

State of Illinois  
Department of Children and Family Services

**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.
- In the case of step down to specialized foster care, gatekeeper approval has been obtained.
  - A 906 has been submitted to the appropriate unit.
  - A 1042 is attached to this form.

\_\_\_\_\_  
Signature of Official Provider Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official DCFS Regional Representative

\_\_\_\_\_  
Date

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