



Dear Relative Caregiver,

The Department of Children and Family Services mandates all caregivers to be fingerprinted within 14 days of placement or the child(ren) are at risk of being removed. In addition, One Hope United will work with you to acquire your relative home license.

Steps to becoming licensed as a relative are simple:

1. Application and fingerprints
2. Consent paperwork including references and medicals
3. Training (virtual through DCFS and CPR/First Aide)
4. Home visit and licensing home study

The benefits of being licensed are:

1. An increase in your monthly payment
2. Case worker visit once per month instead of twice

Licensed rate:

Age Range	Room and Board	Transportation (new)	Clothing	Allowance	Total
0-11m	486	117	50	19	\$672
1-4y	480	117	55	20	\$672
5-8y	534	123	68	21	\$746
9-11y	551	126	84	35	\$796
12 and up	515	160	90	62	\$827

Unlicensed rate \$479.00

Please complete the initial application and return. Once your application is received you will be mailed or emailed the information to be fingerprinted. Fingerprints are required for all caregivers and those in the home over 18.

Return form to your licensing worker:

Or scan and email completed application to: Licensing@onehopeunited.org

II. CURRENT AND PREVIOUS LICENSES

1. Have you ever been convicted for other than a minor traffic violations? No Yes
 If yes, explain _____
2. Are you currently licensed for child care in Illinois? No Yes
 If yes, give type of license(s) and license(s) No(s) _____
 Name on license(s) _____
 Address on license(s) _____
3. Have you ever been licensed for child care outside Illinois? No Yes
 If yes, give type of license(s) and the license(s) No(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 _____

III. HOME—Check any boxes that apply

- Do You Own Rent
 Apartment Mobile Home House Other (Specify) _____
- Do you have landlord approval to care for related children? Yes No
- Water supply City Other (Specify) _____
- Directions for reaching your home: _____

IV. MARITAL STATUS—Check One Box

- Married _____ (Date) Civil Union _____ (Date)
- Single Widowed
- Divorced Legally Separated

V. MEMBERS OF HOUSEHOLD (include Children, Relatives, Others)

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY or ITIN NUMBER	RELIGION
Applicant A:				
Applicant B:				

VI. CURRENT EMPLOYMENT

	Name of Firm	Address	Title or Position	Working Hours
Applicant A				____ to ____
Applicant B				____ to ____

IF APPLICANT(S) WORK OUTSIDE OF HOME, DESCRIBE CHILD CARE PLANS: _____

VII. REFERENCES: Persons unrelated to you who know how you care for children

1. Name _____ Phone _____
 Address _____ City _____ Zip Code _____
2. Name _____ Phone _____
 Address _____ City _____ Zip Code _____
3. Name _____ Phone _____
 Address _____ City _____ Zip Code _____

IF EITHER APPLICANT HAS BEEN AN ILLINOIS RESIDENT FOR LESS THAN FIVE YEARS, INCLUDE TWO REFERENCES FROM THE PREVIOUS RESIDENCE STATE:

4. Name _____ Phone _____
 Address _____ City _____ Zip Code _____
5. Name _____ Phone _____
 Address _____ City _____ Zip Code _____

VIII. CERTIFICATION

I (WE), the undersigned, hereby apply for license to operate a foster family home under the Child Care Act of 1969 as amended. I (WE) declare that, I(WE):

- 1. Have received a copy of the standards for foster family homes, have read them and are familiar with them.
- 2. Will be subject to and cooperate with the supervising agency in the licensing process to determine my/our compliance with licensing standards.
- 3. Will be subject to supervision in terms of conformance with minimum standards upon issuance of a license.
- 4. 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)

Applicant A

DATE

Applicant B

DATE

INSTRUCTIONS FOR APPLICATION FOR 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 or individual taxpayer identification (ITIN) number of each person listed in the spaces provided.

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 verify the statements above and sign.

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.