CFS 851
Rev 4/2023

State of Illinois
Illinois Department of Children and Family Services

FOSTER CHILD DAMAGE REIMBURSEMENT PROGRAM CLAIM FORM

PLEASE PRINT OR TYPE

NOTE: All applicable sections of the form must be completed and the form must be signed, dated, and mailed to: FCDRP Coordinator, DCFS, 60 E. Van Buren, Suite 1339, Chicago, IL 60605. Claims may also be filed electronically at DCFS.FosterChildDamageReimbursementClaims@illinois.gov.

Please refer to the instructions on Page 3. Each numbered item there corresponds with the item of the same number on this form.

1. FOSTER PARENT	Name	Home Phone # Cell Phone #	
	Address	City	Zip Code
	e-mail Address		
2. FOSTER CHILD & CASE WORKER	Name	Date of Birth	DCFS ID#
	Case Worker Name	Case Worker Agency	
	Case Worker Mailing Address	Case Worker Telephone #	
3. INCIDENT DATE & LOCATION	Date	Time ☐ AM ☐ PM	
	Address, City & State		
4. CLAIMANT IDENTITY & CLAIMANT INSURANCE PROVIDER	Name of Claimant	Claimant Mailing Address	
	Home Address	Home Telephone# Claimant Social Security #	
	Claimant Insurance Co.	Insurance Policy # Insurance Agent Name & Telephone #	
	Insurance Type: ☐ Personal ☐ Auto ☐ Health ☐ Home		
5. PERSONAL INJURY INFORMATION	Name of Each Person Injured	Date of Birth	
	Injured Person Address	Telephone # of Injured Person	
	Employer, Parent or Guardian Name and Address		
	Name of Health Insurance Carrier	Phone #	
	Address of Health Insurance Carrier	Policy #	
	Nature and Extent of Personal Injury		
	Name and Address of Medical Service Provider	Phone #	
6. PROPERTY DAMAGE INFORMATION	Owner of Damaged Property	Property Owner's Social Security # Phone #	
	Owner Address	City	Zip Code
	List all items that were damaged or destroyed		
	Original Vendor, purchase date, & purchase price	Vendor phone #	
	Original Vendor, purchase date, & purchase price	Vendor phone #	
	Original Vendor, purchase date & purchase price	Vendor phone #	
	Owner's estimate of total cost to repair/replace damaged items		

7. WITNESSES	Name and Address	Phone #
	Name and Address	Phone #
	Name and Address	Phone #
8. DESCRIPTION OF THE INCIDENT		
	Name and Address of Policy Agency to Whom Incident Was Reported (if any)	Date Reported
9. OTHER PERTINENT INFORMATION		
10. SIGNATURE	Printed Name of Foster Parent	Foster parent ID #
	Foster Parent Signature	Licensed? ☐ Yes ☐ No Home of Relative? ☐ Yes ☐ No Date
11. CASE WORKER CERTIFICATION	I hereby certify that I have observed the damages or injuries herein and that the above description of the damages or injuries is: ☐ accurate and **I support** this claim. ☐ not accurate and **I do not support** this claim Name of Case Worker's Agency_____ Printed Name of Case Worker_____ Case Worker's Phone #_____ Signature_____ Date_____	

Please attach all receipts, estimates and insurance claim statements for each item, injury or service claimed above.

INSTRUCTIONS

FOSTER CHILD DAMAGE REIMBURSEMENT COVERAGE CLAIM FORM

1. FOSTER PARENT

Please provide the name, address, home and cell phone numbers with area code, and email address of the foster parent.

2. FOSTER CHILD & CASE WORKER

Provide the name date of birth and DCFS ID number of the foster child who caused the damage or injury. Also include the name of the child's case worker and the name, address & telephone number of their office.

3. INCIDENT DATE & LOCATION

Give the day, month, year, time, and the complete address and location where the incident occurred.

4. CLAIMANT IDENTITY & CLAIMANT INSURANCE PROVIDER

Provide the names, addresses, telephone and insurance policy numbers for the insurance providers the claimant currently has in force, including employers' or school insurance. Attach proof that a claim was submitted to the insurance carriers and a copy of their disposition. Include the social security number of the claimant.

5. PERSONAL INJURY INFORMATION

Please give complete information on each party who suffered an injury including their contact information and social security number. If that party has an applicable insurance carrier, give the carrier's name, address, phone number and the injured policy number. Give the name, address and phone number of the doctor, hospital, ambulance service, or clinic that provided services to the injured party.

6. PROPERTY DAMAGE INFORMATION

Please name each item damaged or destroyed and provide documentation of original vendor, purchase date; and purchase price for each item, and at least two estimates of costs to repair or replace from established firms or businesses, along with the claim form when submitted. Also please provide the name, address and phone number of the firms which gave the estimates. Please provide the name, address, telephone, and social security number of the owner of the damaged property.

7. WITNESSES

Please provide name, address and phone number, along with other information on any witness to the incident.

8. DESCRIPTION OF INCIDENT

Use another sheet of paper if necessary. Be as specific as possible. Please give the time, date, street addresses, name of everyone present and as accurate a description as possible of the incident, including what happened, when, where, why, and who caused what injury or damage to whom. Include the contact information for the police department that was contacted as well.

9. OTHER PERTINENT INFORMATION

Provide any other information you feel is pertinent to the claim. Please include the name and address of the case worker and social service agency or fire department to whom the incident was reported.

10. SIGNATURE

The foster parent of the child who damaged things must sign the form, enter their foster parent ID number, date, and return it to the child's case worker. He or she must indicate if they are licensed and/or registered as home of relative.

11. CASE WORKER CERTIFICATION

The child's DCFS or POS case worker must review the claim form and mark the appropriate box, sign and date it, and send it to the FCDRP Coordinator, Department of Children and Family Services, 60 E. Van Buren, Suite 1339, Chicago, IL 60605. Claims may also be filed electronically at DCFS.FosterChildDamageReimbursementClaims@illinois.gov.