

**Illinois Adoption Advisory Council**

**Membership Information and Application**

HISTORY AND PURPOSE: The Illinois Adoption Advisory Council was established in 2001 by the DCFS Director for advising and consulting with the Director (of DCFS) or his/her designee(s) on all matters involving or affecting the provision of adoption and guardianship services.  The IIAAC addresses the department's goals of safety, well-being and permanency through its members' expertise, experience, advice and advocacy.  Its bylaws list specific objectives and other rules that govern the council's activities and operation; however, those bylaws also authorize the IIAAC to work broadly on the topics of adoption and guardianship services.

More information, such as meeting schedules, bylaws, meeting minutes, membership, etc. can be found on the DCFS website at:

<https://dcfs.illinois.gov/loving-homes/adoption/com-communications-stateadptadv.html>

MEMBERSHIP

Council members are all appointed by the DCFS Director. Membership consists of adoptive parents and adoptees representing each DCFS administrative region, as well as non-DCFS child welfare and adoption professionals. The council co-chairs serve a joint appointment to the DCFS Child Welfare Advisory Committee.

**We need adoptive parents, adoptees and professionals with the following qualities:**

* Has the time, energy and resources to attend full council meetings up to nine times per year at locations around the state, staying overnight at DCFS expense when necessary.
* Will participate in the IAAC meetings and serve on at least one of its committees, participating in conference calls between IAAC meetings in order to do committee work.
* Has access to child care resources if needed.

**To support members, we will:**

* Reimburse them for reasonable travel expenses per the State travel regulations whenever we invite them to travel on business related to IAAC.
* Make hotel reservations and pay for their lodging in advance of meetings.
* Reimburse them for reasonable childcare expenses when they have a legitimate need supported by documentation.
* Provide them with access to online meetings to do committee work.
* Provide working lunches at IAAC meetings that run through the lunch hour.

APPLICATION PROCESS

If you are interested in serving on the IIAAC, please complete this application and return it with your recent resume.



 Adult Adoptee/Adult guardianship youth

 Application for Appointment to the

 Illinois Adoption Advisory Council

 *Serving Adoptive and Guardianship Families*

|  |  |
| --- | --- |
| Name |  |
| Email Address |  |
| Mailing Address |  |
| Home Phone |  |
| Alternate Phone |  |

***In order to ensure the diversity of representation and perspectives on the Illinois Adoption Advisory Council membership is limited to only one person from each family or one professional representative from each agency.***

Why would you like to be a part of the Illinois Adoption Advisory Council? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you over the age of 21 years old?

Yes \_\_\_\_ No \_\_\_\_

# When was your adoption/guardianship finalized? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were a former guardianship youth, was your guardianship subsidized by DCFS?

Yes \_\_\_\_ No \_\_\_\_

# What age where you at the time of your adoption/guardianship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Were you adopted/guardianship through the Illinois Child Welfare System, Internationally, or Privately?

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Are you related to anyone else serving on this council?

 Yes \_\_\_\_ No \_\_\_\_

If yes who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been actively involved in adult adoptive/adult guardianship groups, ongoing training, support groups, etc.?

Yes \_\_\_\_ No \_\_\_\_

If yes, please list which group(s) and describe how you have been involved:

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

Have you or your family utilized any services for adoptive/guardianship families/children?

Yes \_\_\_\_ No \_\_\_\_

If so, please list? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please explain any other adoptive/guardianship experience, education, training, etc. that would benefit you in your role on the Council.

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Have you had any other gifts, skills or talents that would benefit the council?

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Are you willing to attend and actively participate in approximately 9 in-person meetings a year? (Meetings are typically on Fridays during the day-expenses for the travel will be reimbursed)

Yes \_\_\_\_ No \_\_\_\_

Are you willing to actively serve on a committee/workgroup? (Committee/workgroup typically meets virtually once a month)

Yes \_\_\_\_ No \_\_\_\_

**Other Comments:**

Please send your completed application and a current resume to:

The Illinois Adoption Advisory Council

DCFS, Office of Parent & Caregiver Support

406 E. Monroe, Station 225

Springfield, IL 62701-1498

Phone: 217/524-2422

Or email to: DCFS.AdoptionAdvisoryCouncil@illinois.gov