DCFS ONE-TIME PAYMENT FORM

Provider ID	Provider Name	Client ID	Client Name

Service Code	Kind of Unit	Payment Start Date	Payment End Date	Units	Rate	Payment Amount	Contract Number
		_____/_____/_____ DD MMM YY	_____/_____/_____ DD MMM YY				

Budget District Office	Eligibility*	Worker ID	Budget Source
			F

SERVICE CODES

IN-HOME CODES

Description	Eligibility	Kind
HBN – Home Based Needs	FB	N
FPF – Family Pres. Flex (may also be used for parents of child in foster care)	FB	N
FPR – Reunification (PFR case only) (*Can continue after SCF case, but no longer than 15 months from month child originally removed from home, and may be used ONLY for MH, Sub Abuse or DV treatment for child or parent, or peer parenting/parent support group*	FB	N

ADOPTION CODES

Description	Eligibility	Kind
SAC – SA Supplemental Costs	FB	N
SAR – SA Non-Recurring Costs	FT	N
FPA – Adoption Promotion & Support (adoptive needs with in-home or out of home case open)	FB	N

OUT-OF-HOME CODES

Description	Eligibility	Kind
FPR – Reunification (custody < 15 months) (*used ONLY for MH, Sub Abuse or DV treatment for child or parent, or peer parenting/parent support group, or to support parent/child/sibling visitation to help facilitate reunification) – Only allowable for up to 15 months from month of child's removal from home*	FB	N
ICP – Initial Clothing Payment	FB, FT*	N
JSP – Joyous Season Payment	FB	N
RE1 – Respite Care Level 1	FB	D
RE2 – Respite Care Level 2	FB	D
RE3 – Respite Care Level 3	FB	D
SNB – Special Needs Baby	FB, FT*	N
SNC – Special Needs Clothing	FB, FT*	N
SNE – Psych Evaluation (Parents)	FB	N, S, H
SNG – Special Needs Gifts	FB	N
SNL – Special Needs Lessons	FB	N
SNM – Special Needs Misc.	FB	N
SNR – Special Needs Recreation	FB	N
STP – School Expense – Non-Tuition	FB, FT*	N

TRANSITION TO ADULT LIVING CODES

Description	Eligibility	Kind
SIL – Independent Living Classes (Completion of BLS Classes or ACLSA – SCF Case)	IL	N
TLN – Transitional Living Needs (For youth in custody – SCF Case)	FB	N
TLP – Transitional Living Payment (18-21 year olds no longer in custody & eligible for YARN Services for costs other than room and board)	FB	N
TLR – Transitional Living Room & Board (Room and board costs for 18-21 yr olds no longer in custody & eligible for YARN services)	FB	N
ILP – ILP Living Arrangement Start-up costs	FB	N

***NOTE ON CLIENT ELIGIBILITY:**

Except for SAR, FT is only used if child is BOTH IV-E eligible and reimbursable. Check with eligibility worker, if needed, to verify correct eligibility.

REASON FOR REQUEST:

Total Amount Authorized

I certify that the services listed on this statement were rendered in behalf of the above named person; that this claim constitutes the full and complete charge for said services described above; that I will make no further claim for payment of these services; that these services have been provided without discrimination based upon race, color, creed, sex, handicap or national origin; that this statement is subject to Federal and State audit.

_____ _____/_____/_____
Provider Signature DD MMM YY

By authorizing this payment, I certify that these services were authorized at the appropriate rate listed on this billing and, to the best of my knowledge, were fully provided. I also certify that I am the person responsible to authorize the payment.

_____ _____/_____/_____
Authorizing Worker Signature DD MMM YY

Authorizing Supervisor Signature

_____/_____/_____
DD MMM YY

Data Entry Operator's Initials

_____/_____/_____
DD MMM YY