

Notice of Decision to Remove Unrelated Children

Date of Notice: _____

<p>Caregiver Name:</p> <p>Address:</p>

Dear _____:

This is to advise you that it is DCFS policy that unrelated children under age 18 shall be placed in licensed foster homes, only. The child(ren) listed below will be removed from your home on:

(date)

This decision was made for the following reason(s):

- (1) You did not hold a valid foster family home license at the time the unrelated child(ren) under age 18 was/were placed in your home; or
- (2) You had a valid foster family home license but it expired because:
 - You did not file a complete application to renew your foster home license on or before the *license expiration date*, or
 - You did not complete all of the requirements for license renewal before the *renewal application disposition date*; and
- (3) You are not related to the child(ren) under age 18 listed below.

_____ (Name of unrelated child)	_____ (Name of unrelated child)
_____ (Name of unrelated child)	_____ (Name of unrelated child)
_____ (Name of unrelated child)	_____ (Name of unrelated child)

You have the right to appeal the decision to remove the unrelated children under age 18. If you choose to appeal, your request must be in writing and must be mailed within 45 days of the date on this notice to : **Administrative Hearings Unit, Department of Children and Family Services, 406 E. Monroe Street, Springfield, IL 62701.**

If you appeal, a determination that you complied with the following will be made before you are scheduled for a formal hearing:

- (1) You currently hold a valid Illinois foster family home license; or
- (2) Your foster family home license did not expire because:
 - You did not file a complete application to renew your foster home license on or before the *license expiration date*, or
 - You did not complete all of the requirements for license renewal before the *renewal application disposition date*, or
- (3) You are related to the child(ren) listed above.

If you mail your appeal within ten days of the date of this Notice, the child(ren) will not be removed from your home while your appeal is pending, unless the Department determines that the child(ren) is/are at serious risk of harm unless removed.

If your payment rate is decreased to the standard of need rate because your home is unlicensed and you appeal the reduction in your payment rate, any decisions in the appeal of the payment rate reduction may affect the outcome of your appeal, if any, of the removal of unrelated children from your home.

You have the right to bring an attorney or other representative at your own expense and to request witnesses or other individuals with knowledge of the issues in dispute to testify at the appeal hearing.

If you do not understand this notice, talk to your DCFS pr provider agency worker. Your worker's telephone number is: _____ .

If you are hearing impaired and have a TDD, call _____ . If you need help putting your appeal in writing, assistance will be provided to you. Call your worker at the above regular or TDD number.

You may request an emergency review within ten days of the date of your appeal if the Department or provider agency has taken action without timely notice because a child was determined to be at serious risk of harm. An emergency review may also be requested if allowing visitation or placement to remain unchanged during the appeal process would be harmful to a child. Requests for an emergency review should be directed in writing to the same office and address to which you sent your request for an appeal.

(Signature of Caseworker)

(Date)