DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2002.16

SUPPLEMENTAL SECURITY INCOME (SSI) SPECIAL NEEDS ALLOWANCE

Distribution: X and Z

RELEASE DATE: November 14, 2002

TO: Department and Purchase of Service (POS) Agency Permanency Staff and

Rules and Procedures Bookholders

FROM: Jess McDonald

EFFECTIVE: Immediately

I. Purpose

The purpose of this Policy Guide is to advise staff of the Special Needs Allowances that will periodically be paid to relatives for children who are receiving federal Supplemental Security Income (SSI). This process was initiated effective July 1, 2002.

II. Distribution of Special Needs Allowance

Each month, the Children's Account Unit (CAU) will evaluate every unlicensed relative placement to determine which children are receiving SSI.

For children who are newly receiving SSI and are placed in unlicensed relative care, a SSI Special Needs Allowance will be initiated in the first month SSI payments are received.

For children who are currently receiving SSI and are placed in unlicensed relative care, a SSI Special Needs Allowance will be initiated whenever the child's account balance exceeds \$750.00.

The amount of the SSI special needs allowance will be the difference between the standard of need rate and the licensed foster care rate, based on the age of the child. For DCFS and POS cases, allowance payments will be made through a special service fee. All of these payments will be paid directly to the caregiver.



III. Use of Allowance and Reporting

Relatives are instructed to spend the allowance of the child's current maintenance needs on other services that may be needed because of the child's disability. Following is a brief description of the items/services for which the funds may be used:

- Personal allowance
- Clothing needs
- Personal needs related to the disability
- Tutoring, dancing lessons, art classes
- Education or job skills training
- Bus passes or other transportation needs
- Special foods for children with dietary needs
- Computers and educational software, which MUST move with the child
- Special Equipment needed to adapt to the child's disability, which MUST move with the child

Workers will need to complete the attached CFS 2023, Special Needs Allowance Utilization Form, prior to each Administrative Case Review to verify that the funds are being spent in accordance with their intent. The original CFS 2023 is to be forwarded to:

Children's Account Unit 406 East Monroe Street, Station 410 Springfield, IL 62701

A copy of the **CFS 2023** is to be retained in the child's case file.

If it is determined the SSI Special Needs Allowance was not spent appropriately for the child, the allowance will cease and the caregiver will be asked to return the money to the Department.

IV. Termination of Allowance

The caregiver and case manager will receive notice when the SSI Special Needs Allowance will be terminated when:

- the foster parent becomes a licensed foster home; or
- other services are paid related to the child's specific disability that meet the child's special needs and the account balance drops below \$750.00; or
- the account balance drops below \$750.00; or
- the relative is unable to verify that funds were appropriately spent on the child; or
- the SSI benefit is terminated and the account is depleted.

V. Questions

Questions regarding this Policy Guide should be directed to Jodi Biggs at 217-785-2480.

VI. Attachments

CFS 2023, Special Needs Allowance Utilization Form, which can be ordered from stores in the usually matter. The form is also available on the Department website and as a template on the SACWIS T drive.

Sample copy of the letter to Caregiver to Explain Allowance

Sample copy of the letter to Caregiver Terminating Allowance

VII. Filing Instructions

File this Policy Guide immediately following yellow page procedure 359.40 – 359.46 (4).

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George H. Ryan Governor

Jess McDonald Director

Illinois Department of Children & Family Services

Director	·
October 31, 2006	
Child's Name:	ID:
Dear Provider:	
representative payee the Department dete current maintenance needs. This money is be used for the direct benefit of the child. Please Note: This letter is the only notice	e you will receive regarding initiation of the Special Needs Allowance,
allowance was spent for the child. If it is	s notice for your records. Your case manager will ask you how the determined the SSI Special Needs Allowance was not spent ked to return that money to the Department. Following is a brief that may be used:
	Bus passes or other transportation needs
Should you have any questions regarding call me at 217-785-2480.	this notice or proper use of the SSI Special Needs Allowance please
Sincerely,	
Jodi Biggs Administrator, Children's Account Unit	
cc: Case Manager	

406 E. Monroe Street • Springfield, Illinois 62701 217-785-2509 • 217-524-3715 / TTY





George H. Ryan Governor

Jess McDonald Director

Illinois Department of Children & Family Services

October 31, 2006	
Child's Name: ID:	
Dear Provider:	
This letter is to inform you the SSI Special Needs Allowance for the above referenced child in your terminate effective for the reason indicated below: The Foster Parent home has become licensed. The SSI account balance has depleted. Funds were verified as inappropriately spent. The SSI benefit, from the Social Security Administration has been terminated and the has been depleted. Please Note: This letter is the only notice you will receive regarding termination of the Special Nee Allowance, therefore it is very important to retain this notice for your records. Your case manager whow the allowance was spent for the child. If it is determined the SSI Special Needs Allowance was appropriately for the child, you will be asked to return that money to the Department. Should you have any questions regarding this notice or proper use of the SSI Special Needs Allowance all me at 217-785-2480.	e account ds vill ask you s not spent
Sincerely,	
Jodi Biggs Administrator, Children's Account Unit	
cc: Case Manager	

406 E. Monroe Street • Springfield, Illinois 62701 217-785-2509 • 217-524-3715 / TTY



State of Illinois Department Of Children and Family Services

SPECIAL NEEDS ALLOWANCE UTILIZATION FORM

INSTRUCTIONS: Complete this form prior to each ACR to document the services and purchases the foster parent spent using the Special Needs Allowance and forward to: Children's Account Unit, 406 East Monroe Street, Station 410, Springfield, IL 62701 and retain one copy for the Child's Case File.

PERIOD OF RECEIPT OF SP	ECIAL NEEDS ALLO	WANCE:	TO	
Child Name:		I.D. No		
Provider Name:		Provider No		
I have verified the SSI Special Needs a or purchases:	Allowance provided to the F	oster Parent has been used	to provide the following services	
Caseworker (Required)	ID	/ Date/	/	
Caseworker (Required)			KU SI FD	
	ID	Date/_	/ / /	
Supervisor (Required)			RG SI FD	

Original to Children's Accounts Unit

Child's Case File

cc:

