

State of Illinois  
Department of Children and Family Services

**HMR Licensing and Permanency Initiative**  
**PAYMENT COMPARISON WORKSHEET**

**Number of Related Children and Ages:**

	<u>Age of Child</u>	<u>SON Rate</u>	<u>Full Board Rate</u>
Child #1:	_____	_____	_____
Child #2:	_____	_____	_____
Child #3:	_____	_____	_____
Child #4:	_____	_____	_____
Child #5:	_____	_____	_____
Child #6:	_____	_____	_____
Child #7:	_____	_____	_____
Child #8:	_____	_____	_____
Subtotal:	_____	_____	_____

Board Rate Subtotal – SON Subtotal = \_\_\_\_\_

**The relative caregivers would get \$ \_\_\_\_\_ more each month by becoming licensed.**

Prepared by: \_\_\_\_\_  
(Licensing/Permanency Worker)

Date: \_\_\_\_\_