

State of Illinois  
Department Of Children and Family Services

**SPECIAL NEEDS ALLOWANCE UTILIZATION FORM**

**INSTRUCTIONS:** Complete this form prior to each ACR to document the services and purchases the foster parent spent using the Special Needs Allowance and forward to: Children’s Account Unit, 406 East Monroe Street, Station 410, Springfield, IL 62701 and retain one copy for the Child’s Case File.

**PERIOD OF RECEIPT OF SPECIAL NEEDS ALLOWANCE:** \_\_\_\_\_ **TO** \_\_\_\_\_

**Child Name:** \_\_\_\_\_ **I.D. No.** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_ **Provider No.** \_\_\_\_\_

**I have verified the SSI Special Needs Allowance provided to the Foster Parent has been used to provide the following services or purchases:**

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\_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_      /      /       
Caseworker (Required) RG SI FD

\_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_      /      /       
Supervisor (Required) RG SI FD

cc: Original to Children’s Accounts Unit  
Child’s Case File