## State of Illinois Department of Children and Family Services

## ACCOUNTING OF ADOPTION AGENCY PAYMENTS OF SALARIES AND OTHER COMPENSATION

Adoption Agency Name:			Contact Person:					
Adoption Agency Address (Number		Phone:						
FEIN:		Email:						
Time Period Covered By This Repo	ort: / / throu	h / (Most recent fiscal year)						
Agency is accredited by the Counc	il on Accreditation for Child and	Family Services (COA) to provide adoption services.						
Agency has incurred COA accredit	, safety, morals, or welfare of children receiving services.							
Agency has incurred Department so	in the past four (4) years.			Yes [	No 🗌			
Other accreditation (Specify):					Yes	No L		
Complete one line for each director, officer, employee, independent contractor or any other person acting on behalf of the child welfare agency who provides adoption services.								
Name	Position	Years Experience in Adoption Activities E	Education	Total Fees, Wages, Salary, Bonus Paid	Fringe Benefits & Employer's Share of Payroll Taxes (1)	Other Forms of Provided Compensation		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
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				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
Additional sheets may be attached as necessary.								
(1) Fringe benefits and payroll taxes include, but are not limited to, the employer's cost of:  • Medical Insurance • Life Insurance • Retirement • Social Security • Medicaid • Transportation/Vehicle		Other forms of compensation include, but are not limited to, the employer's cost of:  Deferred and non-cash compensation Employer provided professional liability insurance Cash value of loans including principal and imputed interest costs Funds disbursed through expense accounts Cash equivalent of purchased or leased vehicles available for employee or officer use Food, housing and/or clothing allowances						
THIS FORM MUST BE SUBMIT	ГЕД ТО:	DEADLINE FO	DEADLINE FOR SUBMISSION					
Office of Planning & Budget								

THIS FORM MUST BE SUBMITTED TO:		DEADLINE FOR SUBMISSION
Office of Planning & Budget Department of Children & Family Services	1)	Before an initial license is granted
Mail Station #440	2)	Subsequent to the receiving the initial license, the adoption agency shall
406 East Monroe Street		provide on an annual basis. The report shall be due within 180 calendar
Springfield, IL 62701		days (6 months) of the end of the agency 's accounting (fiscal) year.
Fax number: (217) 785-1765		