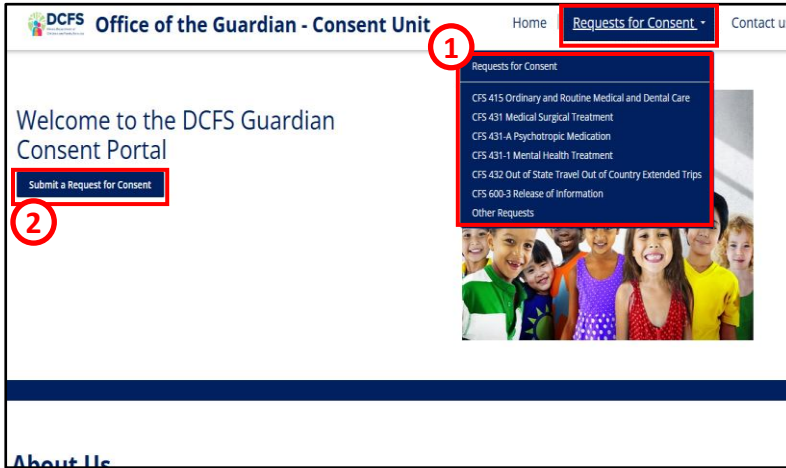


Submitting a request via the Guardian Consent Portal (Page 1 of 2)

This guide illustrates how to submit a consent request through the Guardian Consent Portal.

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DCFS Office of the Guardian - Consent Unit

Home **Requests for Consent** Contact us

Requests for Consent

- CFS 415 Ordinary and Routine Medical and Dental Care
- CFS 431 Medical Surgical Treatment
- CFS 431-A Psychotropic Medication
- CFS 431-1 Mental Health Treatment
- CFS 432 Out of State Travel Out of Country Extended Trips
- CFS 600 3 Release of Information
- Other Requests

Welcome to the DCFS Guardian Consent Portal

Submit a Request for Consent

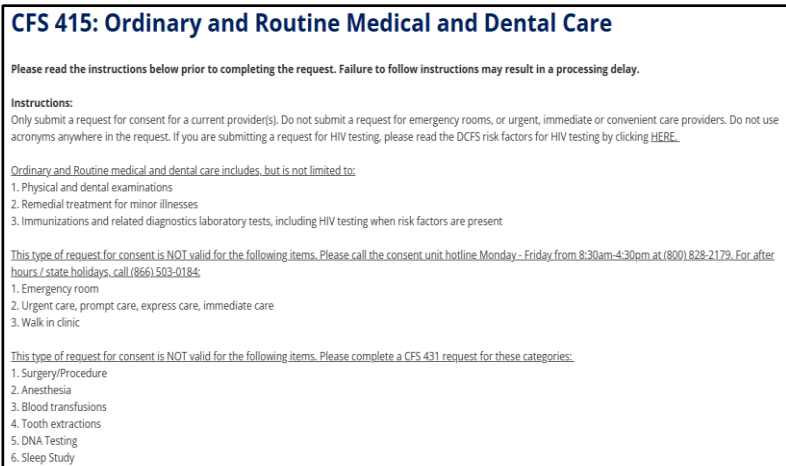
About Us

Step 1: Navigate to the Form Submission

There are two ways to navigate to the form submission page to submit a request:

1. Click the **Requests for Consent** navigation tab and select the appropriate consent type from the drop-down menu
2. Click the **Submit a Request for Consent** button beneath the welcome message. This will take you to the request for consent page. From there, select the button for the consent type you would like to submit

2



CFS 415: Ordinary and Routine Medical and Dental Care

Please read the instructions below prior to completing the request. Failure to follow instructions may result in a processing delay.

Instructions:
Only submit a request for consent for a current provider(s). Do not submit a request for emergency rooms, or urgent, immediate or convenient care providers. Do not use acronyms anywhere in the request. If you are submitting a request for HIV testing, please read the DCFS risk factors for HIV testing by clicking [HERE](#).

Ordinary and Routine medical and dental care includes, but is not limited to:

1. Physical and dental examinations
2. Remedial treatment for minor illnesses
3. Immunizations and related diagnostics laboratory tests, including HIV testing when risk factors are present

This type of request for consent is NOT valid for the following items. Please call the consent unit hotline Monday - Friday from 8:30am-4:30pm at (800) 828-2179. For after hours / state holidays, call (866) 502-0184:

1. Emergency room
2. Urgent care, prompt care, express care, immediate care
3. Walk in clinic

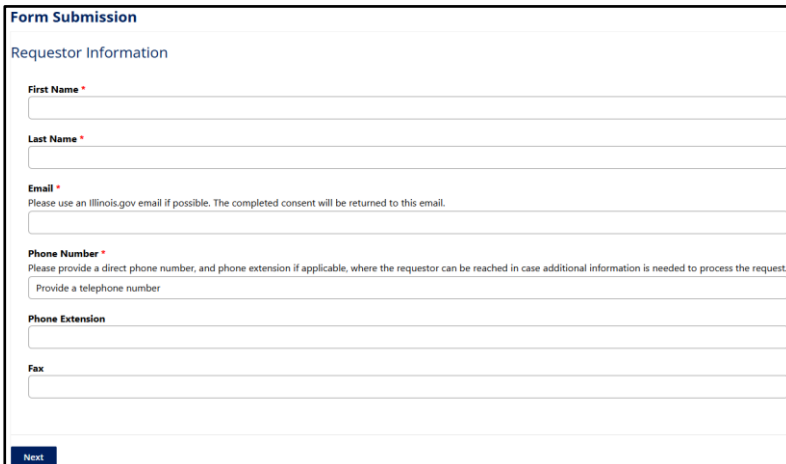
This type of request for consent is NOT valid for the following items. Please complete a CFS 431 request for these categories:

