



Safe Families for Children

Dear Parent,

We are here to help you through this difficult time. Our program Safe Families for Children (SFFC) is made up of people who willingly and without pay open their homes to a child of a parent who is having some problems. We would like to offer this to you. Our families live throughout metro Chicago and northern Illinois, and they have all been screened and approved similar to foster care. Many of our families are also licensed foster parents. These families take in children as young as a day old all the way through parenting teenagers. Children stay with a Host Family as short as 2-3 days and as long as 6 months. Our average stay is 46 days. Our families are only interested in helping short-term. We do not do adoptions. They would like to help and be a support to you. Parents who have placed their children have had similar problems to what you are struggling with (homelessness, being overwhelmed, depression, health problems, drugs, etc.). All children are returned to their parents, unless other arrangements are made.

It is important to know that this is not foster care, and if you place your children, you are not placing them with the State (DCFS). We are similar to having an aunt or uncle (informal support) and you are asking them to take care of your children while you get back on your feet.

In order to get started, we need you to fill out these forms. This gives the family who cares for your children the right to have them in their home and to make medical decisions in an emergency when we can't reach you. It also tells them some information about your children that may be very important for them to know. Once a family is found, we will make arrangements to have your kids brought to their home. We would like for you to meet them, if that can be arranged.

Other things you should know:

1. You can change your mind at any time and have your children returned to you. If you have a DCFS worker, they would also need to participate in that decision.
2. **Visits** – We strongly encourage you visiting your children. Our staff will help with that and we try to do it at a time and place that is convenient to you and the Safe Family.
3. **Phone Calls** – If your child is old enough, we encourage phone calls. These can occur daily, if you like, as long as it is not too inconvenient.
4. **Contacting us** – You can contact us anytime you want. You can reach us at our office at 773-653-2200 or by calling the Direct Intake Line at 773-653-2260.

I hope you will consider Safe Families for Children. Our case coaches will do what they can to help you get back on your feet. Call us anytime.

Sincerely,

Safe Families for Children

Fax: 773-736-6970

Last Revised 1/31/12

**Parental Consent for Participation in Safe Families for Children
with Appointment of Short-Term Legal Guardian¹ and Power of Attorney for Health Care of a Minor Dependent²**

Dear _____ (Host Family Parent),

Thank you so much for being willing to care for my child _____. His/her date of birth is _____. I, _____, am the custodial parent of this child and am giving permission for you to care for him/her (short-term guardian, temporary custodian) beginning _____ (date to start). I should be ready to have my child back by _____ (date) at which time this agreement will end unless I ask (and you are willing to) to allow this agreement to continue. I understand that I maintain full and complete custody of my child and am welcome to request my child back at any time. With this agreement, I give you permission to:

- administer prescription and non-prescription medication as medically required;
 - seek emergency and non-emergency medical care for my child on my behalf (be the power of attorney for health care). This includes routine medical visits, diagnostic evaluations, in-patient and outpatient hospitalizations, etc. My child's insurance information is _____ (insurer), _____ (ID #). A copy of my insurance information is provided. I agree to be responsible for any medical costs that are not covered by my insurance.
 - discipline my child in a firm and consistent manner, utilizing individual talks, removal of privileges, or any other non-physical punishment appropriate for his/her developmental level. Spanking or any other forms of physical punishment are not allowed at any time.
 - You may communicate with any existing service providers I or my children are involved with to coordinate services.
- I further give permission to the following items by signing my initials. If I have not initialed an item below, I do not give my permission for that action.
- You may take a picture of my child for publication purposes _____ (initials)
 - You may take my child out of state on a trip or vacation with notification when this happens _____ (initials)

I pledge to use this time to make the necessary changes in order to be in a better position to care for my child. This specifically refers to situations that led me to need for my child to stay with you.

I acknowledge that you are offering this service to me out of a spirit of generosity and compassion and that you are not being paid for this act of kindness. Because I know that accidents happen even when adults are vigilant, I also agree, on behalf of myself, _____ (child's name), and the rest of my family, that none of us will hold you, _____ (Host Family), or the sponsoring agency, _____, responsible for any accidental injuries or losses of any kind that we may suffer or incur as a result of our family's participation or involvement in the Safe Family program or the stay in your home. I understand that you cannot guarantee the safety of my child. I agree to assume any risks with my child staying in your home.

Finally, I acknowledge that my child is staying in your home as a guest and not as a tenant or resident. My child and I would have to leave your home at any time that you request. I also understand that my child might have to go live with another Host Family in the event you are no longer able to care for him/her. Please let me know when that occurs.

Thank you so much for helping us at this critical time. My signature affirms my agreement with all the statements above except those where I had the ability to opt in with my initials.

Parent/Guardian

Witness

Date Signed

Date Witnessed

I accept custody of _____ (child) and will abide by the agreement.

Host Family Signature and Date

¹ Pursuant to 755 ILCS 5/11-5.4

² Pursuant to 755 ILCS 45/4-1 et seq.

