

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.