ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

PLACEMENT / PAYMENT AUTHORIZATION FORM

PRIVATE AGENCY
INSTITUTION
GROUP HOME

NO.

PCD #/Date/ : AM PM

CHILD NAME (LAST)	(FIRST)	(MI)	CYCIS CLIENT ID #	RG	ST	FD

TYPE OF TRANSACTION

- ☐ 1. INITIATE PLACEMENT
- ☐ 2. CHANGE PLACEMENT
- ☐ 3. FINAL LIVING ARRANGEMENT
- ☐ 4. PRIOR PLACEMENT
- ☐ 5. CHANGE AMOUNT
- ☐ 6. CORRECTION

PLACEMENT DATA

TYPE | REASON | DATE | TIME : AM PM | OUT OF STATE PLACEMENT

☐ LICENSED IN THAT STATE?
☐ INTEND TO RETURN CHILD TO ILLINOIS?

PROVIDER ID | TYPE SERVICE | CONTRACT # | RATE SEQUENCE

AMOUNT $ | AMOUNT DATE | ☐ CHECK IF PLACEMENT NOT TO BE PAID

PROVIDER NAME - A. | SSN-A
PROVIDER NAME - B. | SSN-B

AGENCY NAME

STREET ADDRESS

CITY | STATE IL | ZIP CODE

COUNTY | TELEPHONE # ########## or (###) ###-#### | EXT.

SIGNATURES

PROVIDER | DATE

CASE WORKER | DATE

ID # | TELEPHONE # | EXT.

SUPERVISOR'S NAME | DATE

ID # | SUPERVISOR'S TELEPHONE # | EXT.

NARRATIVE:

Submit Case Opening ONLY

CFS 906-1/E (Rev. 06/2015)

Print Form | Submit to CAPU Cook | Submit to CAPU Downstate | Submit to Payment Unit