DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X & Z

Policy Guide 2012.06

ACCESSING, COMPLETING, AND SUBMITTING THE NEW ELECTRONIC CFS 906/E and CFS 906-1/E, PLACEMENT/PAYMENT AUTHORIZATION FORMS

DATE: May 14, 2012

TO: Rules and Procedures Bookholders, DCFS and POS Supervisors, Child Protection, and Child Welfare Staff

FROM: Richard H. Calica, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to issue new fillable CFS 906/E and CFS 906-1/E, Placement/Payment Authorization Forms as templates, including instructions for accessing, completing, and submitting the forms to the Department's Case Assignment Placement Unit (CAPU) in Chicago or, only when applicable, to the Department's Central Payment Unit (CPU) in Springfield.

The CFS number for each of the new fillable forms is:

- CFS 906/E for use by Department staff only; and
- CFS 906-1/E for the use by Purchase of Service (POS) staff only.

The new CFS 906/E and CFS 906-1/E templates may be submitted via e-mail in lieu of faxing a hard copy of the CFS 906 or CFS 906-1 to the Department's Case Assignment Placement Unit (CAPU) located in Chicago or, when applicable ***as specified in this Policy Guide,*** to the Department's Central Payment Unit (CPU) located in Springfield.

Use of the CFS 906/E and CFS 906-1/E templates is optional and when used, they must always be used in combination with a hard copy of the CFS 906 or CFS 906-1 form *(See Section III for details)*

Using the new CFS 906/E and 906-1/E templates will help minimize errors, ensure legibility of information, and will assist CAPU and CPU staff to enter the information correctly into the system and, if necessary, to promptly contact the senders in the event clarification is needed.

II. PRIMARY USERS

Primary users of this Policy Guide are staff of the Department and Purchase of Service (POS) that are responsible for placing children for whom the Department is legally responsible in substitute care and/or DCFS and POS staff that assist with completing and/or submitting the appropriate form when a child is initially placed, when a child is absent from her/his placement, or when a child returns to her/his placement after an absence, and when a child's placement is changed.

III. USE OF THE CFS 906/E and CFS 906-1/E FORMS

Department policy requires that a CFS 906 or CFS 906-1, Placement/Payment Authorization Form (hereinafter referred to generally as the CFS 906 form) be completed and submitted to CAPU every time a child's placement is made, interrupted by a temporary absence, changed, or terminated, and to authorize payment to foster parents, group homes, POS agencies, institutions, and/or independent clients. (See Department Administrative Procedure #5, Child Welfare Case Record Organization and Uniform Recording Requirements, Appendix D, CYCIS Forms Instructions for details.)

As stated in Section I of this Policy Guide, the new CFS 906/E and CFS 906-1/E forms may be submitted via e-mail in lieu of submitting the hard copy CFS 906 or CFS 906-1 form by fax to CAPU or, only when applicable, to the Department's Central Payment Unit in Springfield. However, the CFS 906/E and CFS 906-1/E **must always be used in combination with a hard copy of the CFS 906 or CFS 906-1 form.** This requirement is due to the fact that the hard copy CFS 906 and CFS 906-1 form has a pre-printed "Form Sequence Number" in the upper right hand corner of the form. The "Form Sequence Number" is the control number the Department uses to track placement and payment transactions submitted to CAPU or the CPU. The "Form Sequence Number" from a hard copy of the CFS 906 or CFS 906-1 must be entered precisely into the "No." data field which is located in the upper right hand corner of the of the CFS 906/E or CFS 906-1/E The hard copy of the related CFS 906 or CFS 906-1 form **must be stapled to a printed copy of the related CFS 906/E or CFS 906-1/E form** and filed in a child's case record. A "Print Form" button is located at the bottom of the CFS 906/E and CFS 906-1/E; it is recommended that the "Print Form" button be used to print the completed CFS 906/E and CFS 906-1/E forms prior to submitting the forms via e-mail.

IV. ATTACHMENTS

- Instructions for Accessing, Completing, and Submitting the CFS 906/E and the CFS 906-1/E forms.
- CFS 906/E Placement/Payment Authorization Form; and
- CFS 906-1/E Placement/Payment Authorization Form.

