

DEPARTMENT OF CHILDREN AND FAMILY SERVICES


Distribution: X and Z

POLICY GUIDE 2008.01

LICENSING, PAYMENT AND PLACEMENT OF CHILDREN WITH
UNDOCUMENTED RELATIVES

RELEASE DATE: May 16, 2008

TO: DCFS and POS Staff
Rules and Procedures Bookholders

FROM: Erwin McEwen 

EFFECTIVE DATE: Immediately

I. PURPOSE

Policy Guide 2008.01 Licensing, Payment and Placement of Children with Undocumented Relatives is being issued to provide information and instructions to DCFS and POS staff regarding placement of children with undocumented relatives in the United States, payments for undocumented relative placements in the United States, licensing procedures for undocumented relatives living in Illinois and placement with relatives in other countries.

II. PLACEMENT

Placement practices shall be consistent with the child's best interest and special needs. When children are removed from the care of a custodial parent, the Department explores placement with the non-custodial parent or in the same home where a sibling resides unless the case meets one of the exceptions in Section 301.70. When placement cannot be made with a non-custodial parent or another sibling, substitute care shall be sought. In such cases, relative home care may be an option for placement.

Relative home care shall be explored for children for whom the Department is legally responsible who can be placed in a family structured living arrangement. Placement shall be made only with relative caregivers who are licensed as foster family homes under the provisions of **89 Ill. Adm. Code 402, Licensing Standards for Foster Family Homes**, or if unlicensed, who meet the placement selection criteria of Rule **Section 301.60, Placement Selection Criteria**, and the requirements of **Section 301.80, Relative Home Placement**. Immigration status of a relative caregiver should not hinder the placement of a relative child in the home as long as the requirements of 301.60 and 301.80 are met.¹

¹ The foster or adoptive parent who entered the United States on or after 8/22/96 would be eligible to receive title IV-E payments on behalf of the child only if the child is a United States citizen, is in one of the accepted groups listed in Section 403 (b) the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), or has lived in the United States as a qualified alien for five years.



III. PAYMENTS

In order to process payment to the relative for the care of children in their home, the caregiver must have a social security number of (SSN) or an individual taxpayer identification number (ITIN).

An ITIN is a United States tax processing number issued by the Internal Revenue Service. It is a nine-digit number that begins with the number 9 and has a 7 or 8 in the fourth digit. The IRS issues ITINs to individuals who are required to have a taxpayer identification number but who do not have, and are not eligible to obtain, a Social Security Number. Although some countries have citizenship numbers that are equivalent to SSN, such numbers cannot be used for the purposes of placement. The number required must be issued by the IRS. The ITIN is granted regardless of immigration status.

If the caregiver resides in the U.S., cannot obtain a SSN and intends to file a U.S. tax return now or in the future, the following steps should be taken:

- a. A W-7 form must be completed and submitted to the IRS to obtain an individual taxpayer identification number.
- b. Once the ITIN is received from the IRS, a W-9 form must be completed and signed by the provider and faxed to Problem Resolution Unit, 217-782-4246 in order to certify the provider.
- c. Once the ITIN is obtained and certified with the Comptroller, the field can create the caregiver's provider number on PR-02 (Provider Registration Screen), entering the ITIN in the SSN field.
- d. The caregiver's provider number is then used on the CFS 906 form reflecting placement into the undocumented relative's home.
- e. Payment will be issued to the caregiver through the normal board process.

Caregivers who are waiting for an ITIN number may receive retroactive payments. Once the ITIN number has been obtained, a provider number is created and payments can be generated back to the actual placement date.

Placement with any such caregiver in the U.S. but outside of Illinois must also include approval of the Interstate Compact Office and the juvenile court.

IV. LICENSING

Licensing supervisors are advised to accept the ITIN in lieu of a SSN on foster care licensing applications.² All other licensing procedures and requirements continue to apply.

² With the use of SSN or ITIN, every adult in the household will be fingerprinted and will undergo a background check. SSN or ITIN are used to initiate sex offender and child abuse/neglect checks on children in the household between the ages of 13 and 17.

V. PLACEMENT AND PAYMENT FOR OUT OF COUNTRY PLACEMENTS

When a supervisor is requesting placement with a relative out of country, prior approval must be obtained through the DCFS Director's Office to ensure that the appropriate pre-placement clearances, service agreements and payment mechanisms can be secured prior to the proposed relative placement.

