learning about other children waiting to be adopted, please call the Adoption Information Center of Illinois at 1-800-572-2390 (within Illinois) or 1-312-346-1516 (outside Illinois), or see the AICI web site – www.adoptinfo-il.org.

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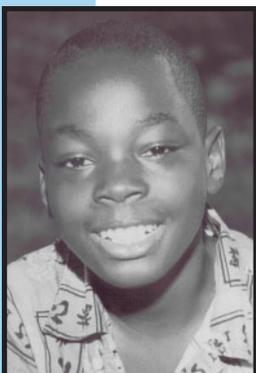
Timothy (6922)



Latrice (6968)



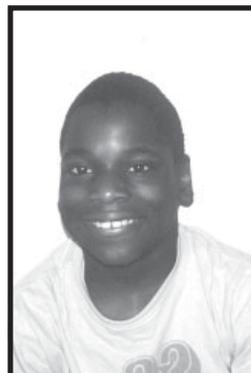
Ronald (C5579)



Marc (C4473)



Timothy & Dionte (C6668-69)



Jaquine (5893)



Gary (C5580)

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Call the Adoption Information Center of Illinois 800-572-2390.