

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z

### **POLICY GUIDE 2001.01 - Revised PERMANENCY COMMITMENT BY FOSTER PARENT/RELATIVE CAREGIVER**

**RELEASE DATE:** May 1, 2001

**TO:** Rules and Procedures Bookholders and Child Welfare Staff

**FROM:** Jess McDonald, Director

**EFFECTIVE:** May 15, 2001

#### **I. PURPOSE**

The purpose of this Policy Guide is to issue revisions to **Policy Guide 2001.01, Permanency Commitment By Foster Parent/Relative Caregiver** which was originally issued on January 2, 2001. The policy and the form CFS 1443 were created to facilitate consideration by foster parents/relative caregivers of their commitment to adoption or guardianship, or their decision not to adopt or become the child's guardian. The purpose of the revisions is to make clear that the CFS 1443 must also be completed prior to legal screenings whenever subsidized guardianship or expedited adoption (in Cook only) are being considered, not just when termination of parental rights is being considered.

#### **II. PRIMARY USERS**

The primary users of this Policy Guide are Department and Purchase of Service Agency child welfare staff.

#### **III. WHEN TO USE THE FORM**

Form **CFS 1443, Permanency Commitment by Foster Parent/Relative Caregiver**, is to be completed:

- a) Prior to the DCFS Legal Screening (Downstate)/Pre-Screening (Cook County) when termination of parental rights, subsidized guardianship, or expedited adoption (in Cook County only) is being considered. The completed form must be submitted at the screenings.
- b) Prior to the court Permanency Hearing at which a permanency goal of other than return home is first recommended by the Department. The CFS 1443 should not be completed while a parent is making substantial progress toward return home.

If at the Permanency Hearing, the Department recommends a "return home" goal, but the court sets a goal other than "return home", the CFS 1443 shall be completed within two weeks of the court's entry. A copy of the CFS 1443 shall be sent to the child's Guardian ad litem and attorney.

#### IV. PROCEDURES FOR COMPLETING THE FORM

To complete the CFS 1443 with foster parent/relative caregivers, the worker shall:

- a) Convene a face-to-face family meeting with the caregiver(s). **The meeting shall include the caregiver(s), caseworker and the adoption supervisor or specialist. The caregiver(s) should ask other family members or persons who serve as a support network for the family to attend.**
- b) At the family meeting the Department representatives shall discuss and read through the contents of the permanency commitment form with the foster parent/relative caregiver(s). At a minimum, the following shall be included in the discussion:
  - 1) An explanation of Department post adoption and guardianship services, including information regarding adoption or subsidized guardianship assistance. The booklet **CFS 1050-45, Post Adoption and Guardianship Services 2000**, should be reviewed with the caregivers and all questions they may have should be answered. A copy of the booklet shall be left with them.
  - 2) If the caregivers are hesitant about committing to adoption, but show interest in guardianship, the booklet, **CFS 1050-43, Making the Adoption/Guardianship Decision**, should be reviewed with the family.
  - 3) A clear understanding that adoption is final and legally no different than having a birth child.
  - 4) Contingency plans should the caregiver(s) die or become incapacitated to the extent that they would be unable to care for the child(ren). It is in the discussion of such plans that it might be helpful to have other family members or friends present. Those present should be informed of the transferability of adoption or subsidized guardianship services in the event of the caregiver(s)' death.
  - 5) A recommendation that the caregivers attend the next permanency hearing.
  - 6) Directions regarding who caregivers may call if they have further questions.
- c) Ask caregivers to complete and sign the form. Caregivers must complete and sign a separate form for each child, if there is more than one child. The caregivers' signature must be witnessed by the caseworker. Caregivers who are married shall jointly sign the form.

Three original forms should be completed and signed for each child. One original remains with the caregiver, one original is for the agency files, and the final original will be presented in court at the next permanency hearing or at the

Legal Screening/Pre-Screening, if termination of parental rights, subsidized guardianship, or expedited adoption (in Cook County) is being pursued.

