

**State of Illinois**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**REASON FOR EXPIRED RENEWAL APPLICATION**

Licensee: \_\_\_\_\_

Licensee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (Zip Code)

Provider ID #: \_\_\_\_\_

Licensing representative \_\_\_\_\_ met with me/us on this date and explained the need to document the reasons why my/our renewal application expired and my/our home is now unlicensed.

- \_\_\_ Training Requirements \_\_\_ Medicals
- \_\_\_ Background Checks \_\_\_ Physical Plant Issues
- \_\_\_ State Regulatory Oversight
- \_\_\_ I/we have adopted/will adopt the related child(ren) placed with us on \_\_\_\_\_ (date).
- \_\_\_ I/we have become/will become the guardian of the related child(ren) placed with us on \_\_\_\_\_ (date).
- \_\_\_ Other (please specify) \_\_\_\_\_

_____ (Caregiver Signature)	_____ (Date)	_____ (SSN)
_____ (Caregiver Signature)	_____ (Date)	_____ (SSN)

Submitted by: \_\_\_\_\_ (Licensing Worker Signature) \_\_\_\_\_  
(Date)

**Directions to Licensing Worker: Fax completed form to HMR Coordinator at 217/782-6446.**