



DAFSS Questionnaire

Case Number: _____ Name: _____

1. I am the Petitioner Respondent in this case.

2. Information about myself:

My education (highest grade/degree completed): _____

My employment:

I am employed self-employed unemployed As of (date): _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Current Work Schedule:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: _____

My monthly income (after taxes and deductions):

Regular employment earnings (salary, wages, etc.) \$ _____

Social Security \$ _____

Unemployment benefits \$ _____

TANF and SNAP \$ _____

Child support \$ _____

Other: _____ \$ _____

Total Monthly Income: \$ _____

My relationship status: single married separated divorced

My marital history:

Name of Spouse (or Ex-Spouse)	Marriage Date	Separation Date	Divorce Date	Number of children from this marriage

3. Information about my household:

I currently rent or own

I have been living at this address since (date): _____

Please provide the following information for every individual residing in your household (excluding yourself):

Name	Relationship	Date of Birth

Has anyone in the household been arrested? Yes No

Has anyone in the household been required to register as a sex offender? Yes No

Has anyone in the household been investigated by DCFS? Yes No

Is anyone in the household subject to a current order of protection? Yes No

Are there firearms in the home? Yes No

Are there pets in the home? Yes No

Cat(s) Dog(s) Other: _____

I have their current rabies vaccination certificate: Yes No

Please be advised that every household member must be present for the home visit.

4. Health Insurance:

I have health insurance: Yes No

If yes, the insurance carrier is: _____

The type of insurance is: Medical Dental Vision

The insurance covers: Me My spouse/partner My Dependents

Type of policy: HMO PPO Other Provided by: Employer Other

5. What do you think the best plan for your child(ren) would be and why? (Include any concerns you may have about the well-being of your children.)

I swear or affirm the information in this questionnaire and all attached documents is true and correct as of _____ (date):

Printed Name

Signature

**Please return completed form to:
Department of Adoption & Family Supportive Services via email to
Family.Services@cookcountyil.gov, or via fax to (312) 873-3886.**

Attention: _____

Caseworker

Thank you!