

State of Illinois
Department of Children and Family Services
LICENSE FILE - CONTACT/LICENSE ENTRY NOTE

Applicant/Licensee Name: _____ Application/License Number: _____

Licensing Worker: _____ Year: 20 _____

Record significant licensing events, contacts involving this license, licensee, or applicant, specify: Type of Contact: Who was contacted or present; the purpose, significant content and anticipated activity.

Individual Contacted: _____ Telephone Number: (____) _____

Contact Type Codes:

- ***P** — Phone
- ***IP** — In Person (location shall be completed)
- ***AC** — Attempted Call
- ***AI** — Attempted In Person (location shall be completed)
- ***C** — Correspondence (letters, e-mail, fax, etc)

Date/Time	Type*	Location	Narrative

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