

**CASE ACTION FORM**

Agency Name \_\_\_\_\_ Date \_\_\_\_\_  
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)
- 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 \_\_\_\_\_ (DCFS Signature)  
 Request Denied \_\_\_\_\_ (DCFS Signature)

PA# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Comments \_\_\_\_\_