State of Illinois Department of Children and Family Services

INTACT FAMILY SERVICES CASE - IDCFS/IDHS CHILD CARE SERVICES REFERRAL FORM

In compliance with Section 9A-11 of the Illinois Public Aid Code as amended by P.A. 100-0860: Initial Child Care Services Eligibility for Intact Family with children under the age of five (5), DHS will provide day care services to children under age 5 listed below for 6 months immediately after the Intact Family Services case closing date. The completed CFS 2000-A shall be submitted to the corresponding DHS office at least 45 days prior the projected Intact Family Services case closing date.

DCFS/POS IFS Worker	Name:	Phone Number:	Phone Number:	
DCFS/POS Worker Em	ail Address:			
Intact Family Services C	ase CYCIS Number:			
Intact Family Services C	ase Closure Date:			
PART I	PRIMARY APP	PLICANT'S INFORMATION		
This section to be compl (Please use N/A for answ		stance from their Intact Family Services worker a	as necessary.	
Parent/Guardian FIRST NAME		Parent/Guardian LAST NAME	Middle Initial	
Residence Address				
City		State	Zip Code	
Mailing Address (if different	than residence)			
Daytime phone number		Cell phone number		
Email address				
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PART II CHILDREN FOR WHOM CHILD CARE SERVICES ARE BEING REQUESTED

This section to be completed by the parent with assistance from their Intact Family Services worker if necessary.

Please provide the following information for each child in need of child care services. If additional children, please duplicate this page and provide the requested information.

Child's name (Last, First)	Date of Birth	Relationship to Applicant	END DATE of child care (if known)