State of Illinois Department of Children and Family Services

RE-ENTRY ALTERNATIVE CONTRACT APPROVAL

To be Completed in Accordance with Action Transmittal 2021.04 While the Temporary Provisions Remain in Effect

Name (Last, First, MI)		Date of Birth MM/DD/YY	_		ase Closure Dat	e CYCIS ID#
Email		Telephone Number SS		SSI	SN:	
	ess must be valid for at lea ys for payment to be receive				State	Zip Code
 The youth meets the required RAC criteria: Youth was formerly in care and aged out after April 1, 2020 or will age out on or before September 30, 2021. Youth has submitted a copy of photo identification (driver's license, state identification card, school or employment identification). One of the below is met: Youth is within 30-days of exiting care the permanency worker and supervisor are authorizing a RAC; a virtual RAC meeting is not required. The worker and supervisor have met with the youth prior to exiting care and review the RAC requirements and responsibilities on/						
Caseworker:	Signature:				_ Date:	//
Supervisor: OR	Signature:				_Date:	/
В. 🗆	Youth is over 21 with	closed case:				
	Virtual RAC Meeting	Date with C21 Sta	nff:/			
C21 Facilitat	or: Signature:				Date:	<u>//</u>

Send signed and completed application and to Central Payment Unit for payment processing via email to DCFS.CPUDCFSMailbox@illinois.gov or via fax to 217-557-0639.