If the caregiver is a non-resident without a SSN, the following steps should be taken:

- a. Contact the Comptroller Liaison in the Problem Resolution Unit at 217-782-8902 to request a Vendor Payment Number.
- b. DCFS will request a Vendor Payment Number be assigned by the Comptroller's Office.
- c. The Problem Resolution Unit will contact the caregiver and/or caseworker with the assigned number and request a W-8 (if a non-resident) or W-9 (if a resident of the U.S.) be completed and signed by the caregiver and faxed back to the Problem Resolution Unit.
- d. The Problem Resolution Unit will also request a provider number be created by the Central Payment Unit with the out of country address, which requires special handling.
- e. The Central Payment Unit will contact the caseworker with the created provider identification number to use on the CFS 906 form reflecting placement into the relative's home.
- f. Once the CFS 906 has been properly entered, the board system will pay the relative through the normal process.

VI. RELATED POLICIES

Procedures 327, Appendix F Immigration/Legalization Services for Foreign-Born DCFS Wards describes the application process for attaining legal (citizenship) status for a child born outside the United States. **Attachment 1, Immigration Services Alert**, notifies DCFS and POS workers of the requirement to determine a child's legal (citizenship) status and explains the benefits and services that may be unavailable to a child who does not become a legal permanent resident of the United States. **Attachment 2, Emergency Care Plan for Children with Undocumented Caregivers**, describes the DCFS or POS worker's responsibility to develop an emergency care plan for children in the event that their caregiver is detained due to his or her undocumented legal status in the United States. Attachment 2 also includes a list of resources and advocates for immigrants and the consulates in Illinois.

Policy Guide 2008.02, Mexican Consulate Notification of Mexican or Mexican American Minors in the Custody/Guardianship of the Department provides DCFS and POS workers and supervisors with information about the Memorandum of

Understanding (MOU) between the State of Illinois, the Department and the Consulate General of Mexico. The MOU requires early identification of Mexican or Mexican American minors taken into protective custody by the Department and notification to the Mexican Consulate. Workers must complete the CFS 1000-6, Notification to Mexican Consulate and submit it to the Office of Latino Services. The Office of Latino Services is responsible for notifying the Mexican Consulate. The purpose of the Memorandum of Understanding is to protect the rights of Mexican or Mexican American minors and their families, to assist the child in maintaining family ties and to maintain the child's ethnic, religious and cultural identity.

VII. ATTACHMENTS

CFS 597-A, Application for an Initial Foster Family Home License
CFS 718, Authorization for Background Check

VIII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Central Office of Licensing at 217-785-2688.

Questions regarding immigration or legalization services, determination of citizenship status or emergency care plans for children for whom the Department is legally responsible may be directed to 312-814-8600 or immigration@illinois.gov.

IX. FILING INSTRUCTIONS

File this Policy Guide immediately following Procedures 301.60.

State of Illinois
Department of Children and Family Services
APPLICATION FOR AN INITIAL FOSTER FAMILY HOME LICENSE

**Complete in duplicate.
Retain one copy for your file.**

DO NOT WRITE IN THIS SPACE – AGENCY USE ONLY

Region/Site/Field Responsible for License _____ County No. _____ Date Received _____ Date Entered _____

Supervising Agency No. _____ Name _____

For DCFS Use Only <input type="checkbox"/> Independent Home	<input type="checkbox"/> Licensed Child Welfare Agency <input type="checkbox"/> Licensed Day Care Agency <input type="checkbox"/> Licensed Exempt Agency	Street Address _____ City _____ Zip _____ Telephone No. _____
--	--	---

PLEASE READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS APPLICATION

NAME OF APPLICANTS:

