

LICENSED CHILD WELFARE AGENCY MANAGEMENT SELF REPORTING FORM
(for compliance with Part 401, Licensing Standards for Child Welfare Agencies, Appendix C)

LICENSED AGENCY _____

ADDRESS _____

LICENSE NUMBER _____

CONTACT NAME _____

CONTACT PHONE NUMBER _____

Report for the fiscal year ending _____

The responses to the following ten (10) representations regarding Agency financial condition and operations are to be signed and dated by the Chief Financial Officer and an Authorized Representative of the governing body on a “to the best of our knowledge” basis.

For any response other than “yes”, please provide details by attaching additional sheets.

This form and any attachments should be submitted within 180 days after the close of the Fiscal Year to:

Department of Children and Family Services
Office of Planning and Budget
406 East Monroe – Mail Station 440
Springfield, IL 60701-1498

Representations are for the immediate past fiscal year.

REPRESENTATIONS

1. We have a bookkeeping system that includes, minimally, a chart of accounts and appropriate accounting journals.

_____ YES _____ NO

2. We have paid our payrolls in accordance with our specified payroll schedule.

_____ YES _____ NO

3. We have paid relative caregivers or foster parents in accordance with established payment schedules.

_____ YES _____ NO

4. We have paid all payroll taxes or other tax liabilities on or in advance of the date required by all taxing authorities.
 YES NO
5. We have not defaulted on any debt.
 YES NO
6. We have billed funding agencies within 60 days for amounts due.
 YES NO
7. We have not failed to collect billings and have not had to write off billings.
 YES NO
8. We have adequate assets to provide for Agency operations and services such as staff, taxes, rent, utilities and supplies for at least 30 days.
 YES NO
9. We have not loaned money to Agency employees or members of the Board of Directors.
 YES NO
10. We do not have an operating deficit for the year.
 YES NO

signature

signature

Printed Name/Representative of Governing Body

Printed Name

Title

Chief Financial Officer
Title

Date

Date

Please do not write below this line (office use only)

Date Received: _____ Received By: _____

Reviewed By: _____ Date: _____

Sent to Licensing: _____