**NOTE: Workers shall inform foster parent/relative caregiver's that their agreement on the CFS 1443 to adopt or become the child's guardian does not constitute a final decision and that the final placement selection cannot be made until after a thorough assessment of the child and family has been completed and the court, weighing many factors to determine what is in the best interest of the child, will make the final decision.**

- d) If the caregiver is not interested in adopting the child or becoming the child's guardian, ask the caregiver to initial the statements in Section 4 of the CFS 1443 and explain that another caregiver will be sought who is willing to adopt the child or become the child's guardian. The current caregiver will then be asked to cooperate with the new caregiver in making a successful transition for the child. It must also be made clear to caregivers that if they change their mind, they will be considered on an equal footing with all other families being considered. If it is determined that a new family can better meet the needs of the child and it is in the best interests of the child, the child will be placed with the new family.
- e) The process of working through the permanency commitment with caregivers may take several meetings and discussions with them. A time limit of one month should be given after the first meeting, in which time a decision must be made.

## **V. CASEWORKER'S USE OF THE FORM**

### **a) Permanency Hearing**

The caseworker should be prepared to provide testimony at the permanency hearing regarding the family meeting and the caregiver's decision as indicated on the permanency commitment form.

### **b) Legal Screening/ Pre-Screening**

(Legal screening refers to Downstate, pre-screening to Cook)

#### **Prior to legal screening/pre-screening:**

1. If the permanency commitment form has already been completed, review the form with the caregiver/s to confirm that their position has not changed.
2. If the permanency commitment form has not been completed, do so now, following the steps described in Section IV above.
3. Include a copy of the commitment form with the legal screening packet.

#### **At the legal screening/pre-screening:**

The caseworker should be prepared to provide details at the screening regarding the family meeting and the caregiver's decision as indicated on the permanency commitment form.

## VI. SUPPLIES OF THE FORM

A copy of the revised form **CFS 1443, Permanency Commitment by Foster Parent/Relative Caregiver** is attached. Additional supplies of the form and the booklet **CFS 1050-43, Making the Adoption/Guardianship Decision**, may be ordered from Central Stores in the usual manner. **CFS 1443** is also available on the DCFS Web Site at [http://www.state.il.us/dcf/com\\_communications\\_forms.shtml](http://www.state.il.us/dcf/com_communications_forms.shtml).

Additional supplies of the booklet **CFS 1050-45, Post Adoption and Guardianship Services 2000** should be ordered as follows:

Private Agency Staff need to order the books through their DCFS Regional Office  
and

Chicago DCFS staff need to order from Charles Marsh in Chicago Stores (773/866-5557). Downstate DCFS staff need to order from Jim Grigg in Springfield Stores (217/785-0568)

## VII. FILING INSTRUCTIONS

Remove Policy Guide 2001.01 from rule Section 309.80, Termination of Parental Rights and replace it with this revised Policy Guide.

Illinois Department of Children and Family Services

**PERMANENCY COMMITMENT BY FOSTER PARENT / RELATIVE CAREGIVER**

(If there is more than one child, the caregiver(s) must complete and sign a separate form for each child)

Child's Name: \_\_\_\_\_

Docket No. \_\_\_\_\_

Child's birth date: \_\_\_\_\_

DCFS ID No. \_\_\_\_\_

I/We \_\_\_\_\_, state as follows:  
Name(s) of caregiver(s)

I am/We are the caregiver(s) of \_ who has lived with me/us  
since \_\_\_\_\_(date).

\_\_\_\_\_ We are married (If married, both caregivers must sign this form.)

\_\_\_\_\_ I am not married.

\_\_\_\_\_ I am/We are not related to this child.

\_\_\_\_\_ I am/We are related to this child and my/our relationship is \_\_\_\_\_.

**If the foster child named above cannot return to live with his/her parent(s), this form will be used to tell the Juvenile Court about your intentions and ability to provide a permanent home for this child. Although not legally binding, this form will be helpful to the Court in making the decision regarding the future of this child. Please answer each question with care.**

1. Please check all that describe your situation:

\_\_\_\_\_ I/We have met with the following persons (List names and titles): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ On \_\_\_\_\_(date) adoption and guardianship were explained to me/us and my/our questions were  
answered.

\_\_\_\_\_ I/We still have questions about what adoption or guardianship means to me/us and/or this child. *If you check  
this, you will be asked to attend the next permanency hearing at court to receive additional information.*

2. Of the following choices, which best describes your current feeling towards adoption or guardianship.  
Please check one:

\_\_\_\_\_ Yes, I/we want to adopt this child.

\_\_\_\_\_ Yes, I/we want to become this child's guardian. (If you are not related to this child, please discuss the restrictions  
on guardianship for non-relatives with your caseworker.)

\_\_\_\_\_ I/We do not wish to adopt this child or to become this child's guardian.

