



# INSTRUCTIONS FOR COMPLETING CASH ASSISTANCE RECONCILIATION AND ADVANCE REQUEST

This Reconciliation is authorized for use with providers for Cash Assistance services to Department identified clients when specified in your contract or requested by your Contract Liaison. This Reconciliation is not authorized for any other Cash Assistance or other services.

1. **PROVIDER NO.**  
Insert your 6-digit DCFS I.D. number, and your name and address as it appears in your contract. Telephone number of person preparing reconciliation may be inserted.
2. **CONTRACT NO.**  
For contracted service, insert contract number stated in contract. For non-contracted services, type "non-contracted" above the contract number.
3. **FEIN NO.**  
Use the number as it appears in your contract.
4. **SERVICE REPORTING PERIOD**  
The month in which you provided the service (i.e. From 8/1/01 To: 8/31/01). Each reconciliation should include service provided in that month only. Use a separate reconciliation form for each service month.
5. **DATE SUBMITTED**  
Self-explanatory.
6. **DIFFERENTIAL RESPONSE (DR) PROJECT DIRECTOR**  
Insert the name the DR Project Director who authorized this service.
7. **WORKER NAME**  
Insert the worker's name who provided direct service to the client.
8. **CLIENT NAME**  
Client's name should be stated using last name first and first name last. Client's name may be abbreviated if necessary. Use form CFS 1042-C Continuation Sheet as necessary.
9. **DCFS I.D.**  
Self-explanatory.
10. **SERVICE DATE**  
Enter dates of service rendered to client. The service date will be the issuance date of the check (i.e.8/5/01).
11. **SERVICE CODES**  
Provider inserts the applicable service code for the type of service provided the client for Cash Assistance. Approved requests for Cash Assistance from DCFS specify services codes for each request.
12. Insert the check number of the payment made by the provider for each Youth Housing Cash Assistance Service(s) provided.
13. Insert the actual dollar amount of the Cash Assistance services payment.
14. Insert the total of first page on line 14.
15. Obtain total of pages 2 to end of reconciliation and insert on line 15.
16. Add lines 14 and 15 to obtain total for line 16.
17. Insert the previous balance. For the first billing of a contract year, this will be zero (0). Insert any advance received during this reporting period. Insert credit for previously billed checks that were voided this period. Insert expenditures (cash assistance provided) this period as well as the corresponding administrative fee. Calculate current balance (balance at the end of the reporting period)
18. **SELLER'S CERTIFICATION**  
An authorized official of the Provider must sign this Reconciliation and include her or his position.
19. **ADVANCE REQUEST**  
Insert Type Service Codes (TSC) for Advance and Administrative Fee as specified here or in your contract. Insert Dates and Amounts of Request.  
4201 Advance to Cash Assistance Providers - Differential Response  
4209 Administrative Fee - Differential Response
20. **DCFS Use Only.**

NOTE: Items 4-17 are not used when submitting an ADVANCE REQUEST.

NOTE: Item 19 is not used when submitting a CASH ASSISTANCE RECONCILIATION