

Provider Matching Acceptance Form for Reach In

I am a duly authorized official of _____
Provider Agency Name

The provider number is _____.

- On behalf of my agency, as of today's date, I am accepting the youth below for placement into our ILO or TLP program upon discharge from residential care.
- The youth listed below has/have been discharged from residential care and has/have been stepped down into specialized foster care, or to an ILO/TLP program.
 - o In the case of step down to specialized foster care, gatekeeper approval has been obtained.
 - o A 906 has been submitted to the appropriate unit.
 - o A 1042 is attached to this form.

Signature of Official Provider Representative

Date

Signature of Official DCFS Regional Representative

Date

	Child Name	Child ID	Step Down Placement Type (Spec/ILO/TLP)	Contract #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				