CFS 906-4
Rev 6/2021

Illinois Department Of Children and Family Services

SPECIAL SERVICE FEE AND PAYMENT EXTENSION FORM

☑ SPECIAL SERVICE FEE ☐ PAYMENT EXTENSION

Client Name Marcus Miller ID MM-99821-X

Provider Name Dr. Elena Vance ID EV-PROV-442

Agency Name Northside Family Support Agency

Placement Date 10 / 15 / 2025

Start Date 02 / 01 / 2026

Stop Date 04 / 30 / 2026

SSF Amount 1,250

Reason for SSF To cover the intensive spe

Caseworker Name _____ ID CW-882

Caseworker Signature _____ Date / /

Supervisor Name Sarah Jenkins

Supervisor Signature _____ Date / /

Regional Administrator Name Mark Henderson

Regional Administrator Signature _____ Date / /

NARRATIVE This is a request for a Special Service Fee of $1,250.00 for client Marcus Miller (ID: MM-99821-X). The funds are for intensive speech therapy required due to a recent developmental assessment showing a sudden regression in speech patterns. The services will be provided by Dr. Elena Vance (ID: EV-PROV-442) for the period of February 1, 2026, through April 30, 2026. This request is urgent to ensure continuity of care.

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