CFS 2000-A
7/2019

State of Illinois
Department of Children and Family Services

INTACT FAMILY SERVICES CASE - IDCFS/IDHS CHILD CARE SERVICES REFERRAL FORM

In compliance with Section 9A-11 of the Illinois Public Aid Code as amended by P.A. 100-0860: Initial Child Care Services Eligibility for Intact Family with children under the age of five (5), DHS will provide day care services to children under age 5 listed below for 6 months immediately after the Intact Family Services case closing date. The completed CFS 2000-A shall be submitted to the corresponding DHS office at least 45 days prior the projected Intact Family Services case closing date.

DCFS/POS IFS Worker Name: _____ **Phone Number:**_____

DCFS/POS Worker Email Address: _____

Intact Family Services Case CYCIS Number: _____

Intact Family Services Case Closure Date: _____

PART I PRIMARY APPLICANT'S INFORMATION

This section to be completed by the parent with assistance from their Intact Family Services worker as necessary.
(Please use N/A for answers that do not apply)

_____ _____
Parent/Guardian FIRST NAME Parent/Guardian LAST NAME Middle Initial

_____
Residence Address

_____ _____
City State Zip Code

_____
Mailing Address (if different than residence)

_____ _____
Daytime phone number Cell phone number

_____
Email address

PART II CHILDREN FOR WHOM CHILD CARE SERVICES ARE BEING REQUESTED

This section to be completed by the parent with assistance from their Intact Family Services worker if necessary.

Please provide the following information for each child in need of child care services. If additional children, please duplicate this page and provide the requested information.

Child's name (Last, First)	Date of Birth	Relationship to Applicant	END DATE of child care (if known)