

ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES
REQUEST FOR EXTENSION
RELATED TO FILING AUDIT/FINANCIAL REPORTS

- TO AVOID FINANCIAL PENALTY -
PLEASE REQUEST ON OR BEFORE THE REPORT DUE DATE.
(180 DAYS AFTER PROVIDER'S FISCAL YEAR END)

Provider Name: _____

Address: _____

FEIN: _____

Date of Provider's Fiscal Year End: (MM/DD/YYYY) _____

Fiscal Year of Request: _____

Contact Person: _____

Phone #: _____

Fax #: _____

E-Mail Address: _____

Type of extension requested (please check all that apply):

Single Audit Audit CFR AG 990 CYEFR

NOTE - A COPY OF THE SIGNED ENGAGEMENT LETTER IS REQUIRED

Explanation and Justification: _____

Signature and Title (must be Executive Management or a Board Member)

Date

Fax Request to: (217) 785-1765
Or e-mail to: DCFS.FinancialReports@illinois.gov

Extension request approved through _____

Request approved

Request not approved

Janet McKeown, Manager, Rate Setting Unit

Date

A signed form indicating approval or denial of your request will be returned to the provider by fax or email within 30 business days after receipt of the request.