State of Illinois
Department of Children and Family Services

REQUEST FOR FORMS

Date: _____

Requested by: _____ _____
(Name of person actually requesting forms) Telephone No.

NORTHERN, CENTRAL AND SOUTHERN REGION OFFICES ARE TO SEND COMPLETED FORM TO:

DCFS – Springfield Stores
406 East Monroe – Station 01
Springfield, IL 62701-1398
Fax: 217-557-2851
Email to: Springfield Stores

COOK COUNTY AREA OFFICES ARE TO SEND COMPLETED FORM TO:

DCFS – Chicago Stores
100 N. Western 2nd Floor
Chicago, IL 60612
Fax: 312-633-3972
Email to: Chicago Stores

SHIP TO

ATTENTION:

(FULL ADDRESS REQUIRED ABOVE)

Form No./ Label No.	DESCRIPTION	Quantity Ordered	Quantity Delivered	Code

COMMENT CODE

1. ☐ Temporarily out of print/stock. Reorder in _____ days.
2. ☐ Re-order on CFS 105.
3. ☐ Being revised. Re-order in _____ days.
4. ☐ Discontinued.
5. ☐ Discontinued. Form _____ substituted.
6. ☐ DCFS ADMINISTRATIVE OFFICE USE ONLY.
7. ☐ Amount requested reduced. You were sent _____ copies on _____.
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Filled by _____
Date

INSTRUCTIONS: This form is to be used by all DCFS offices and POS agencies to order forms and printed materials. Please identify forms/printed materials by form number and title. Complete all applicable areas.