Safe Families for Children – Child Intake Information
4300 W. Irving Park Road, Chicago, Illinois 60641-2825 (773) 653-2200

Child's name _____ Date of Birth _____

Name of individual completing form _____ Relation to child _____

General Information

Are you receiving support services from other agencies? ☐ No ☐ Yes from? _____

Case worker's information Name: _____ Phone _____

Family

Family members living in the home: (list here) _____

What is your child's race / ethnic background? _____ Languages spoken in the home? _____

What is the family's religious preference? _____

Health and Development

Was the pregnancy normal? ☐ Yes ☐ No Please describe _____

When was toilet training completed? _____ Does your child still wet at night? _____

Does your child have an unusual word for when he/she needs to use the toilet? _____

Has your child had any unusual illnesses or accidents? ☐ No ☐ Yes Please describe _____

Current Medications? _____

Family Doctor _____ Phone _____

Address _____

Does your child have any allergies? _____

Does your child have a big or little appetite? _____ Does he/she have a regular diet? _____

Favorite foods _____

Type of infant formula (if applicable) _____

Does your child have a bedtime routine? _____

Are there any problems associated with bedtime? _____

Please circle illness, injury, or operation and describe. Indicate age when occurred.

Illness/injury/operation _____ Age _____

Other health problems _____

Does your child have any birthmarks or recent injuries? _____

How is the child's vision/hearing? _____

Any history of emotional or neurological illness in either parent's family? _____

Were there complications during pregnancy or delivery of this child? _____

Child's Development

At what age did your child do the following for the first time?

Sat by self _____ Walked alone _____ Said first word _____ Talked in sentences _____

Who was the primary person to whom your child became attached as an infant? _____

Describe what your child likes to do for fun _____

What situations, relationships, or events tend to be hardest or most upsetting for this child?

List special abilities _____

Describe current discipline techniques (e.g., time outs, spanking, etc.), how often needed, and how effective.

Social

Does your child have a nickname? _____ What does your child like to do at home? _____

Does your child have favorite friends or relatives? If so, who? _____

What scares your child? _____

Discipline/Training at our home includes: ☐ time-outs ☐ talking about behavior

☐ rewards / loss of privileges ☐ spanking ☐ other

Education

School Name: _____ Phone: _____

Address: _____ Teachers Name: _____

Grade: _____ Start and End Time: _____ Special Ed Needs: _____

Child's Behavior

Current academic or behavioral problems? _____

Please check all that apply to your child:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Overactive | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Runs away |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Sleep difficulties | <input type="checkbox"/> Wants to die |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Peer problems | <input type="checkbox"/> Eating difficulties | <input type="checkbox"/> Uses drugs/alcohol |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> School problems | <input type="checkbox"/> Wets bed | <input type="checkbox"/> Truant |
| <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Sexualized behavior | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Hurts him/herself |
| <input type="checkbox"/> Poorly motivated | <input type="checkbox"/> Touches private parts | <input type="checkbox"/> Aggressive toward others | <input type="checkbox"/> Plays with fire |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> History of sexual abuse | <input type="checkbox"/> Destroys property | <input type="checkbox"/> Steals |
| <input type="checkbox"/> Distractible | <input type="checkbox"/> History of physical abuse | <input type="checkbox"/> Other _____ | |

Safe Families for Children – Parent Information
4300 W. Irving Park Road, Chicago, Illinois 60641-2825 (773) 653-2200

Your Name: _____ Date of Birth: _____ Today's Date: _____

Child/Children

Name _____ Age _____ Sex _____ Grade _____

Name _____ Age _____ Sex _____ Grade _____

Name _____ Age _____ Sex _____ Grade _____

Name _____ Age _____ Sex _____ Grade _____

Name _____ Age _____ Sex _____ Grade _____

Parents or Legal Guardian

Father _____ Home Phone _____

Address _____ City/State/ZIP _____

Employer _____ Occupation _____

Work Phone _____ Other phone _____

Mother _____ Home Phone _____

Address _____ City/State/ZIP _____

Employer _____ Occupation _____

Work Phone _____ Other phone _____

Parents' marital status: ☐ Married ☐ Cohabitation ☐ Separated ☐ Divorced ☐ Single Parent

Legal guardian(s) (if not parents) _____ Phone _____

Address _____ City/State/ZIP _____

In case of emergency, who should be notified first? ☐ Mother ☐ Father ☐ Other _____

Medical

Child's physician, or, if applicable, Certified Christian Science Practitioner

Name _____ Phone _____

Address _____ City/State/ZIP _____

Prescribed Medication _____ Significant Illnesses or concerns _____

Authorized Individuals for Drop-Off and Pick-Up of Child

These following individuals (other than parents or guardians) are willing to accept responsibility for the child and should be contacted if the parents or guardians cannot be reached.

Name _____ Relationship _____

Phone _____ Address _____

What is your reason for seeking temporary placement of your child(ren) through the Safe Families Program?

What are your goals to attain to be able to bring your child back into a healthy, stable home environment?

Are there any extended family members living in the area? ☐Yes ☐No

Do you have close friends or neighbors? ☐Yes ☐No

Have you ever been involved with DFCS? ☐Yes ☐No Please explain

Do you have any health concerns that need attention?

Are you currently on any medication?

What services are you currently receiving?

I have had these experiences (Please Check): ☐Rape ☐Sexual abuse ☐Physical abuse ☐Domestic violence
☐Homelessness ☐Suicidal thoughts ☐Victim of crime ☐Drug Abuse ☐Mental Health
☐Financial problem ☐Alcohol abuse ☐Drug or alcohol treatment program ☐Charged with a crime
☐Incarcerated

I have the following needs (Please Check): ☐Job ☐Housing ☐Counseling ☐Spiritual support
☐Help with my children ☐Training in parenting ☐Marriage counseling ☐Addictions/recovery support
☐Other: _____

 Parent Signature and Date