



## Home Study Update Instructions

The forms listed below must be submitted to the ACI office in order to initiate the Home Study Update process. **Please submit ALL items in ONE packet/email.** Your Home Study Worker cannot complete your Update until these forms and the appropriate fee are received. Documents can be submitted via:

- **Mail:** Adoption Center of Illinois, Attn: HS Dept., 5828 N. Clark St., Chicago, IL 60660; or
  - **E-mail:** [homestudy@adoptillinois.org](mailto:homestudy@adoptillinois.org)
- \*Do not send directly to your HSW**

**Please make copies of documents prior to submission. If you are working with another placing agency, it will be your responsibility to provide them copies of this documentation.**

YES	N/A	<b><u>Please return this checklist with the following documents:</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Child Abuse and Neglect Tracking System (CANTS) Form/ CFS 689</a> : Return a completed form to ACI for all household members age 13 and over. <b>Minors:</b> DCFS cannot process background checks on minors (under age 18) without adult consent. Please sign below or above the minor's signature with "parent" or "guardian" written next to it. <b>ALL SIGNATURES MUST BE HANDWRITTEN IN INK.</b> Electronic signatures will be rejected by DCFS. Please upload this document as a PDF only!
<input type="checkbox"/>	<input type="checkbox"/>	Obtain FBI <b>AND</b> Illinois State Police (ISP) clearances for all household members age 17 and up (\$57.45 per person). Each applicant must bring the <a href="#">Fingerprint Applicant Form</a> to an Accurate Biometrics location. Visit <a href="http://www.accuratebiometrics.com">www.accuratebiometrics.com</a> to view current locations and dates/times each location is open. Clearance results will be faxed to ACI. Payment can be made with money order, cashier's check, and all major credit cards. <b>Submit receipt to ACI.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Criminal Conviction/Arrest History Statement</a> : 2-sided form needed for each prospective adoptive parent
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Adult Medical Evaluation (CFS 604)</a> : Needed for each person age 18 and over living in the home. Note: TB test only required every 4 years
<input type="checkbox"/>	<input type="checkbox"/>	Updated letters from all medical and/or mental health service providers from whom you have received care in the last year (therapists, psychiatrists, cardiologists, etc.). <b>Letters are required for all new service providers, as well.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Child Medical Form (CFS 600)</a> : Needed for each child under 18 years of age living in the home
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Financial Assessment Form</a> : Please be accurate- this information will be included in your Home Study
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Adoptive Home Safety Checklist</a>
<input type="checkbox"/>	<input type="checkbox"/>	Home Study Update fee of \$750 <ul style="list-style-type: none"> <li>• Zelle (please use email <a href="mailto:jturner@adoptillinois.org">jturner@adoptillinois.org</a>). There may be a limit to how much money you can send at one time; you may have to send in separate transactions depending on your bank.</li> <li>• Credit card (additional 2.99% fee added for each transaction); call (773) 334-2300 or <a href="mailto:jsiebert@adoptillinois.org">jsiebert@adoptillinois.org</a></li> <li>• Checks: make checks payable to Adoption Center of Illinois</li> </ul>

YES	N/A	<b><u>Please submit photocopies of the following documents:</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	Driver's License(s) (if updated since your last Home Study)
<input type="checkbox"/>	<input type="checkbox"/>	Pet Inoculation Certificate(s) (needed for each dog and/or cat if rabies inoculations have expired since last HS)
<input type="checkbox"/>	<input type="checkbox"/>	Tax Return ( <b>2 pages of 1040 only</b> ) (most recent return filed)
<input type="checkbox"/>	<input type="checkbox"/>	Recent paystubs (two per prospective adoptive parent)
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Medical Insurance (front and back of insurance card <u>if insurance has changed since last HS</u> )