

**LICENSED CHILD WELFARE AGENCY MANAGEMENT SELF REPORTING FORM**  
(for compliance with Part 401, Licensing Standards for Child Welfare Agencies, Appendix C)

LICENSED AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

Report for the fiscal year ending \_\_\_\_\_

The responses to the following ten (10) representations regarding Agency financial condition and operations are to be signed and dated by the Chief Financial Officer and an Authorized Representative of the governing body on a “to the best of our knowledge” basis.

For any response other than “yes”, please provide details by attaching additional sheets.

This form and any attachments should be submitted within 180 days after the close of the Fiscal Year to:

Department of Children and Family Services  
Office of Planning and Budget  
406 East Monroe – Mail Station 440  
Springfield, IL 62701-1498

**Representations are for the immediate past fiscal year.**

**REPRESENTATIONS**

1. We have a bookkeeping system that includes, minimally, a chart of accounts and appropriate accounting journals.

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. We have paid our payrolls in accordance with our specified payroll schedule.

\_\_\_\_\_ YES \_\_\_\_\_ NO

3. We have paid relative caregivers or foster parents in accordance with established payment schedules.

\_\_\_\_\_ YES \_\_\_\_\_ NO

4. We have paid all payroll taxes or other tax liabilities on or in advance of the date required by all taxing authorities.  
 YES     NO
5. We have not defaulted on any debt.  
 YES     NO
6. We have billed funding agencies within 60 days for amounts due.  
 YES     NO
7. We have not failed to collect billings and have not had to write off billings.  
 YES     NO
8. We have adequate assets to provide for Agency operations and services such as staff, taxes, rent, utilities and supplies for at least 30 days.  
 YES     NO
9. We have not loaned money to Agency employees or members of the Board of Directors.  
 YES     NO
10. We do not have an operating deficit for the year.  
 YES     NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name/Representative of Governing Body

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Chief Financial Officer  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please do not write below this line (office use only)**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Sent to Licensing: \_\_\_\_\_