V. QUESTIONS

Questions regarding this Policy Guide may be directed to Office of Child and Family Policy at 217-524-1983 or by e-mail through Outlook at OCFP-Mailbox or at cfpolicy@idcfs.state.il.us for non-Outlook users.

VI. FILING INSTRUCTIONS

Please file this Policy Guide and its attachments immediately following Appendix C of Administrative Procedures #5, Child Welfare Case Record Organization & Uniform Recording Requirements.

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ATTACHMENT

INSTRUCTIONS FOR ACCESSING, COMPLETING, AND SUBMITTING THE CFS 906/E AND CFS 906-1/E FORMS.

I. Use of the CFS 906/E and CFS 906-1/E Forms

The CFS 906/E and CFS 906-1/E, Placement/Payment Authorization Forms may be used to submit required placement and/or payment information for a child to the Department's Case Assignment Placement Unit (CAPU) located in Chicago or, when applicable, to the Department's Central Payment Unit (CPU) in Springfield:

- The CFS 906/E is to be used only by Department staff; and
- The CFS 906-1/E is to be used only by Purchase of Service (POS) agency staff.

The CFS 906/E and CFS 906-1/E forms must be completed and submitted only within the Department's secure computer network (Intranet). Any person who completes and submits a CFS 906/E or CFS 906-1/E form must have a Department issued state of Illinois e-mail address. Any Department or POS agency staff that transmits a CFS 906/E or CFS 906-1/E form to CAPU or CPU via the non-secure internet will be in violation of Department confidentiality policies.

The CFS 906/E and CFS 906-1/E forms **must always be used in conjunction with the hard copy of the CFS 906 or CFS 906-1 form.** This requirement is due to the fact that the hard copy of a CFS 906 or a CFS 906-1 form has a pre-printed "Form Sequence Number" in the upper right hand corner of the form. The "Form Sequence Number" is the control number the Department uses to track placement and payment transactions submitted to CAPU or the CPU. The "Form Sequence Number" from a hard copy of the CFS 906 or CFS 906-1 must be entered precisely into the "No." data field which is located in the upper right hand corner of the of the CFS 906/E or CFS 906-1/E The hard copy of the related CFS 906 or CFS 906-1 form **must be stapled to a printed copy of the related CFS 906/E or CFS 906-1/E form** and filed in a child's case record. (See Section VIII., Print and Saving Completed Forms, for more details.)

The following placement types are to be submitted **only** to the Department's Central Payment Unit (CPU) located in Springfield;

CIL Community Integrated Living Arrangement
CUS College/University Scholarship (DCFS only)
FHA Foster Home Adoptive
SSA Self Select Approved
SSU Self Select Unapproved
YIC Youth in College
YIE Youth in Employment.

The phone number for CPU is 1-800-525-0499 and the fax number for CPU is 217-557-0639.

II. Submittal Timeframe Requirement

When using the CFS 906/E or CFS 906-1/E templates to report placement/payment information via e-mail, the completed templates must be submitted to CAPU or, if applicable, to CPU for data entry as soon as possible after the event that requires submittal of the information as specified in Administrative Procedures #5, Section 5.1, and Appendix D.

However, a CFS 906/E or CFS 906-1/E reporting a child's absence due to runaway should not be submitted until a child has been gone for 24 hours. If the absence exceeds 24 hours, submit the form using the living arrangement date and time the child actually left the facility.

III. Overview of the Content and Functionality of the Electronic CFS 906/E and the CFS 906-1/E forms

Depending on the version of software installed on your computer, the following data fields may or may not be highlighted in red in the CFS 906/E and 906-1/E forms **and are required** for all types of transactions being reported:

- "NO." CFS 906 Form Sequence Number (taken from the hard copy CFS 906 or CFS 906-1)
- "Child Name (last)(first);"
- "CYCIS Client ID#"
- "RG" (region), "ST" (Site),"FD" (field), of the **caseworker assigned to the case**;
- "Type of Transaction," one box must be checked;
- "Date" and "Time," (found under "Placement Data.");
- "Caseworker" (found under "Signatures"); and

Other data fields in the CFS 906/E and CFS 906-1/E may also be required depending on the type of transaction being reported. (See Sections IV and Sections X through Section XIV for details.)

