

State of Illinois
Department of Children and Family Services

ILO/TLP Request for Extension of Services

Youth's Name: _____ Date of Birth _____ (less than 22 years of age).

My caseworker is _____, whose phone number is _____.
My caseworker believes that I am capable to plan toward my emancipation.

I understand that I must complete or make reasonable progress toward completion of these tasks in order to make a successful transition out of Child Welfare to independence. If I do not make reasonable progress, or if my actions or inactions indicate that I am unwilling to cooperate with my caseworker or be subject to the Department's authority, services and financial assistance provided by the Department shall be terminated.

I have established the following objectives for this 30-day period. Completing this will make me more prepared for emancipation.

(INSERT LIST OF OBJECTIVES AND TASKS HERE – should be written to reflect a 30 day term)

I acknowledge that these are my objectives as I prioritized them, and that it is my responsibility to prepare myself for independence. I understand that the Illinois Department of Children and Family Services has contracted with _____ (agency name) to assist me in this process. This agency is available to help me accomplish my goals, support my efforts, and provide me with some financial assistance in order to promote me toward the goal of independence.

I understand that I must make reasonable progress toward the goal of independence. Reasonable progress is defined as addressing the objectives and tasks I have set out above on a daily and/or weekly basis. If I do not demonstrate reasonable progress toward independence within 30 days, or if my actions or inactions indicate that I am unwilling to cooperate with my caseworker or be subject to the Department's authority, my case will be closed and services and financial assistance provided by the Department will be terminated.

I have the following concerns or needs that I want to address or to have help with as part of this contract (attach additional pages as needed):

Youth's Signature

Date _____ Case ID _____

Caseworker's Signature

Date _____

ILO/TLP Casework Supervisor

Date _____

I recommend a 30 day extension of ILO/TLP services for the above named youth.

DCFS Monitoring Supervisor's Signature

Date _____

30 Day Extension of ILO/TLP Services:

Date: _____ Granted Denied

Deputy Director's Signature Date _____

30 Day Extension of ILO/TLP Services:

Date: _____ Granted Denied

Deputy Director's Signature Date _____

30 Day Extension of ILO/TLP Services:

Date: _____ Granted Denied

Deputy Director's Signature Date _____