

PART I: FAMILY COMPOSITION / INITIAL FAMILY FINDING / HOUSEHOLD INCOME

Use a separate sheet for each child unless they have the same biological mother and biological father, were living together, and removed in the same month.

CASE MANAGER NAME: _____

CASE NOTE DATE: _____

CHILD'S NAME: _____

CYCIS ID: _____

Please complete the financial information requested below based on the month the child was taken into care. MM/YY: _____

Relationship	Name	Employment Income	Unemployment Benefits	Child Support Income	Social Security Benefits	Other Support (Explain Below)
Parent child lived with at removal						
Other Parent* in the home						
If the child did not live with a parent during the month they entered foster care, who did they live with? _____						
When was the last time they lived with a parent? _____						
Sibling also in the home			N/A	N/A		
Sibling also in the home			N/A	N/A		
Sibling also in the home			N/A	N/A		
Sibling also in the home			N/A	N/A		
Sibling also in the home			N/A	N/A		
Sibling also in the home			N/A	N/A		
Sibling also in the home			N/A	N/A		

Explanation of "Other Support": _____

Relationship of "Other Parent": _____

Did the family have assets totaling more than \$10,000 in the month the child was taken into care? YES NO

*Other parent = biological, adoptive, step or named on the birth certificate.

Submit this page via e-mail of the completed form within 30 calendar days of the child being placed to:
DCFS.FAMILYCOMPOSITION-INITIALFAMILYFINDING-HOUSEHOLDINCOME@ILLINOIS.GOV

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Use this sheet to identify extended family members for each child. Use a separate sheet for each child unless they have the same biological mother and biological father.

Relationship to Child	Name and Contact Information	Contact Date	Types of Support
Non-Custodial Parent			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			
Adult Siblings			
Maternal Aunts			
Paternal Aunts			
Maternal Uncles			
Paternal Uncles			
Adult Cousins			
Godparents			
Other Significant Adults			