A. _____
Last Name First Name Middle Social Security No.

B. _____
Last Name First Name Middle Social Security No.

Address _____
No. and Street City, State and Zip County

Mailing Address _____
No. and Street City, State and Zip County

Home Telephone _____
Area Code Number Work Telephone Area Code Number

ALL APPLICANTS PLEASE ANSWER THE QUESTION BELOW AND SIGN THE APPLICATION

1. Have you ever been convicted for other than a minor traffic violation? No Yes
If yes, explain: _____
2. Are you currently licensed for child care in Illinois? No Yes License No(s). _____
If yes, give type of license(s) _____
Name on license(s) _____
Address on license(s) _____
3. Have you ever been licensed for child care outside Illinois? No Yes License No(s). _____
If yes, give type of license(s) _____
Name on license(s) _____
Address on license(s) _____
4. If you are not currently licensed for child care, complete the question below:
Have you ever applied for a child care license? No Yes
Was license issued? No Yes
Name on license _____
Address on license _____
5. Have you ever received child welfare services from the Department? No Yes
If yes, what was the reason for the service: _____
6. Does Applicant A and/or B speak a language other than English? No Yes If yes indicate:
Applicant A's Language: _____
Applicant A's Proficiency: Bilingual _____ Fluent _____ Conversational _____
Applicant B's Language: _____
Applicant B's Proficiency: Bilingual _____ Fluent _____ Conversational _____

I(WE), the undersigned, representing the facility herein named, hereby apply for license to operate a child care facility under the Child Care Act of 1969 as amended. I(WE) declare that, I(WE):

- I. Have received a copy of the standards, have read and are familiar with the standards for which license is sought.
- II. Will be subject to investigation upon application in regard to meeting standards.
- III. Will cooperate with the licensing agency through the study.
- IV. Are aware that to operate a child care facility without a license or permit constitutes a Class A misdemeanor and that I(WE) may be prosecuted for such misconduct.
- V. Will be subject to supervision in terms of conformance with minimum standards upon issuance of a license.
- VI. Affirm that the information provided above is true. I(WE) understand that making materially false statements in order to obtain a license or permit constitutes a Class A misdemeanor and that I(WE) may be prosecuted for such misconduct.

SIGNATURE(S)

DATE

DATE

INSTRUCTIONS FOR THE APPLICATION FOR AN INITIAL FOSTER FAMILY HOME LICENSE

Name of Applicant(s)

Enter the name(s) of the person(s) who are applying to be licensed as foster parent(s). Enter the social security number of each person listed in the spaces provided. If applicant is married and living with spouse, enter name and social security number for both persons.

Address

Enter the complete address of the home's actual location.

Mailing Address

Use ONLY when the mailing address is different from the actual location of the home.

Telephone Number

Enter the area code and phone number of the home and work telephone if applicable.

All applicants should answer the questions on the bottom of the form.

If there is one applicant, he/she must sign the form. If there are joint/married applicants, both must sign.

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of its programs and/or services.

AUTHORIZATION FOR BACKGROUND CHECK

READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

1	CHECK ONE BOX IN EACH SECTION A AND B:			
A		B		
<input type="checkbox"/> Applicant/Operator (Person[s] applying to operate a child care facility)	<input type="checkbox"/> Member of Household (age 18 and over)	<input type="checkbox"/> Member of Household (ages 13 to 17)	<input type="checkbox"/> Employee/Volunteer of Household (foster care, day care or group day care home)	
<input type="checkbox"/> Executive Director				
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Day Care Home	<input type="checkbox"/> Group Day Care Home	<input type="checkbox"/> Group Home	
<input type="checkbox"/> Day Care Agency	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Child Welfare Agency	<input type="checkbox"/> Child Care Institution/Maternity Center	
<input type="checkbox"/> Youth Emergency Shelter		<input type="checkbox"/> Adopt Only Home		

PERSONAL INFORMATION

Last Name/First Name/Middle Initial _____	Social Security Number ____-____-____									
Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____ _____	I am or will be a foster family household member. <input type="checkbox"/> Yes <input type="checkbox"/> No I am or will be transporting foster children. <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>both</u> statements are yes, list your Drivers License number here: ____-____-____									
2 CURRENT ADDRESS AND TELEPHONE: Street/Apt.#: _____ City: _____ State: ____ Zip Code: _____ County: _____ Telephone (Including Area Code) (_____) _____-____	Have you lived outside of Illinois in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No List all previous addresses for the past five (5) years. (Street/Apt.#/City/County/State/Zip Code) Dates From/To _____ _____									
Date of Birth (Month/Date/Year) _____	Age _____	Place of Birth (City and State) _____	Citizenship (Country) <input type="checkbox"/> USA <input type="checkbox"/> Other, Specify _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft. In. _____	Weight (lbs.) _____	Hair (color) _____	Eyes (color) _____	Skin Tone _____	Race _____

