STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

COUNTY LEAVE BLANK

Use this form when reporting payment to approved family homes, child welfare agencies, shelter care facilities, or other caretakers> READ INSTRUCTIONS ON REVERSE SIDE.

Amount $ _____

Voucher No. _____

Date _____

Statement of monies paid by the Treasurer of _____ County during the month of _____ , 20_____ for reimbursable care and support of minors provided

shelter care or minors dependent, neglected, deliquent or otheriwse in need of supervision under orders of the _____ Court, pursusant to Section 7-5 of the Juvenile Court Act, as ammended.

A	B	C	D	E	F	G	H	I Amount Paid by County		J Amount Claimed by County	
County Check No.	* Classi-fication	** Type of Case	Name and Address of Caretaker	Name and Birthday of Child	Court Case Number	Date of Original Court Decree	Month or No. of Days for Which Payment is Made	Basic Maintenance Payment	Social Services	Basic Maintenance Payment	Social Services
									TOTAL		

*Classification

   3-3 Shelter Care Placement

   5-7 Foster Care Placement

   7-80 December 1-17 Placement

** Type of Case

   SC   Shelter Care Facility

   FH   Foster Family Home

   GH   Group Home

   IN   Institution

JUVENILE COURT ACT

Section 7-5. State reimbursement of funds. Before the 15th day of each month, the clerk of the court shall itemize all payments received by him under Section 7-4 during the preceding month and shall pay such amounts to the county treasurer. Before the 20th day of each month, the county treasurer shall file with the Department of Children and Family Services an itemized statement of the amount of money for the care and shelter of a minor placed in shelter care under Section 3-3 or placed under Section 5-7 who was placed before July 1, 1980, and after June 30, 1981, paid by the county during the last preceding month pursuant to court order entered under Section 7-3, certified by the court, and an itemized account of all payments received by the clerk of the court under Section 7-4 during the preceding month and paid over to the county treasurer, certified by the county treasurer. The Department of Children and Family Services shall examine and audit the monthly statement and account, and upon finding them correct, shall voucher for payment to the county a sum equal to the amount so paid out by the county less the amount received by the clerk of the court under Section 7-4 and paid to the county treasurer but not more than an amount equal to the current daily rate paid by the Department of Children and Family Services for regular foster care services for any minor. Reimbursement to the counties under this Section for care and support of minors in licensed child caring institutions must be made by the Department of Children and Family Services only for care in those institutions which have filed with the Department a certificate affirming that they admit minors on the basis of need without regard to race or ethnic origin.

INSTRUCTIONS FOR FORM CFS 920

1. Prepare form in quadruplicate. Forward first three copies to the Department of Children and Family Services, Office of Central Support Services, 406 East Monroe Street, Springfield, Illinois 62701-1498, and retain the fourth copy for your file.

2. In Column A, list the number(s) of all checks or warrants issued during the month.

3. In Column B, enter the specific classification.

4. In Column C, enter the type of case.

5. In Column D, enter the name and address of caretaker.

6. In Column E, enter the name and birthdate of child.

7. In Column F, enter the court case number.

8. In Column G, enter the date of original court decree.

9. In.Column H, enter the month or number of days for which payment is made.

10. In Column I, enter the amount paid by the county.

11. In Column J, enter the amount claimed by the county.

12. Form CFS 921 "Certification" must accompany this form.