The following is a general overview of the main contents and functionality CFS 906/E and the CFS 906-1/E forms:

- A data field was added at the top right hand corner for entry of Placement Clearance Desk approval number (PCD #), date, and time.
- Certain data fields are required regardless of the type of transaction being reported. All required data fields are highlighted in RED. Failure to enter any required data will result in a worker not being able to submit the form.

- Drop down menus have been added for certain data fields and the choices for values are readable before selection.

- Space has been added to permit entry of the name and social security number of two (2) foster parents or relative caregivers.

- The **"Termination"** data field found on the hard copy of the CFS 906 and CFS 906-1 has been eliminated on the fillable forms. (See Section XIII for instructions for terminating a placement.)

There are four distinct **"Submit"** buttons:

- **"Submit Case Opening ONLY"** (middle of the form on the right): to be used only when submitting a CFS 906/E or CFS 906-1/E to CAPU in Chicago to open a new case.

- **"Submit to CAPU Cook"** (bottom right hand corner of the form): to be used only by DCFS and POS staff with a Cook county R/S/F team number to submit a CFS 906/E or CFS 906-1/E to CAPU in Chicago AND by residential care, group home, and independent/transitional living programs located in Cook County.

  "Submit to CAPU Downstate" (bottom right hand corner of the form): to be used **only** by DCFS and POS staff with a downstate R/S/F team number to submit a CFS 906/E or CFS 906-1/E to CAPU in Chicago AND by residential care, group home, and independent/transitional living programs located in a county OTHER THAN Cook county.

- **"Submit to Payment Unit"** (bottom right hand corner of the form): to be used **only** when submitting a CFS 906/E or CFS 906-1/E for one of the limited number of types of living arrangement which by Department policy are to submitted directly to the Central Payment Unit in Springfield. (See Section I above for the list of living arrangement codes to be submitted directly to CPU.)

- When staff clicks on a "submit button" a pre-addressed e-mail will appear to which the completed CFS 906/E or 906-1/E will be automatically attached. Staff shall enter the name of the child and the CYCIS case number to which CFS 906/E or the CFS 906-1/E applies in the body or subject line of the e-mail before it is sent to CAPU or, if applicable, to CPU.

A **"Print Form"** button was added at the bottom of each form. It is highly recommended that the "Print Form" button be used to print the form after it is completed, but before it is submitted. A printed copy of the completed CFS 906/E or 906-1/E form must be attached to the original hard copy CFS 906 or 906-1 and included in the case file.

IV. Special Requirements

a) New Case Opening

A new child case must be opened in SACWIS before the CFS 906/E and all other required documents are submitted to CAPU.

When a CFS 906/E is used to report a new child case opening, a completed CFS 1410 and a CFS 1425 and, if applicable, a CFS 418-J form must be attached to the same e-mail as is the CFS 906/E form.

b) Private Institution or Group Home Placement (I/GH)

When a child is placed in a private institution (IPA) or group home (GRH) living arrangement, the provider with whom the child is placed is responsible for completing and submitting the CFS 906-1/E form in each of the following situations:

- When a child is initially placed;
- When a child is temporarily absent from the placement; and
- When a child who has been temporarily absent from placement returns to placement.

When a CFS 906-1/E form is submitted to report a child's initial placement in a residential care or group home program, **a copy of a completed CFS 1456, Universal Placement Approval form (UPA) must be attached to the same e-mail as is the CFS 906/E or CFS 906-1/E form.**

c) Transitional Living Program (TLP) or Independent Living (ILO) Placement

When a CFS 906-1/E is submitted to report a child's initial placement in a TLP or ILO placement, **a copy of a completed CFS 1456, Universal Placement Approval form (UPA), must be attached to the same e-mail as is the CFS 906/E or CFS 906-1/E form.**

d) Teen Parent Service Network (TPSN)

A CFS 906/E or CFS 906-1/E may be completed for child who has been identified as a member of the Teen Parent Service Network (TPSN), **but it may not be submitted to CAPU via e-mail.** The completed form must be printed using the "Print Form" button at the bottom of the CFS 906/E or CFS 906-1/E, the TPSN approval must be affixed via rubber stamp, and then the form must be faxed to CAPU. The form must be faxed **with a fax cover sheet** to the CAPU fax number: **312- 808-4335.**

V. Accessing the Department's Secure D-Net

DCFS staff automatically accesses the secure Intranet when they click on the Internet Explorer icon on their computer.

