**INITIAL PLACEMENT START-UP FUND PREPAID CARD ISSUANCE AND ACKNOWLEDGMENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILD’S NAME** | **CAREGIVER NAME** | **CYCIS ID** | **ISSUING WORKER** | **CARD NUMBER (LAST 4)** |
| Click or tap here to enter text. | Click or tap here to enter text.  Click or tap here to enter text. |  | Click or tap here to enter text. | xxxx xxxx xxxx |
| Click or tap here to enter text. | Click or tap here to enter text.  Click or tap here to enter text. |  | Click or tap here to enter text. | xxxx xxxx xxxx |
| Click or tap here to enter text. | Click or tap here to enter text.  Click or tap here to enter text. |  | Click or tap here to enter text. | xxxx xxxx xxxx |
| Click or tap here to enter text. | Click or tap here to enter text.  Click or tap here to enter text. |  | Click or tap here to enter text. | xxxx xxxx xxxx |
| Click or tap here to enter text. | Click or tap here to enter text.  Click or tap here to enter text. |  | Click or tap here to enter text. | xxxx xxxx xxxx |
| Click or tap here to enter text. | Click or tap here to enter text.  Click or tap here to enter text. |  | Click or tap here to enter text. | xxxx xxxx xxxx |
|  | | | | **TOTAL CARDS ISSUED** |
| Choose an item. |
| **ACKNOWLEDGEMENT AND SIGNATURES** | | | | |
| \*\*\*READ BEFORE YOU SIGN\*\*\* By signing this form, I acknowledge having received the Start-Up Fund Prepaid Card(s) listed above from the issuing worker. I understand that the purchases made with the Start-Up Fund Prepaid Card are intended for items related to the needs of the child or children. I understand that any items purchased using the Start-Up Fund Prepaid Card will remain with the child and will accompany them in the event of a change in placement. | | | | |
| **CAREGIVER #1 NAME** | **CAREGIVER #1 SIGNATURE:** | | | **DATE** |
| Click or tap here to enter text. |  | | | Click or tap to enter a date. |
| **CAREGIVER #2 NAME** | **CAREGIVER #2 SIGNATURE: (If Needed)** | | | **DATE** |
| Click or tap here to enter text. |  | | | Click or tap to enter a date. |
| **Issuing worker** | **Issuing worker SIGNATURE:** | | | **DATE** |
| Click or tap here to enter text. |  | | | Click or tap to enter a date. |
| For this form, the term “issuing worker” means a worker authorized by DCFS to issue the Start-Up Fund Prepaid Card. The term “issuing worker” may include, but it is not limited to, DCFS or contributing agency Child Welfare Specialists, and Child Protection Specialists. For this form, the term “caregiver” includes fictive kin, relative caregivers, and foster parents. | | | | |
| **THIS FORM SHALL BE FILED IN THE CASE RECORD** | | | | |