

**CASE ACTION FORM**

Date \_\_\_\_\_

Agency Name \_\_\_\_\_ Team RSF \_\_\_\_\_

Worker Name \_\_\_\_\_ ID # \_\_\_\_\_

Worker Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Worker Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Action/Payment requested

- Home of Relative Compliance Assistance
- Infant Care Grant (attach Infant Care Equipment Grant Application)
- Special Service Fee (attach CFS 906-4)
- Financial Assistance to New Foster Parents – Non Clothing/Hygiene (attach CFS 932)
- Initial Clothing Voucher
- Medical Card
- Exception to Policy (attach Exceptional Payment Request Form CFS 902)
- Other \_\_\_\_\_

Name/Address/Phone # of Caretaker/Purchaser \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Child \_\_\_\_\_ ID # of Child \_\_\_\_\_

Birthdate \_\_\_\_\_ Type of Care \_\_\_\_\_

\_\_\_\_\_  
Requesting Supervisor Signature

**DCFS Fill Out Below This Line**

Request Approved     Request Denied ; \_\_\_\_\_  
(RA or Designee's Signature)

PA# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Comments \_\_\_\_\_