Every POS agency which has one or more contracts with the Department to provide substitute care must have a Virtual Private Network (VPN) agreement with the Department before being able to access the Department's secure Intranet. Additionally, each staff person of a POS agency that will be accessing, completing, and submitting a CFS 906-1/E form must also have an "NT Account" within the DCFS secure computer Intranet. An "NT Account" is, in essence, a Department issued state of Illinois e-mail address that ends with "@Illinois.gov."

VI. Accessing the CFS 906/E and CFS 906-1/E Forms

The CFS 906/E and CFS 906-1/E forms are available to Department and POS agency staff on the secure D-Net. The CFS 906/E and CFS 906-1/E are located in two different locations:

- On the Network Drives in a "906 - E Templates folder (DCFS, only); and the
- D-Net / Rules and Procedures / DCFS Web Resource site link

To access forms on the Network Drives (DCFS, only),

- Click on the "My Computer" icon; then
- Click on the "Templates" icon; then
- Click on the "906-E" folder; then
- Click on the CFS 906/E (DCFS staff only) or the CFS 906-1/E (POS staff only) form and the selected form will open.

To access forms on the D-Net / Rules and Procedures / DCFS Web Resource site link;

- DCFS staff should click on the Internet Explorer icon on their computer and POS staff should click on the Internet Explorer icon on their computer after accessing the Virtual Private Network;
- Under "D-Net Links," click on the Rules and Procedures / DCFS Web Resource site link;
- Click on "CFS Forms";
- DCFS staff should click on the CFS 906/E form and POS staff should click on the CFS 906-1/E form. The form will open.

VII. Submitting the Forms

The completed CFS 906/E or 906-1/E may be submitted via e-mail by clicking the appropriate "Submit" button:

- Submit **"Case Opening ONLY"**: to be used ONLY when submitting a 906/E or 906-1/Es to open a case to CAPU in Chicago;

- Submit to **"CAPU Cook"**: to be used by DCFS and POS staff with a Cook county R/S/F team number to submit ONLY 906/E or 906-1/Es to CAPU in Chicago;

- Submit to **"CAPU Downstate"**: to be used by DCFS and POS staff with a downstate R/S/F team number to submit ONLY 906/E or 906-1/Es to CAPU in Chicago; and

- Submit to **"Payment Unit"** to be used ONLY for the limited number of 906/E or 906-1/Es which by Department policy are to submitted directly to the Central Payment Unit in Springfield.

When staff clicks on a submit button a pre-addressed e-mail will appear to which the 906/E or 906-1/Es will be automatically attached. The case name and number should be entered in the "subject" and/or body of the e-mail, before the Department or POS staff "sends" out the e-mail.

VIII. Printing and Saving Completed Forms

The CFS 906/E and the CFS 906-1/E forms are printable using the "Print Form" button at the bottom of each form.

Each CFS 906/E and CFS 906-1/E submitted by secure e-mail will automatically be "saved" to the "Sent" folder of the user's e-mail. The DCFS or POS staff that submitted the e-mail should print a copy of the e-mail, a copy of the attached CFS 906/E or CFS 906-1/E (using the "Print Form button) and, if applicable, a copy of any other document that was attached to the e-mail. A copy of all printed documents **plus** a copy of the hard copy CFS 906 or CFS 906-1 from which the "Form Sequence Number" was transposed into the CFS 906/E or CFS 906-1/E must be filed in the child's case record.

It is highly recommended that Department and POS staff create a "906-E" or "906-1-E" electronic folder and "file"/save all 906/E or 906-1/E related e-mails in it.

IX. Completion Instructions for Foster Care and Home of Relative Placements

The following fields are required for the completion of the 906 and 906/1 for placement into a rel/foster home, return to a rel/foster home after an absence, or change in contract number. The 906/906-1 form must be completed and submitted as soon as possible after placement. The use of the 906/906-1 template does not negate the necessity of the paper 906/906-1 placed in the case file.

