

ADDITIONAL STAFF SUPPORT AND 1 or 2 PERSON CILA REQUEST

This form is required for all Additional Staff Support Requests. This form is required for any request for a 1 or 2 Person CILA with 24 Hour Shift Staff Supports. This form must be filled out on-line or typed. Handwritten forms will not be accepted.

Individual's Name	Individual's SSN	Individual's RIN		
Individual's Address (or SODC Name)	City	Zip Code		
Requesting Agency Name	Agency FEIN	Agency ID		
Date of Request:				
SECTION I - Additional Staff Support Reques				
Additional Staff Support Request for: (Check all applicable boxes)			
NOTE: If CILA and CDS are different pro	vider agencies then separate	e request forms must be completed.		
☐ 60D 24 Hour CILA Residential - 53R	61H Hourly I-CILA - 5	3R		
31C/U Community CDS - 53D	38C/U SODC CDS (Lo	J SODC CDS (Long-Term ONLY) - 53S		
This Additional Staff Support Rec	uest is for: (Check only on	e box)		
Initial Request - Additional Sta	ff Supports (See A Below)			
If Staff Supports were initiated after normal busin	ness hours specify:			
Date and Time	🗌 am 🗌 pm			
Long-Term Request - Addition	nal Staff Support Request (S	ee B below).		
Renewal Request - Long-Term	n Additional Staff Supports (S	ee B below).		
Date Long-Term Additional Staff Supports Expir	e:			
SECTION II - One or Two-Person CILA with 2	4 Hour Shift Staff Supports	 }		
One (1) or Two (2) Person CILA with 24	Hour Shift Staff Request:	(Check only one box if applicable)		
Emergency - Pre-Award Letter Requi	est for a 1 or 2 Person CILA	with 24 hour shift staff (See C below).		
Application Request for a 1 or 2 Per	son 60D CILA with 24 hour s	hift staff (See C below).		
If applicable: A Pre-Award letter for	or a 1 or 2 Person CILA was	grant. Date of PAL:		
Renewal Request for a 1 or 2 Persor	1 60D CILA with 24 hour shift	staff (See C below).		
Date 1 or 2 Person CILA Expires: A. See Information Bulletin: Initial additional staf B. See Information Bulletin: Long-term additiona C. See Information Bulletin: One and two persor attachments	I staff supports DD.14.037 fc			
Print Name of Requesting Executive Director/	Designee Print Nar	ne of Receiving ISC Agency		
Signature of Requesting Executive Director/D	esignee Signature	e of Receiving ISC Agency		
Email Address of Requesting Executive Direc	tor/Designee Email Ad	dress of Receiving ISC Agency		
Date Sent to Receiving ISC Agency	Date Ser	t to Receiving Region/BTS		
Print Name of Receiving ISC Agency	Print Nar	ne of Receiving Region/BTS Staff		
IL462-4424 (R-03-22) Additional Staff Support a Printed by Authority of the State of Illinois	nd 1 or 2 Person CILA Reque -0- Copies	est Page 1 of 2		



ADDITIONAL STAFF SUPPORT AND 1 or 2 PERSON CILA REQUEST

Individual's Name	Requesting Ag	Requesting Agency Name			
DD DIVISION USE ONLY BELOW THIS POINT					
Region / BTS / Clinical Staff Action: Prin	nt Name of Region/BTS/0	Clinical Staff:			
TRACK-IT NUMBER:					
Denied - Additional Staff Request is retu	urned to ISC Agency or E	BTS Representative.			
Incomplete - Additional Staff Request is returned to the ISC Agency or BTS Representative.					
Follow-up information was rece	ived by Region/BTS staff	on date:	·		
Approved by for the following for Additional	Staff Supports:				
Region Staff	BTS Staff	Clinical Staff			
Approved for the following Additional Staff Initial 53R (60D 24 Hr. CILA) for 7	••				
☐ Initial 53R (61H Hourly I-CILA) for	r 90 hours.				
☐ Initial 53D (Community CDS 31C/	/U) for 230 hours.				
Initial 53S (SODC CDS 38C/U) fo	or 230 hours				
Long-Term 53R in 60D 24 Hr. CILA. Hours determined by MATRIX.					
Long-Term 53D in Community CDS 31C/U. Hours determined by classroom analysis					
Long-Term 53S in SODC CDS 38C/U. Hours determined by classroom analysis					
NOTE: ALL Additional Staff Support awa	ards will be authorized t	the 1 st of the month followi	ng receipt by BRPS staff.		
Approving Region/BTS/Cli	nical Staff Signature	Date			
NOTE: In lieu of Signature attach Email app	proving authorization.				
1 or 2 Person CILA Requests - DDD Director or Director's Designee Action:					
Approve emergency PAL request for 1 or 2 person CILA					
Approve 1 or 2 person CILA effective receipt of a COMPLETE CILA Funding Request					
Incomplete - Return to Region/BTS staff to contact ISC Agency or SODC.					
Denied - Request for 1 or 2 person CILA					
Signature of DDD Director	or Director's Designes	Dete			
Signature of DDD Director	of Director's Designee	Date			
NOTE: In lieu of Signature attach Email app	proving authorization.				
Final Disposition:					
Award letter was issued on:	by:				
Letter of denial was issued on:	by:				
BCR entered / completed authoriza	ation on the above approv	val. Date:	BCR Staff Initials:		