

**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.



Adoptive/Guardianship Parent

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?

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# How long have you been an adoptive/guardianship parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# When were your adoptions/guardianships finalized? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# How old are your adopted/guardianship children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Are you related to anyone else serving on this council?

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

# 

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

# Did you adopt/take guardianship through the Child Welfare System, Internationally or Privately? (Guardianship families must have received a subsidy through DCFS)

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

# Have you utilized any services for your adopted/guardianship family/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 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