

CASE ACTION FORM

Date _____

Agency Name _____ Team RSF _____

Worker Name _____ ID # _____

Worker Address _____

Worker Phone # _____ Fax # _____

Action/Payment requested

- Home of Relative Compliance Assistance
- Infant Care Grant (attach Infant Care Equipment Grant Application)
- Special Service Fee (attach CFS 906-4)
- Financial Assistance to New Foster Parents – Non Clothing/Hygiene (attach CFS 932)
- Initial Clothing Voucher
- Medical Card
- Exception to Policy (attach Exceptional Payment Request Form CFS 902)
- Other _____

Name/Address/Phone # of Caretaker/Purchaser _____

Name of Child _____ ID # of Child _____

Birthdate _____ Type of Care _____

Requesting Supervisor Signature

DCFS Fill Out Below This Line

Request Approved Request Denied ; _____
(RA or Designee's Signature)

PA# _____ Amount \$ _____

Comments _____