

**PREPLACEMENT QUESTIONNAIRE**

(Licensed Foster Homes & Unlicensed Relative Homes)

**COMPLETE THIS QUESTIONNAIRE BEFORE CALLING THE DCFS PLACEMENT CLEARANCE DESK.**

**Foster Parent (or Relative) Name:** \_\_\_\_\_

**Licensed Provider ID#:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

1. Are you seeking placement in a licensed foster home?  YES  NO  
*If yes, go to question #2; if no, proceed directly to question #3.*

2. Does your agency/region supervise the licensed home in which the placement is being sought?  YES  NO  
*If yes, proceed to question #3; if no, contact the home's licensing worker. The licensing worker is responsible for contacting the foster parent and completing this form during a joint visit of the licensing and the placing workers at the foster home. See Procedures 301, Appendix E, for details.*

***IF A LICENSED HOME, OR OTHER WARDS IN THE HOME, SUPERVISING AGENCY / DCFS REGION APPROVAL MUST BE OBTAINED PRIOR TO CLEARANCE.***

3 Did you contact the foster parent or relative caregiver to ensure that this placement is appropriate within DCFS placement guidelines and to secure answers to the remaining questions on this form?  YES  NO  
*If no, contact the caregiver before proceeding.*

Name(s) of Child(ren) to be placed	CYCIS ID	Date of Birth	Age	SSN (13 & Older)	Special Needs		Supervision Plan	
					YES	NO	YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a supervision plan is in place for any child listed above, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact the caregiver to secure answers to the following questions:**

1. Does the caretaker hold a DCFS foster care home license?  YES  NO

If yes, what agency currently supervises the license? \_\_\_\_\_

What is the licensed capacity of the home? \_\_\_\_\_

What is the licensed age range? \_\_\_\_\_

Is the home licensed for both related and unrelated children?  YES  NO

2. Is the caretaker able to care for the needs and manage the behavior of the child(ren) proposed for placement?  YES  NO

3. How many foster children currently reside in the home? \_\_\_\_\_

Name(s) of Foster Child(ren)	Date of Birth	Age	SSN (13 & Older)	Special Needs	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

4. How many other children under the age of 18 currently reside in the home? \_\_\_\_\_  
*(Include all biological children, adopted children, children under foster parent's guardianship, etc.)*

Name(s)	AKA or Other Names**	Relationship to Foster Parent	Date of Birth	SSN (13 & Older)	Special Needs	
					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

5. Is there a written supervision plan in place for any child in the home?  YES  NO

If yes, does the plan permit any additional children to be placed in the home?  YES  NO

What ages of children may be placed in the home while the supervision plan is in place? \_\_\_\_\_

What gender of children may be placed in the home while the supervision plan is in place?

MALE ONLY       FEMALE ONLY       BOTH

6. Is the caregiver aware of any “holds” or restrictions on placements in their home?  YES  NO

7. Provide names, birth dates and Social Security Numbers for all individuals aged 18 and older in the home.

Name(s)	AKA, Maiden and Other Names**	Date of Birth	SSN (13 & Older)

**\*\*The worker shall do a person search and background check on all AKA, Maiden and Other Names listed under #4 and #7.**

**WORKSHEET FOR DETERMINING CAPACITY**  
**(For Licensed Foster Homes & Unlicensed Relative Homes)**

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1. Can the foster parent / relative care for the child(ren)'s special needs?       YES  NO

*If no, placement cannot be made.*

2. Does the home have a foster care license?       YES  NO

LICENSED HOME:

Is the license good for both related and unrelated children?       YES  NO

Is this placement within the licensed age range of the home?       YES  NO

*If age range does not allow, placement cannot be made.*

UNLICENSED HOME:

Has Placement Safety Checklist (CFS 454) been completed?       YES  NO

Does the relative agree to the conditions of the  
Relative Caregiver Placement Agreement (CFS 458)?       YES  NO