\_\_\_\_\_ Although I/we would like to adopt or take legal guardianship of this child, I/we cannot commit to adoption or  
guardianship for the following reasons:

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

### PERMANENCY COMMITMENT BY FOSTER PARENT/RELATIVE CAREGIVER

3. *If you are not going to adopt or become this foster child's guardian, initial each statement below to indicate your understanding of what will happen with this child and your commitment to help.*

\_\_\_\_\_ I/We understand that it is important for this child to have a permanent home.

\_\_\_\_\_ I/We understand that the court will consider all aspects of this case and make the decision about the future of this child.

\_\_\_\_\_ I/We understand that if parental rights are terminated or the child's parents consent to adoption, an adoptive family will be recruited for this foster child. Recruitment of a family will consist of, among other things, including the child in the photographic listing book of the Adoption Information Center of Illinois.

\_\_\_\_\_ When an adoptive family is located, I/We understand that there will be visits between the child and family. I/We also understand that it is very likely that the child will ultimately be adopted by another family and moved from my/our home.

\_\_\_\_\_ I/We understand that it is part of my/our responsibility as a foster parent to cooperate with the prospective adoptive family, and to help the child make a change to the new family.

\_\_\_\_\_ **I/We agree to do my/our best to help this foster child make a successful transition to a new family.**

I/We would like to make the following comments about this child and his/her future. *Comments may be written on this page, and/or you may come to the court hearing and speak directly to the judge or hearing officer. Ask your caseworker for the time and date of the next court hearing.*

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I/We understand that my/our signature on this form does not constitute a final decision and that the court, weighing many factors to determine what is best for my/our foster child, will make the final decision. I/We also understand, pursuant to 750 ILCS 50/15.1, that if I/we later change my/our mind, I/we may be considered on an equal basis with all other adoptive families.

Caregiver's Signature	Date	Caregiver's Signature	Date
Print caregiver's name		Print caregiver's name	
Caseworker's signature	Date	Print caseworker's name	

This form should not be completed while a parent is making substantial progress toward return home. It is to be completed prior to and submitted at:

- 1) DCFS pre-screening in Cook County, screening for termination of parental rights in all other counties; and
- 2) The first permanency hearing when a return home goal is not recommended.

Departamento de Servicios para Niños y Familias de Illinois

**COMPROMISO DE PERMANENCIA POR EL PADRE DE CRIANZA TEMPORAL/PARIENTE CUIDADOR**

(Si hay más de un niño, el/los cuidador(es) debe(n) completar y firmar un formulario individual para cada niño)

Nombre del niño: \_\_\_\_\_

Nº de la lista de casos: \_\_\_\_\_

Fecha de nacimiento del niño: \_\_\_\_\_

Nº de ID de DCFS \_\_\_\_\_

Yo/nosotros \_\_\_\_\_, declaro/declaramos lo siguiente:  
Nombre(s) del/de los cuidador(es)

Yo soy/nosotros somos el/los cuidador(es) de \_\_\_\_\_ que ha vivido conmigo/con nosotros desde \_\_\_\_\_ (fecha).

\_\_\_\_\_ Estamos casados (Si están casados, ambos cuidadores deben firmar este formulario.)

\_\_\_\_\_ No estoy casado/a.

\_\_\_\_\_ No tengo/tenemos parentesco con este niño.

\_\_\_\_\_ Estoy/estamos emparentado(s) con este niño y mi/nuestro parentesco es \_\_\_\_\_.

**Si el niño de crianza temporal nombrado arriba no puede volver a vivir con su(s) padre(s), se usará este formulario para comunicarle al Tribunal de menores sus intenciones y capacidad de proporcionar un hogar permanente para este niño. Si bien este formulario no lo obliga legalmente, será de mucha ayuda ante el Tribunal en el momento de tomar la decisión con respecto al futuro de este niño. Por favor responda cada pregunta con mucha atención.**

1. Marque todo lo que describa su situación:

\_\_\_\_\_ Yo me he/nosotros nos hemos reunido con las siguientes personas (Detalle nombres y cargos): \_\_\_\_\_

\_\_\_\_\_ El \_\_\_\_\_ (fecha) se me/nos explicó la adopción y la tutela legal y mis/nuestras preguntas fueron respondidas.

\_\_\_\_\_ Aún tengo/tenemos preguntas con respecto a lo que significa la adopción o la tutela legal para mí/nosotros y/o para este niño. *Si marca esto, se le(s) pedirá que asista(n) a la siguiente audiencia de permanencia en el tribunal para recibir información adicional.*

2. De las siguientes opciones, cuál es la que describe sus actuales sentimientos sobre a la adopción o la tutela legal. Por favor marque(n) una:

\_\_\_\_\_ Sí, deseo/deseamos adoptar a este niño.

