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: <u>homestudy@adoptillinois.org</u>
 *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 | Please return this checklist with the following documents: |
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| | | Child Abuse and Neglect Tracking System (CANTS) Form/ CFS 689: Return a completed form to ACI for all household members age 13 and over. <u>Minors:</u> 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. <u>ALL SIGNATURES MUST BE HANDWRITTEN IN INK</u> . Electronic signatures will be rejected by DCFS. Please upload this document as a PDF only! |
| | | Obtain FBI <u>AND</u> Illinois State Police (ISP) clearances for all household members age 17 and up. Each applicant must bring the <u>Fingerprint Applicant Form</u> to an Accurate Biometrics location. Visit <u>www.accuratebiometrics.com</u> 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. Submit receipt to ACI . |
| | | Affidavit of Criminal Conviction/Arrest History Statement: 2-sided form needed for each prospective adoptive parent |
| | | Adult Medical Evaluation (CFS 604): Needed for each person age 18 and over living in the home. Note: TB test only required every 4 years |
| | | 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.). <i>Letters are required for all new service providers, as well.</i> |
| | | Child Medical Form (CFS 600): Needed for each child under 18 years of age living in the home |
| | | Financial Assessment Form PDF or <u>.xlsx</u> Please be accurate- this information will be included in your Home Study |
| | | Adoptive Home Safety Checklist |
| | | Home Study Update fee of \$750 Zelle (please use email jturner@adoptillinois.org). 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. Credit card: email jsiebert@adoptillinois.org for a payment link Checks: make checks payable to Adoption Center of Illinois |

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