



### For more information

Youth in Care Damage Reimbursement  
Program Coordinator

Department of Children and Family Services

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**DCFS.Illinois.gov**

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# Youth in Care Damage Reimbursement Program



## What is the Youth in Care Damage Reimbursement Program?

The [Youth in Care Damage Reimbursement Program](#), governed under DCFS

Administrative Procedure #13, provides coverage to DCFS and Child Welfare Contributing Agency (CWCA) foster parents and relative caregivers as well as others who may be harmed or suffer damages by the verifiable actions of the youth in care. The coverage is against personal injury, property damage and bodily injury caused by actions of youth in care.



## Is the Youth in Care Damage Reimbursement Program insurance coverage from DCFS?

No, the program is not insurance, nor does the department use an insurance company to process or handle claims. Because it is not an insurance program and it is not operated by an insurance company, the department does not participate in subrogation with insurance companies. The coverage provided by this program is excess coverage over and above any other valid and collectable insurance that the foster parent, relative caregiver or other claimant has in effect with respect to first-party claims. The claimant shall first file a formal claim with their own personal health, home, apartment, business or auto insurance provider.

## How do I file a claim?

The foster parent/relative caregiver must notify the caseworker of the intent to file a claim and must complete and sign the [CFS 851 Foster Child Damage Reimbursement Program Claim Form](#). Instructions are attached to the CFS-851 claim form.

The completed, signed form and supporting documentation must be submitted to the program coordinator at [DCFS](#). [FosterChildDamageReimbursementClaims@Illinois.gov](mailto:FosterChildDamageReimbursementClaims@Illinois.gov). All claims should be reported, in writing via the CFS 851, within 60 calendar days of occurrence.

No claim will be accepted by the department more than 12 months after the incident.

If applicable, the claimant shall first file a formal claim with their own personal health, home, apartment, business or auto insurance provider.

## What types of supporting documentation do I need to submit?

Supporting documentation includes but is not limited to proof of purchase (purchase receipt, credit card statement or bank statement), repair bills, estimate of repairs or replacement, police and/or fire reports, photographs or a decision by your insurance provider.

## What happens with the claims?

All claims are reviewed by the program coordinator, who will notify the caseworker or foster parent if additional documentation is needed. If requested, additional documentation must be received within 60 days, or the claim will officially close. The review committee meets monthly to review claims and make recommendations regarding payment. When a decision has been finalized, the program coordinator will notify each claimant by letter. Payment will be made directly to the foster parent or other claimant within 60 days of approval.

## What are the coverage limits?

The coverage limit is \$5,000 per fiscal year/incident. The coverage limit may be exceeded only if approved by the DCFS director.

## Is there a minimum claim amount?

Yes, the actual cash value must be more than \$50.