1. Surgery/Procedure
2. Anesthesia
3. Blood transfusions
4. Tooth extractions
5. DNA Testing
6. Sleep Study

Step 2: Read the Form Instructions Prior to Submitting the Consent Request

- Each consent request form has specific instructions at the top of the page
- Please read all instructions before starting to ensure you are completing the correct form and have all the information needed to submit the request, as your data will not be saved if you leave the page
- You **do not** need to fill out the CFS form prior to submitting your request through the Portal
- After 15 minutes of inactivity, the page will timeout and progress will be lost

3



Form Submission

Requestor Information

First Name *

Last Name *

Email *
Please use an Illinois.gov email if possible. The completed consent will be returned to this email.

Phone Number *
Please provide a direct phone number, and phone extension if applicable, where the requestor can be reached in case additional information is needed to process the request.
Provide a telephone number

Phone Extension

Fax

Next

Step 3: Begin Populating Form Details

- Each form starts with **Requestor Information**, which captures details about the person completing the request
- The **Email** field on this page is where the submission confirmation will be sent, along with a copy of the CFS form; please use an Illinois.gov email if available
- Forms includes various field types, including free text, date fields, fields with character limits, upload buttons, multi-select and single-select dropdown fields
- Some fields have additional help text that instruct the requestor what to input

Submitting a request via the Guardian Consent Portal (Page 2 of 2)

This guide illustrates how to submit a consent request through the Guardian Consent Portal.


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Youth Information

First Name *

Last Name *

Date of Birth *

DCFS/CYCIS ID
If available, please include the youth's DCFS ID. ID must be 8 characters and cannot end in 00.

Previous **Next**

Step 4: Navigate Between Form Steps

- The **Next** button will advance the users to the next form step, once all required fields have been filled with appropriately formatted data
- The **Next** button behaves like “save & continue”; refreshing the page will clear the data entered in form fields on the current page, but all data entered on previous steps will remain
- The **Previous** button will return the user to the previous page; any data previously entered on a prior page will still be visible in the form fields

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• The form could not be submitted for the following reasons:

[Last Name is a required field.](#)
[Date of Birth must have a valid date format. Example: 3/25/2025](#)
[The DCFS/CYCIS ID entered is not in the correct format.](#)

Youth Information

First Name *

Last Name *

Date of Birth *

DCFS/CYCIS ID
If available, please include the youth's DCFS ID. ID must be 8 characters and cannot end in 00.

Previous **Next**

Step 5: Validate Form Inputs

- Fields that are required will have a red asterisk; optional fields will not
- An error message will appear above the form if there is invalid or missing data when the **Next** button is clicked

6



[Generate a new image](#)
[Play the audio code](#)

 Enter the code from the image

Previous **Submit**

Form Submission

Your request, confirmation #113655S9W3, has been successfully submitted. Please check the email provided for a record of your request.

Step 6: Complete CAPTCHA Verification and Confirm the Submission

- Prior to submitting a request form, the user will be prompted to enter a code from the displayed image
- This prevents the submission of false requests by verifying human users
- After clicking **Submit**, a unique confirmation number will be displayed
- Save this confirmation number!
A confirmation email containing a copy of the CFS form will be sent to the email address that the Requestor provided at the beginning of the form

Note: Requestors with visual impairments are recommended to use tabbing functionality to navigate the Guardian Consent Portal

Getting Help with the Guardian Consent Portal (Page 1 of 1)

This guide outlines the different contacts that can provide with consent-related support, and who to reach out to with questions about the Guardian Consent Portal.

➔ For general questions about the Guardian Consent Portal, or the process of requesting consent from the DCFS Guardian Consent Unit:

Refer to the Illinois DCFS Guardian Consent Unit – Frequently Asked Questions (FAQ) guide

Resource:

[IL DCFS Guardian Consent Unit FAQ](#)

➔ For questions related to obtaining consent for a youth in care, or the status of a consent request you submitted:

Call the Consent Unit Hotline

- Phone: **1 (800) 828-2179**

Hours:

Monday – Friday, 8:30am - 4:30pm CST

**Helpful Tip: make sure to have your confirmation number ready to check the status of a request submitted through the Guardian Consent Portal*

➔ For obtaining consent for an after-hours emergency:

Call the Child Intake Recovery Unit (CIRU)

- Phone: **1 (866) 503-0184**
- Fax: **1 (312) 328-2124**

Hours:

Monday – Friday, 4:30pm - 8:30am CST

Saturday, Sunday & Holidays - 24 hours

➔ For questions about the way the Guardian Consent Portal is functioning, or about a submission confirmation email:

Contact the DCFS Guardian Consent Portal Support Inbox

- Email: dcfs.ilcguardianconsentportalsupport@illinois.gov