

State of Illinois
Department of Children and Family Services

**Extended Family Support Program
Case Withdrawn Billing Form**

Provider: _____ Referral Date: _____

Client: _____ SCR ID#: _____

Referral Date: _____ 1st Contact Date: _____

To be eligible for "Case Withdrawn" payment, worker must attempt at least one home visit:

Worker attempted or made home visit Date: _____

Worker spoke to client or attempted second visit: Date: _____

Initial Eligibility Criteria (must check at least one of the following demonstrating client is ineligible for EFSP)

- The caregiver is not relative or godparent
- The child is not residing in the home of a relative
- The relative is not providing the primary care for the child
- The child has not been living with the caregiver for more than 14 days
- The biological parent is living with the caregiver and can care for the child
- The biological parent intends to become caregiver during the next 90 days.
- The relative caregiver is no longer seeking services
- Person living in the home 12 years of age or older would not sign consent to release information.
- Other: _____

Unusual Events

- Protective issues were present
- Child Abuse Hotline was called after case was referred to EFSP
- DCFS took custody of the children
- UIR completed on the family

If a box was checked, please explain: _____

Caseworker: _____ Phone #: _____

Supervisor: _____ Phone #: _____

I have discussed the case with the worker and have reviewed the file and certify that the information on this form is contained in the case file

Supervisor Signature

Date