

**Adoption Listing Service  
 Listing Eligibility Form (ALS-1a)**

<p>1. Is the current home planning to adopt?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Undecided          If yes, continue to questions #1a. - 1d.          If no, skip to questions #2 - 6</p> <hr/> <p>1a. Has an adoption Home Study been completed?  <input type="checkbox"/> Yes   <input type="checkbox"/> No          Date ____/____/____</p> <p>1b. Have subsidies been completed and signed?  <input type="checkbox"/> Yes   <input type="checkbox"/> No          Date ____/____/____</p> <p>1c. Has adoptive parent signed Adoptive Placement Agreement?  <input type="checkbox"/> Yes   <input type="checkbox"/> No          Date ____/____/____</p> <p>1d. Has adoptive parent signed a Permanency Commitment Form (CFS1443)?  <input type="checkbox"/> Yes   <input type="checkbox"/> No          Date ____/____/____</p>	<p>4. Have you attempted to find the child an adoptive home?  <input type="checkbox"/> Yes   <input type="checkbox"/> No          If yes, please answer 4a-b:          (Example: Concurrent Goal Planning-Independence/Adoption, Goal Change, and Agency working on Interstate Compact.)</p> <p>4a. Have you explored the following as possible adoptive resources:          Relatives <input type="checkbox"/> Yes   <input type="checkbox"/> No          Godparents <input type="checkbox"/> Yes   <input type="checkbox"/> No          Family Friends <input type="checkbox"/> Yes   <input type="checkbox"/> No          Former Foster Parents <input type="checkbox"/> Yes   <input type="checkbox"/> No          Siblings Adoptive Parents <input type="checkbox"/> Yes   <input type="checkbox"/> No          Siblings Foster Parents <input type="checkbox"/> Yes   <input type="checkbox"/> No          ALS Family Album <input type="checkbox"/> Yes   <input type="checkbox"/> No          Other Adoptive Parents <input type="checkbox"/> Yes   <input type="checkbox"/> No          Adults at child's church <input type="checkbox"/> Yes   <input type="checkbox"/> No          Adults at child's school, day care, etc. <input type="checkbox"/> Yes   <input type="checkbox"/> No          Child's Friend's Parents <input type="checkbox"/> Yes   <input type="checkbox"/> No          Foster Parent's Relatives or Neighbors <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>4b. Have you presented child at AIS meetings?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>2. Are you seeking an adoptive home for the child?  <input type="checkbox"/> Yes   <input type="checkbox"/> No  <b>If no, why are you listing the child?</b>          _____          _____</p> <p>2b <b>Who said you had to list this child?</b> (Name, Courtroom, Date, etc.)          _____</p>	<p>5. What goal has the court set for the child?          _____          _____</p> <p>5a. If child's goal is Independence, does the child still want to be adopted?          _____          _____</p>
<p>3. Do you currently have a possible adoptive resource for the child?  <input type="checkbox"/> Yes   <input type="checkbox"/> No          If yes, please answer 3a-3c:</p> <p>3a. Has an adoption Home Study been completed?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Date ____/____/____</p> <p>3b. Have subsidies been completed and signed?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Date ____/____/____</p> <p>3c. Has adoptive parent signed a Adoptive Placement Agreement form?  <input type="checkbox"/> Yes   <input type="checkbox"/> No          Date ____/____/____</p>	<p>6. When prospective adoptive parents or their workers call you about your listed child, what will you say about the child's availability for adoption?          _____          _____          _____          _____          _____</p>

\_\_\_\_\_ ACF                      \_\_\_\_\_ PRELIST                      \_\_\_\_\_ RETURN TO AGENCY

GHB \_\_\_\_\_ DATE: \_\_\_\_\_

## **Procedure for using the Listing Eligibility Form (ALS-1a)**

Children whose cases have passed pre-screening may be eligible to be listed in the Adoption Listing Service. If a child's case has not passed pre-screening, they are not eligible to be listed, per DCFS Policy Transmittal 309.40.

Agency workers should complete the *Listing Eligibility Form (ALS-1a)* prior to completing the ALS Child Registration Form (ALS-1), to determine if the child is eligible to be listed.

The *Listing Eligibility Form (ALS-1a)* MUST accompany an ALS-1 when being submitted to AICI by the agency worker. An Adoption Listing Worker (ALW) will review the ALS-1a to determine the child's eligibility.

The child's worker will complete the ALS-1a for each child (or sibling group), either over the phone with an ALW or by writing responses on the ALS-1a and faxing it to the AICI at 312-346-0004. From the answers given, an ALW will determine whether the child will be listed in the AICI database or returned to either the child's agency ALS contact person or the child's caseworker as ineligible for listing.

The child's worker should attach an ALS-1a to an ALS-1 for all children being listed.

ALS-1a  
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