



## 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> : Complete form for each family member aged 13 and above. In order to initiate the Illinois child abuse clearance process, an ACI staff member must provide the information to DCFS. Following submission, you will receive an email from DCFS with further instructions.
<input type="checkbox"/>	<input type="checkbox"/>	Obtain FBI <b>AND</b> Illinois State Police (ISP) clearances for all household members age 17 and up. 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. See website for current prices and payment options. <b>Submit receipt to ACI.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Affidavit of 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 PDF</a> or <a href="#">xlsx</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:zelle@adoptillinois.org">zelle@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: email <a href="mailto:jsiebert@adoptillinois.org">jsiebert@adoptillinois.org</a> for a payment link</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 if insurance has changed since last HS)