

RE-ENTRY ALTERNATIVE CONTRACT APPROVAL

To be Completed in Accordance with Action Transmittal 2021.04
While the Temporary Provisions Remain in Effect

Name (Last, First, MI)	Date of Birth MM/DD/YY	Age	DCFS Case Closure Date	CYCIS ID#
Email	Telephone Number	SSN:		
Mailing Address must be valid for at least the next 30 days for payment to be received	City	State	Zip Code	

1. The youth meets the required RAC criteria:

- Youth was formerly in care and aged out after April 1, 2020 or will age out on or before September 30, 2021.
- Youth has submitted a copy of photo identification (driver's license, state identification card, school or employment identification).

2. One of the below is met:

- A. Youth is within 30-days of exiting care the permanency worker and supervisor are authorizing a RAC; a virtual RAC meeting is not required. The worker and supervisor have met with the youth prior to exiting care and review the RAC requirements and responsibilities on ____/____/____.

Caseworker: Signature: _____ Date: ____/____/____

Supervisor: Signature: _____ Date: ____/____/____

OR

- B. Youth is over 21 with closed case:

Virtual RAC Meeting Date with C21 Staff: ____/____/____

C21 Facilitator: Signature: _____ Date: ____/____/____

Send signed and completed application and to Central Payment Unit for payment processing via email to DCFS.CPUDCFMailbox@illinois.gov or via fax to 217-557-0639.