

POST ADOPTION UNIT

Date:

Name of Child:  
Child ID: Birth Date:  
Anniversary Date:

Adoptive Parent(s) Guardian(s) Address:

Provider #:

(Please make corrections to any of the above information)

Mark all that apply and sign below (Please return within 20 days of receipt)

Yes No

- 1. Do you desire continued adoption/guardianship assistance for your child? (If no, further assistance will be terminated.)
- 2. Has the child moved from the home for any duration of time with your concurrence?
- 3. I/We remain legally responsible for the child. (If no, please send a copy of the court order if the minor has been placed under the temporary custody or guardianship of DCFS; if parental rights have been terminated; or your guardianship has been vacated in Juvenile or Probate Court.)
- 4. I/We continue to be financially responsible in supporting the child.
- 5. The above named child is an emancipated minor. (If yes, please send a copy of the court order emancipating the child.)
- 6. The above named child has married. (If yes, please send a copy of the marriage certificate or newspaper notice.)
- 7. The above named child has enlisted in the military. (If yes, please provide documentation of enlistment.)
- 8. The above named child has died. (If yes, please send a copy of the death certificate or obituary notice.)

\_\_\_\_\_  
Adoptive Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Parent/Guardian Signature

\_\_\_\_\_  
Date