

**Burgos Notification Form**  
**Spanish-Speaking Child Placed in a Non-Spanish Speaking Living Arrangement**

Date \_\_\_\_\_ R/S/F \_\_\_\_\_

Caseworker Name \_\_\_\_\_ Phone \_\_\_\_\_ ID# \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

If POS, identify DCFS Agency Performance Team Liaison \_\_\_\_\_

Region/Site \_\_\_\_\_ Phone \_\_\_\_\_

**1. CASE INFORMATION**

Child's Name \_\_\_\_\_ ID Number \_\_\_\_\_ Age \_\_\_\_\_

Member of Sibling Group  Yes  No Number of Siblings \_\_\_\_\_

**2. TYPE OF LIVING ARRANGEMENT**

Emergency  Regular  Diagnostic  Hospital  Institution  
 Specialized  Group Home  Unauthorized **OTHER:** \_\_\_\_\_  
 Placement Name \_\_\_\_\_ Provider ID \_\_\_\_\_

**3. REASON FOR PLACEMENT**

New Placement  Shelter Care  Placement Disruption  Only Available RSRC  
 Bhvr Mgmt Prob  Mntl Hlth Prob **OTHER:** \_\_\_\_\_

**4. CHECK THE BOXES OF THE TYPES OF PLACEMENTS THAT WERE CONSIDERED:**

Relatives  DCFS Foster Care Resources  P.O.S. Foster Care Resources

**5. If a relative placement was considered, give date of relative search:** \_\_\_\_\_

**6. Placement recommendations (CIPP, Clinical Staffing):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Expected Timeframe for Placement in a Spanish-Speaking Resource:**

14 Days  30 Days  60 Days

**PLEASE FAX OR SEND IMMEDIATELY TO:**  
IDCFS - Burgos Coordinator  
1921 South Indiana, Room 402  
Chicago, IL 60616  
FAX: 312-808-5134

Copies to: Regional Administrator  
Field Service Manager  
File

Resource/D.P.O. Program Manager  
Supervisor