\_\_\_\_\_ Sí, deseo convertirme/deseamos convertirnos en el/los tutor(es) legal(es) de este niño. (Si no está(n) emparentado(s) con este niño, por favor analice(n) con su trabajador social, las restricciones de la tutela legal para las personas no emparentadas.)

\_\_\_\_\_ No deseo/deseamos adoptar a este niño ni convertirme/convertirnos en el/los tutor(es) legal(es) de este niño.

\_\_\_\_\_ Si bien me/nos agradaría adoptar o asumir la tutela legal de este niño, yo no puedo comprometerme/nosotros no podemos comprometernos con la adopción ni con la tutela legal por las siguientes razones:

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

### COMPROMISO DE PERMANENCIA POR EL PADRE DE CRIANZA TEMPORAL/PARIENTE CUIDADOR

3. Si no va(n) a adoptar ni a convertirse en el/los tutor(es) legal(es) del niño, ponga(n) sus iniciales debajo de cada afirmación para indicar que comprende(n) lo que sucederá con este niño y su compromiso de ayudar.

- \_\_\_\_\_ Yo comprendo/nosotros comprendemos que es importante que este niño tenga un hogar permanente.
- \_\_\_\_\_ Yo comprendo/nosotros comprendemos que el tribunal considerará todos los aspectos de este caso y tomará la decisión acerca del futuro de este niño.
- \_\_\_\_\_ Yo comprendo/nosotros comprendemos que si los derechos paternales son quitados o si los padres del niño dan su consentimiento para la adopción, se seleccionará una familia adoptiva para este niño de crianza temporal. La selección de una familia consistirá entre otras cosas, incluir al niño en el libro de listados fotográficos del Centro de información sobre adopción de Illinois.
- \_\_\_\_\_ Cuando se encuentre una familia adoptiva, yo comprendo/nosotros comprendemos que se producirán visitas entre el niño y la familia. También comprendo/comprendemos que es muy probable que el niño sea adoptado en última instancia por otra familia y que dejará mi/nuestro hogar.
- \_\_\_\_\_ Yo comprendo/nosotros comprendemos que es parte de mi/nuestra responsabilidad como padre(s) de crianza temporal, cooperar con la probable familia adoptiva y ayudar a que el niño haga un cambio hacia la nueva familia.
- \_\_\_\_\_ **Yo acepto/nosotros aceptamos hacer todo lo posible para ayudar a que este niño de crianza temporal realice una transición exitosa a una nueva familia.**

Me/nos agrada(r)ía hacer los siguientes comentarios acerca de este niño y su futuro. *Los comentarios se pueden escribir en esta página, y/o usted puede asistir a la audiencia del tribunal y hablarle directamente al juez o al funcionario de la audiencia. Pregúntele/pregúntele a su trabajador social la fecha y la hora de la siguiente audiencia en el tribunal.*

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Comprendo/comprendemos que mi/nuestra firma en este formulario no constituye una decisión final y que la decisión final de colocación no podrá ser hecha hasta que se complete una evaluación detallada de niño y familia, y que el tribunal, tomará la decisión final tomando en cuenta muchos factores para determinar lo que es mejor para mi/nuestro niño de crianza temporal. Además comprendo/comprendemos, que de acuerdo con 750 ILCS 50/15.1, si yo/nosotros en un futuro cambio/cambiamos nuestro parecer, puedo/podemos ser considerado(s) igualmente como son consideradas otras familias adoptivas.

Firma del cuidador	Fecha	Firma del cuidador	Fecha
Escriba en letra imprenta el nombre del trabajador social		Escriba en letra imprenta el nombre del trabajador social	
Firma del trabajador social	Fecha	Escriba en letra imprenta el nombre del trabajador social	

Este formulario no debe completarse mientras un padre o madre esté logrando un progreso sustancial con el objetivo de que el niño regrese al hogar. Se deberá completar antes de y presentar en:

- 1) Pre-evaluación Legal en el condado de Cook y Evaluación Legal de DCFS (en el resto del estado) cuando la terminación de derechos paternales, tutela legal subvencionada o adopción acelerada (solamente en el condado de Cook); y
- 2) la primera audiencia de permanencia cuando el objetivo de regresar al hogar no es lo recomendado.