State of Illinois Department of Children and Family Services

REQUEST FOR IFS TIER 2 DESIGNATION

Case Name:		CYCIS ID #:	
Case	opening date:		
Agen	ncy:		
County:		Team:	
	information below must be addressed witch the contact and super	rith this request and through integrated assessments, rvisory notes:	
1)	1) Reason for case opening: presenting issues, indicated allegations		
2)			
2)	behavioral terms, From the onset, we nee	necessary to achieve safe case closure - expressed in ed to clearly describe the <i>Behavioral Patterns</i> that must onsistently demonstrated by the caregiver to preserve a d daily functioning	

3)	Service plan goals established to achieve safe case closure,
4)	Strategies deployed to achieve safe case closure,
7)	Strategies deproyed to define ve saire ease closure,
5)	Progress achieved to date,
5)	Trogress achieved to date,

6)	Barriers to achieving safe case closure,	
7)	Specific roadmap of behavioral strategies to be deployed to achieve safe case closure in the prospective 6 months, including achievement of service plan objectives, case management and monitoring strategies,	
8)	Basis to support the reasonable expectation that keeping the case open will be beneficial to family and is aligned with the original goals.	
Anticipated closing date:		
Requestor:		