

C O U N S E L I N G
& F A M I L Y S E R V I C E S

COUNSELING & FAMILY SERVICES
ADOPTIVE CLIENT RIGHTS AND RESPONSIBILITIES

Counseling & Family Services provides services to persons in need regardless of race, sex, physical handicap and inability to pay. Client(s) must "Initial" each of the statements above indicating your review and understanding of each.

ADOPTIVE CLIENT RIGHTS

- You have the right to expect that staff will utilize all of their professional expertise in working with you.
_____, _____
- You have the right to participate in the development of a treatment plan, if appropriate. You have the right to request a review of the plan at any time, _____, _____
- You have the right to confidentiality. Counseling & Family Services will not disclose any material from your record without your written consent. There are exceptions to this rule if you are dangerous to yourself or others, if you have abused or neglected a child or an elderly person. (For more complete information concerning confidentiality, see the Agency's Confidentiality Rights form.) _____, _____
- You have the right to review your records with the exception of certain adoption records. You should understand that for treatment purposes the caseworker may consult other CFS staff members and consultants.
_____, _____
- You have the right to cancel a scheduled appointment for good cause. _____, _____
- You have the right to receive services in an emergency and, at times, if the Agency is not open for services. Your caseworker may give you numbers to call at those times. Additionally, you may call the Agency at (309) 676-2400 and receive phone instructions if you have an emergency and need to talk with someone.
_____, _____
- You have the right to express dissatisfaction with services. Grievances will be handled by CFS administrative staff up to the level of the Executive Director. We do encourage you to discuss concerns with your caseworker as most issues can be resolved in that manner. You may request a copy of the Agency's grievance procedure at any time. _____, _____
- You have the right to refuse counseling and/or participate in the adoptive process. _____, _____
- You have the right to contact the Department of Children and Family Services or the Guardianship and Advocacy Commission, Protection and Advocacy, Inc., and the Department of Mental Health, as appropriate regarding services provided you. CFS staff will assist you in this process if necessary.
_____, _____
- You have the right to be treated with respect by all Agency staff: All staff should act professionally, treat you with courtesy and respect your physical and personal boundaries. _____, _____
- Any restrictions of the above client rights shall be documented in the client's record. In addition, you, your parent or guardian and/or the Department of Children and Family Services will be notified of the restriction.
_____, _____
- You shall not be denied, suspended or terminated from services or have services reduced for exercising any of your rights. _____, _____.

ADOPTIVE CLIENT RESPONSIBILITIES

- We/I will cooperate and follow through with recommendations made by Counseling & Family Services as the home study agency we/I choose. _____, _____
- We/I will share concerns and feelings with Counseling & Family Services regarding adjustments, parenting issues, and issues with the caseworker.
- We/I will submit all required documentation and supporting information when and where required. _____, _____
- We/I will make all payments of fees in a timely manner, as identified on the financial agreement form. _____, _____
- We/I will keep Counseling & Family Services informed of major changes in: family status, including family composition; marital status, medical status, financial status, pregnancies and miscarriages, criminal status, adoptive placement of a child not arranged through Counseling & Family Services, changes in home and/or work phone number (s), and any other significant related changes. _____, _____
- We/I will maintain our home to comply with the Department of Children and Family Services' licensing standards for his/her placement. _____, _____
- We/I will discuss with our Counseling & Family Services adoption caseworker any concerns regarding the child referred. _____, _____
- We/I understand that we/I can travel to the foreign country or other state to bring our child home after Citizenship & Immigration Services (if adopting internationally) or interstate (if adopting domestically out of state) approval and all legal work in country/state of child's birth has been completed. _____, _____
- We/I will care for the child with love and affection and provide for his/her social, physical, emotional, educational and spiritual needs. _____, _____
- We/I will inform Counseling & Family Services of any major medical, surgical or dental treatment that the child may need _____, _____
- We/I will contact legal counsel to complete finalization of adoption in U.S. (if required) Finalization of adoption in the U.S. by the family is essential for the child to be issued a US birth certificate and qualify for most family medical insurance coverage. Family is responsible for all costs of finalization. Submit copy of final U.S. adoption decree to Counseling & Family Services. _____, _____
- Our family will make ourselves available for post-placement supervisory visits to Counseling & Family Services. _____, _____

_____ Date

_____ Date

_____ Caseworker Date