

State of Illinois
Department of Children and Family Services

DETERMINATION NOTICE

CHILD'S NAME (Last, First, M.I.)	AKA	DATE OF BIRTH	CHILD'S ID NUMBER
SOCIAL SECURITY NUMBER Have not yet received	CASEMANAGER'S NAME		RE/ST/FD

ELIGIBILITY DECISION

TITLE IV-E		
<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> ADOPTION SUBSIDY	<input type="checkbox"/> REASON FOR INELIGIBILITY
<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE <input type="checkbox"/> CLOSURE <input type="checkbox"/> MANG CODE COMMENTS:		<input type="checkbox"/> NOT IN CARE <input type="checkbox"/> NO DEPRIVATION OR SPEC REL <input type="checkbox"/> INCOME/RESOURCES EXCEED MAXIMUM <input type="checkbox"/> NO REPP FINDING <input type="checkbox"/> OVER 18 – NOT IN SCHOOL OR WORKING <input type="checkbox"/> BACKGROUND CHECK ISSUES <input type="checkbox"/> OTHER
BENEFITS <input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> None		

ICPC.Cobra@illinois.gov	DATE FORM COMPLETED
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