

State of Illinois
Department of Children and Family Services

**OUT OF STATE PLACEMENT AGENCY
APPLICATION FOR REGISTRATION**

Out-of-state agencies that engage in placements of children with Illinois for the purpose of foster care or adoption shall provide all of the following to the Department: 1) A copy of the agency's current license or other form of authorization from the approving authority in the agency's state. If no license or authorization is issued, the agency must provide a reference statement from the approving authority in that state, stating that the agency is authorized to place children in foster care or adoption or both in its jurisdiction; 2) A description of the agency's adoption programs, including home studies, placements, and supervisions that the child placing agency conducts within its geographical area and, if applicable, adoptive placements and the finalization of adoptions. The child placing agency must accept continued responsibility for placement planning and replacement if the placement fails. ; 3) Notification to the Department shall be provided of any significant child placing agency changes after ICPC approval. (4) Any other information the Department may require. [750 ILCS 50/4.1]

Instructions: The Department will retain this information for a minimum two-year period or upon expiration of the agency license/certification on file with the state of Illinois. Please update this information when your agency renews its license or certification. DCFS may provide this information to involved parties and prospective adoptive families upon request.

**Please return this completed form
and supporting documentation to:**
Illinois DCFS
Interstate Compact Office
406 E. Monroe St., Station # 50
Springfield, IL 62701

Agency Name:		Date:	
Address:		City:	State: Zip Code:
Telephone	Fax:	E-mail Address:	
Agency is incorporated as a: <input type="checkbox"/> For Profit Corp; <input type="checkbox"/> State Non-Profit Corp; or <input type="checkbox"/> 501(c)(3)		Website:	
Name of Executive Director:		Phone	
Adoption Program Manager:		Phone	

Description of all adoption related services provided by agency (attach additional pages as needed):

Number of families with whom you have placed children during your agency's most recent fiscal year:

Number of employees who perform adoption services:

Full time:

Part time:

Required Documents:

- 1.) List of Board members
- 2.) Name, address & phone number of Board Chair
- 3.) Documentation supporting agency's corporate status
- 4.) Copy of Current License/Certification

I affirm that the information provided is accurate and complete. This information may be released and shared with persons inquiring about adoption services related to this agency.

Signature of Executive Director / Board Chair

Date