AUTHORIZATION /CERTIFICATION

3 Have you ever been convicted of other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to either of the above is yes, explain: _____	
I certify that I have read and understood the Authorization/Certification box on the back page of this form.	
SIGNATURE _____	DATE _____
BACKGROUND RESULTS Sex Offender Clearance: _____ CANTS Clearance: _____ Illinois State Police Clearance: _____ FBI Clearance: _____ Transfer Clearances: SO/CANTS: _____ ISP: _____	FOR CENTRAL OFFICE OF LICENSING USE SID# _____ Clear _____ Record _____ BC-03 Registered: _____ FBI Sent Out: _____ Valid Driver's License: Yes _____ No _____

TO BE COMPLETED BY SUPERVISING AGENCY

This authorization form will not be processed without completion of this section.

4 Date Fingerprinted: _____ Full Name of Facility _____ Provider ID # _____ Street Address: _____ City _____ IL ZIP: _____	Supervising Agency: _____ Name Provider ID# _____ Or DCFS Region/Site/Field _____ _____ Name of Licensing Worker Worker ID# (_____) Phone Number of Licensing Worker _____
---	---

INSTRUCTIONS FOR COMPLETION OF CFS 718 - AUTHORIZATION FOR BACKGROUND CHECK

WHO SHOULD USE THIS FORM: This form must be completed by every person age 13 or older as part of an application to operate or reside in a child care facility, or be employed by or volunteer in a foster care, day care or group day care home.

SECTIONS 1, 2 AND 3 -- COMPLETION OF IDENTIFICATION INFORMATION

DCFS or private agency licensing worker must instruct every person subject to a background check to complete the first three section identifying the type of facility and what role they will have at the facility and all personal information. All identifying information must be accurate and complete.

PRINT ALL INFORMATION

Name Current and all former names used by the individual must be included. If no other names, write "none."
Social Security No. **THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY NUMBER**
Address Current and all addresses, including county, where the person has lived in the past five years
(If outside of Illinois, check appropriate box)
Race: Enter all codes that apply

BL/AA	Black or African American	ASIAN	Asian
HISP	Indicate whether the individual is of	NH/PI	Native Hawaiian or Other Pacific
ORG	Hispanic origin		Islander
WHITE	White	UNDET	Undetermined
AI/AN	American Indian or Alaskan Native		

Each Person must answer the question "Have you ever been convicted of other than minor traffic violation?" If yes, an explanation must be provided --- complete with date of the incident(s).

The person completing the identification information must sign and date page 1 of the authorization form.

SECTION 4 - DCFS/PRIVATE AGENCY LICENSING WORKER

The Authorization for Background Check must be submitted to the licensing worker for completion of Section 4 and for forwarding to the DCFS Central Office of Licensing. The licensing worker must check the form for completeness and accuracy, confirm that the person (if age 18 or older) has been fingerprinted, and verify the correct spelling of names alongside a form of identification, such as a driver's license or photo ID.

The licensing representative must complete the following:

Name of Facility	The full name which appears on the license application or the license. (DO NOT USE ACRONYMS)
Street/City/Zip	The site of licensed facility where person is licensed or employed.
Provider ID #	The Provider ID # is required. (The number which appears or will appear on the license certificate for the facility.)
DCFS Region/Site/field	The DCFS Region/Site/Field.
Supervising Agency	Print the name and Provider ID# of Agency which will supervise the facility.

AUTHORIZATION/CERTIFICATION

I authorize the Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search the Child Abuse and Neglect Tracking System to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. If I am applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. If I am or will be a member of a foster family household and will be transporting foster children, I authorize the Department to conduct periodic checks of my driver's license and driving record through the Secretary of State. The child abuse and neglect background check and the criminal history investigation may be used for considering an application for license, current or prospective employment, or service as a volunteer in a child care facility. Persons 13-17 years of age signing this form authorize a search of CANTS and LEADS only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential and may be shared with my employer, prospective employer or with licensing staff only in accordance with applicable state and federal law and DCFS Regulations. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny my application for licensure or may result in the termination of my employment.