- No.: Form sequence number transposed from the paper 906 or 906-1;
- PCD #: Placement clearance desk number, date and time;
- Child's Name: (last, first, middle initial);
- ID #: Child's 8 digit CYCIS client identification number;
- RG,ST,FD; The applicable 2 digit region, site and field number of the caseworker to whom the child's case is assigned (only DCFS and POS agency teams located in Cook county have a "site" code);
- Type of transaction: Check applicable box 1 thru 6;
- Placement data;
    1. Type: 3 digit code describes placement (drop down menu).
    2. Reason: 3 digit code describing reason for placement (drop down menu). If "TPN" reason, print the completed 906/906-1 with TPSN approval stamped on form and submit via fax or scan and e-mail.
    3. Date/time of placement.
    4. Out of State: Complete if placement is outside of Illinois.
    5. Provider ID: Identification number of the relative/foster parent (if this is a new relative placement and a provider id has not been assigned, leave blank).
    6. Type Service: 4 digit code describing service (drop down menu).
    7. Contract #: 4 digit contract extension no. (the 4th digit designates the fiscal year the placement is occurring (ex. Contract 4012, the 2 designates fiscal yr 2012). Applicable for POS agencies only.
    8. Rate Sequence: Designates the location of the rate and type service code designated in the contract. Applicable for pos agency placements only.
    9. Provider Name/s: Relative or foster parent name/s (first, middle initial, last).
    10. Social Security Number/s: Of rel/foster parent/s. If rel/foster parent provider ID provided, not required.
    11. Agency Name: POS agency (906-1 only).
    12. Street Address: of rel/foster parent.
    13. City/State/Zip: of rel/foster parent.
    14. County: of rel/foster parent (drop down menu).
    15. Telephone #: of rel/foster parent.
- Caseworker/Supervisor;
    1. Caseworker name.
    2. Caseworker ID# (if available).
    3. Telephone #: of caseworker.
    4. Supervisor's name.

5. Supervisor's id.
6. Telephone #: of supervisor.
7. Narrative: additional information regarding placement (CFS 906-1 only. Narrative completion not required).

X. Completion Instructions for Residential Care (IPA or GRH)

This form must be completed and submitted for entry by the residential provider within 48 business hours of placement. (For initial placements into a group home or residential program, the electronically signed **CFS 1456** form must accompany the 906/906-1.)
The following fields are required for the completion of the 906 or 906-1 for placements into a residential or group home placement:

- NO.: Form sequence number transposed from the paper 906/906-1;
- Child's Name: (last, first, middle initial);
- ID#: Child's 8 digit CYCIS client identification number;
- RG/ST/FD: The applicable region, site (if located in Cook) and field;
- Type of Transaction: Check applicable box 1 thru 6;
- Placement Data;
  1. Type: Code describing placement (IPA or GRH).
  2. Reason: Code describing reason for placement (see drop down menu) If a "TPN" reason, print the completed 906/906-1 with TPSN approval stamped on form and submit via fax or scan and e-mail.
  3. Date/Time of placement.
  4. Out of State: Check if placement outside of Illinois.
  5. Provider id: Group home or institution id.
  6. Type Service: (drop down menu).
  7. Contract #: 4 digit contract extension no. The 4th digit always designates the fiscal year placement is occurring,(i.e. 4012 , the 2 designates FY 2012).
  8. Rate Sequence: Designates the location of the rate and type service code on the contract.
  9. Provider Name: Name of facility.
  10. Agency Name: Agency supervising facility.
  11. Street Address: of facility.
  12. City/State/Zip: of facility.
  13. County: of facility (drop down menu).
  14. Telephone #: of facility.
- Caseworker/Supervisor;
  1. Caseworker name.
  2. Caseworker ID# (if available).
  3. Telephone #: of caseworker.
  4. Supervisor name.
  5. Supervisor id.
  6. Telephone # of supervisor
  7. Narrative: Additional information regarding placement (CFS 906-1 only. Narrative completion not required)

XI. Completion Instructions for ILO and TLP Placements

This form must be completed and submitted for entry by the ILO/TLP provider within 48 business hours of placement.

The following fields are required for the completion of the 906 or 906-1.

