CFS 597 A Rev. 5/2008

State of Illinois Department of Children and Family Services

Complete in duplicate.

DATE

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ion/Site/Fie ponsible for	r License <u>6B-02</u>	?-01 County No. 10	Date Received	Date Entered
ervising Ag	vency No. 12379	97	Name Family Resou	rce Center
			G (A11 5929 N	North Clark Street
	CFS Use Only Independent	Licensed Child Welfare Age	cincy	
	Home	Licensed Day Care Agency		zip60660
		Licensed Exempt Agency	Telephone No. (773) 3	34-2300
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				WIFLETING THIS APPLICATION
ME OF A	PPLICANTS:			
A		First Name		
	Last Name	First Name	Middle	Social Security or ITIN No
D				
В	Last Name	First Name	Middle	Social Security or ITIN No
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DATE

INSTRUCTIONS FOR THE APPLICATION FOR AN INITIAL FOSTER 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. If applicant is married and living with spouse, enter name and social security number for both persons.

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 answer the questions on the bottom of the form.

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.