3. Determining available space.

Licensed Capacity: \_\_\_\_\_ Maximum Capacity (See Capacity Chart): \_\_\_\_\_

# Foster Children in Home: (-) \_\_\_\_\_ Total # of Children Under Age 18 in the Home: (-) \_\_\_\_\_

Space Available: \_\_\_\_\_ Space Available: \_\_\_\_\_

*If space available is "0" or less, no additional placements can be made.*

4. Can space available be used for this placement?

*The special needs and ages of children in the home can limit the number of children that can be placed in the home, even if space is available. To determine if the available space can be used for the child(ren) needing placement, answer the following questions and refer to the charts for maximum capacity. Consideration must also be given to the child(ren) being placed to determine if any space available can be used for this placement (ages, special needs, etc.).*

Total number of children in the home, include all children under  
the age of 18 (*foster, biological, adoptive, guardianship, etc.*): \_\_\_\_\_

Do any of the children have special needs?       YES  NO

If yes, how many? \_\_\_\_\_

How many children are under age six? \_\_\_\_\_

How many children are under age two? \_\_\_\_\_

How many unrelated children are in the home? \_\_\_\_\_

*(No more than 3 unrelated children are to be in a home.)*

Is there a supervision plan in place for any child in the home?       YES  NO

If yes, can other children be placed? \_\_\_\_\_

What age can be placed? \_\_\_\_\_

What gender can be placed?       MALE ONLY       FEMALE ONLY       BOTH

*Under no circumstances may a child be placed in a home against the guidelines of a supervision plan.*

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CONTACT PCD AT 217/785-3202.

\_\_\_\_\_  
PCD Clearance #

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
DCFS or POS Staff Signature

\_\_\_\_\_  
Staff ID

## CAPACITY CHART

<b>Number and Ages of Children Under Age 18 in a Foster Family Home and Unlicensed Relative Home (includes family's own children under age 18) No Child Requires Specialized Care</b>			
<b>Ages of Children</b>	<b>Regular Foster Home # of Children</b>	<b>Expanded Capacity (Licensed Foster Homes Only) # of Children</b>	<b>Unlicensed Relative Home</b>
<b>Total Number</b>	<b>6</b>	<b>8 (1)</b>	<b>6 (2)</b>
<b>Under Age 6</b>	<b>4 (3)</b>	<b>4 (3)</b>	<b>4 (3)</b>
<b>Under Age 2</b>	<b>2 (4)</b>	<b>2 (4)</b>	<b>2 (4)</b>

- (1) Approved only to allow placements of sibling groups (XS), foster children with children (XB), respite care (XR), and for purposes of adoption (XA), or Director's special approval (DA).
- (2) May exceed six children (no more than eight) with the approval of the placing worker's supervisor. To exceed eight children requires personal approval by the Director of the Department (DCFS).
- (3) May exceed four children under age six with the approval of DCFS clinical services and licensing (all foster children have same mother or same father).
- (4) May exceed two children under age two to accommodate a sibling group with the approval of placing supervisor (all children under 2 are siblings).

<b>Number and Ages of Children Under Age 18 in Licensed Foster Home and Unlicensed Relative Home (includes family's own children under age 18) Children Require Specialized Care</b>				
<b>Ages of Children</b>	<b>One Child Requires Specialized Care</b>	<b>Two Children Require Specialized Care</b>	<b>Three Children Require Specialized Care</b>	<b>Four Children Require Specialized Care</b>
<b>Total Number</b>	<b>5</b>	<b>4</b>	<b>4 (1)</b>	<b>4 (1)</b>
<b>Under age six</b>	<b>4</b>	<b>3</b>	<b>3 (1)</b>	<b>2 (1,2)</b>
<b>Under age two</b>	<b>2</b>	<b>2</b>	<b>2 (1)</b>	<b>1 (1,2)</b>

- (1) Requires approval of the DCFS manager of clinical services and the licensing supervisor.
- (2) May allow one more child if approved via staffing held in the foster parent's home which includes licensing, clinical services, the child welfare workers for all involved children, and the foster parents.