- NO.: Form sequence number transposed from the paper 906/906-1;
- Child's Name: (last, first, middle initial);
- ID#: Child's 8 digit CYCIS client identification number;
- RG/ST/FD: The applicable region, site (if located in Cook) and field;
- Type of Transaction: Check applicable box 1 thru 6;
- Placement Data;
    1. Type: 3 digit code describing placement (ILO or TLP).
    2. Reason: Code describing reason for placement (drop down menu) If "TPN" reason, print the completed 906/906-1with TPSN approval stamped on form and submit via fax or scan and e-mail.
    3. Date/time of placement.
    4. Out of State: Check if placement outside of Illinois.
    5. Provider id: Child welfare agency id.
    6. Type Service: 4 digit code describing service (drop down menu).
    7. Contract #: 4 digit contract extension no. The 4th digit designates the fiscal year placement is occurring, (ex: 4012, the 2 designates FY 2012)
    8. Rate Sequence: Designates the location of the rate and type service code in the contract.
    9. Provider Name: Name of facility/program.
    10. Agency name: Agency supervising facility.
    11. Street Address: Location of facility/apartment.
    12. City/State/Zip: Location of facility/apartment.
    13. County: Location of facility/apt. (drop down menu).
    14. Telephone #: of facility
- Caseworker/supervisor;
    1. Caseworker name.
    2. Caseworker ID# (if available).
    3. Telephone #: of caseworker.
    4. Supervisor name.
    5. Supervisor id.
    6. Telephone # of supervisor.
    7. Narrative: additional information regarding placement. (CFS 906-1 only. Narrative completion not required)

For initial placements into an ILO/TLP, the electronically signed **CFS 1456** form must accompany the 906/906-1.

XII. Completion Instructions for DET and IDC Placements

DET living arrangement should be used for youth placed in a county or city run facility (e.g. Cook County Jail, Winnebago County Jail, Sangamon County Detention Center, etc.).

IDC living arrangement should be used for youth placed in a Department of Corrections or Department of Juvenile Justice Correctional Facility (e.g. Pontiac Correctional Facility, Logan Correctional Center, Illinois Youth Center – Kewanee, etc.).

- NO.: Form sequence number transposed from the paper 906/906-1;
- Child's Name: (last, first, middle initial);
- ID#: Child's 8 digit CYCIS client identification number;
- RG/ST/FD: Applicable region, site (if located in Cook), field;
- Type of transaction: Check applicable box 1 thru 6;
- Placement data;
    1. Type: (DET or IDC).
    2. Reason: code describing reason for DET/IDC (see drop down menu).
    3. Date/time of placement in DET/IDC.
    4. Provider id: If provider number has been established for DET/IDC facility and if available.
    5. Type service: 0218 (only if allowance is to be paid, otherwise leave blank).
    6. Amount: Enter monthly allowance amount if payment is appropriate. (See Procedures 359.72 and P359 Appendix A (IV) for maximum allowance amount.).
    7. Amount date: enter date allowance payment should begin. (This normally would be the placement date in the facility, unless it is determined that the need for the allowance occurred sometime after the initial placement in the facility.)
    8. Check if placement not to be paid: if youth is not to receive allowance, check box.
    9. Provider name: name of DET/IDC facility.
    10. Agency name: POS agency name (906-1 only).
    11. Street address: of DET/IDC facility.
    12. City/state/zip: of DET/IDC facility.
    13. County: of DET/IDC facility (drop down menu).
    14. Telephone #: of DET/IDC facility.
- Caseworker/supervisor;
    1. Caseworker name.
    2. Caseworker ID# (if available).
    3. Telephone # of caseworker.
    4. Supervisor name.
    5. Supervisor id.
    6. Telephone # of supervisor.
    7. Narrative: Additional information regarding placement (CFS 906-1 only. Narrative completion not required)

XIII. Instructions for Runaways and Termination of Placements

Runaways

The CFS 906 and 906/1's for absences WUK/WCC/UAP/UAH/ABD should not be completed until the child has been absent from placement over 24 hours.

DEC (deceased child) 906-906/1 must be submitted with an updated registration/case opening form 1410 with required information.

