

**SHARING INFORMATION WITH THE CAREGIVER**

Child's Name \_\_\_\_\_ ID \_\_\_\_\_

Birthdate \_\_\_\_\_ Placement Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Caregiver / Placement Provider  
Name \_\_\_\_\_ ID \_\_\_\_\_

**Statutory Requirements:** *The Children and Family Services Act [20 ILCS 505/5 (u)] requires DCFS and POS caseworkers to provide a child's foster parent, prospective adoptive parent, relative caregiver or other caregiver with all of the information necessary (listed below) to care for the child in writing within 10 days of the child's placement. In advance of the child's placement, the DCFS or POS worker may provide the caregiver with a summary of the information. If the placement is an emergency placement, the caregiver may be informed verbally of the child's needs but the information must subsequently be provided in writing. If any of the required information is not available at the time of the child's placement, it must be provided to the caregiver as it becomes available. DCFS and POS caseworkers must obtain the caregiver's signature on this form to verify that the information has been provided on a timely basis. Within 10 days of the child's placement, a copy of all of the same information must also be forwarded to the guardian ad litem for the child. After it is signed, the CFS 600-4 is filed in the child's section of the case record.*

*If the placement is or becomes an adoptive placement, the prospective adoptive parents must be provided with all of the information described in Rule 309 Adoption Services, Section 309.150.*

I, \_\_\_\_\_ caseworker name, have provided the caregiver of the above-named child with all of the following information on this date: \_\_\_\_\_

***(Please check off all informational items provided to the caregiver)***

**CASE INFORMATION AND HISTORY**

- SACWIS Service Plan (Child's Section), including current visitation plan and arrangements
- Reason the child came into care
- Permanency Goal
- Legal Status
- Other: (List) \_\_\_\_\_

**HEALTH AND MEDICAL**

- Known medical problems
- Communicable Diseases
- Hospitalizations
- Mental health/ Emotional disorders
- Current medications/prescriptions, including instructions on when and how to dispense
- Immunization Status
- Medical card or Insurance
- Other: (List) \_\_\_\_\_

– over –

DISTRIBUTION:  
Original – Case File  
Copy – Family

**EDUCATIONAL INFORMATION AND HISTORY**

- Current placement or grade level
- IEP
- IFSP
- 504 Special Needs Plan
- Case study evaluation or multi-disciplinary conference evaluation from the IEP, IFSP or 504 Special Needs Plan
- Other: (List) \_\_\_\_\_

**PLACEMENT HISTORY**

- Dates of all previous placements
- Reasons for placement changes
- Other: (List) \_\_\_\_\_

*(Do not include identifying information on/addresses of previous caregivers)*

**BEHAVIOR/SOCIAL INFORMATION**

- Criminal background
- Substance / alcohol abuse
- Destructive behavior
- Sexual behavior problems
- Physically aggressive
- Fire setting
- Runaway
- Eating disorder
- Truant
- Other: (List) \_\_\_\_\_

**EMERGENCY PLACEMENTS**

- Current known information has been provided verbally to the caregiver. Written documentation will be provided within 10 business days.

I understand that this form will be placed in the child’s case record and that supporting information in the case record that is specific to the child may be viewed by the caregiver in the presence of casework staff.

Name of Caseworker Completing Form: \_\_\_\_\_

- DCFS
- Private Agency

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

Information was sent to the GAL on \_\_\_\_\_(date)