# Adoption/Guardianship Support Specialist Application

*Completed application and a copy of a current resume should be emailed* *to* [**DCFS.AGSS@Illinois.gov**](mailto:DCFS.AGSS@Illinois.gov)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid Driver’s License? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an adoptive parent? or Guardian? Date of adoption(s)/guardianship(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What agency completed your adoption/guardianship? Are you still licensed with that agency? \_\_\_\_\_\_\_\_

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Please list first names and ages of all adopted, guardianship, foster and biological children under the age of 18 in your home

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How would you describe your adoption/guardianship experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you used any supports during your adoption or guardianship experience? If yes what was helpful and not helpful about these supports? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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About which age group do you feel you are best qualified to offer advice and support to new or prospective adoptive/guardianship caregivers (You may check more than one):

\_\_\_\_\_ 0-5 \_\_\_\_\_6-12 \_\_\_\_\_ 13-17 \_\_\_\_\_No Preference

Please check all areas in which you feel you are well qualified to offer advice and support to new or prospective adoptive/guardianship caregivers (Please check all that apply):

\_\_\_\_\_Behavioral Issues \_\_\_\_\_Sexual Abuse \_\_\_\_\_Physical Abuse

\_\_\_\_\_Emotional Issues \_\_\_\_\_Mental Health Issues \_\_\_\_\_Medical Issues

\_\_\_\_\_Navigating the School System \_\_\_\_\_Information re: Community Services

\_\_\_\_\_Working with Adoption staff \_\_\_\_\_Contact with biological family

\_\_\_\_\_Court questions and process \_\_\_\_\_Navigating adoption/guardianship paperwork

Please describe your experience and comfort level working with families and children of various ethnic and cultural backgrounds:

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Please describe any specific areas in which you may not feel comfortable providing support to adoptive/guardianship families

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Please describe your experience in working with biological parents and family members, adoptions staff, and adoptive/guardianship parents, to help children ensure permanency:

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I certify that the information provided on this application is true and accurate. I understand that I may be required to submit proof of previous employment, education or other statements in this application. I authorize release of this and other information covering job-related factors for the purpose of verification and determination of suitability for employment.

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

Signature Date