- NO.: Form sequence number transposed from the paper 906/906-1;
- Child's Name: (last, first, middle initial);
- ID#: Child's 8 digit CYCIS client identification number;
- RG/ST/FD: Applicable region, site (if located in Cook), field;
- Type of Transaction: #2, this is a change placement;
- Placement Data;
    1. Type: (WUK, WCC, UAP, UAH, ABD or DEC).
    2. Date/Time absence occurred.
    3. Provider Name: Complete only if UAP or UAH.
    4. Agency name: POS agency name (only on 906-1).
    5. Street, City, Zip County and Phone: Complete only if UAP or UAH.
- Caseworker/Supervisor;
    1) Caseworker name.
    2) Caseworker ID# (if available).
    3) Telephone # of caseworker.
    4) Supervisor name.
    5) Supervisor id.
    6) Telephone # of supervisor.
    7) Narrative: Additional information regarding absence (CFS 906-1 only. Narrative completion not required)

Do not enter the previous living arrangement's provider number, contract and rate sequence on the absence 906/906-1.

Termination of Placement

The fields titled Termination of Placement found on the hard copy of the CFS 906 and CFS 906-1 have been eliminated from the template. Absence living arrangements WUK, WCC, UAP, UAH, ABD or DEC should be noted in the placement living arrangement data field. The contract information should not be entered for these absence codes. (See other sections of this Policy for instructions for reporting the various types of absences.

A CFS 906/E or CFS 906-1/E reflecting a change of placement to a new agency should not be submitted by the former agency. The termination of a child's placement from a prior agency or provider is recorded in the Department's information system when the new agency submits the subsequent living arrangement information.

Finally, when a child's case is closed, a CFS 906/E or CFS 906-1/E should be submitted to report the child's final living arrangement. A properly completed **CFS1425 form**

must also be attached when the CFS 906/E or CFS 906-1/E form reporting a child's final living arrangement is submitted.

XIV. Instructions for HHF Placements

A 906/906-1 must be submitted for a ward entering a hospital/health care facility (HHF), institution for physical rehabilitation services (IRS) or nursing care facility (NCF). These placements are considered absence codes and are not paid.

- NO.: Form sequence number transposed from the paper 906/906-1;
- Child's Name: (last, first, middle initial);
- ID#: Child's 8 digit CYCIS client identification number;
- RG/ST/FD: Applicable region, site (if located in Cook), field;
- Type of transaction: Check applicable box 1 thru 6;
- Placement data;
    1) Type: (HHF, IRS, NCF).
    2) Reason: Code describing reason for placement (see drop down menu).
    3) Date/time of placement in hospital.
    4) Provider id: If provider number has been established for facility and if available (not required).
    5) Check box for placement not to be paid.
    6) Provider name: Name of hospital or health facility.
    7) Agency name: POS agency name (906-1 only).
    8) Street address: of hospital/health facility.
    9) City/state/zip: of hospital/health facility.
    10) County: of hospital/health facility (drop down menu).
    11) Telephone #: of hospital/health facility.
- Caseworker/Supervisor;
    1) Caseworker name.
    2) Caseworker ID# (if available).
    3) Telephone # of caseworker.
    4) Supervisor name.
    5) Supervisor id.
    6) Telephone # of supervisor.
    7) Narrative: additional information regarding placement (CFS 906-1 only. Narrative completion not required)

XV. Instructions for Living Arrangement Codes ASD, HAP, HMP, and JTP

A 906/906-1 must be submitted for a ward moving to armed service duty (ASD), home of adoptive parent (HAP), home of parent (HMP), or job training program (JTP). Payment is not authorized for these placements.

- NO.: Form sequence number transposed from the paper 906/906-1;
- Child's Name: (last, first, middle initial);
- ID#: Child's 8 digit CYCIS client identification number;

- RG/ST/FD: Applicable region, site (if located in Cook), field;
- Type of Transaction: Check applicable box 1-6;
- Placement Data;
  1) Type: ASD, HAP, HMP, or JTP.
  2) Reason: Code describing reason for placement (drop down menu).
  3) Date/time of placement.
  4) Check box for placement not to be paid.
  5) Provider name: Name of armed service branch, parent or program.
  6) Agency Name: pos agency name (906-1).
  7) Street address: Location of child/youth.
  8) City/State/Zip: Location of child/youth.
  9) County: Location of child/youth (drop down menu).
  10) Telephone #: of child/youth.
- Caseworker/Supervisor;
  1) Caseworker name.
  2) Caseworker ID# (if available).
  3) Telephone # of caseworker.
  4) Supervisor name.
  5) Supervisor id.
  6) Telephone # of supervisor.
  7) Narrative: Additional information regarding location of child (CFS 906-1 only. Narrative completion not required)

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