

**Illinois Department of Human Services  
Division of Developmental Disabilities and  
Bureau of Accreditation Licensure and Certification**

**CILA Individual Home Control Request Form**

This form is to be completed in accordance with the Department's policy on determining Individual Control of CILA sites. The Residential Provider Agency completes and forwards the CILA Individual Site Control Request to the Bureau of Accreditation, Licensure and Certification (BALC). This form may be submitted by fax to the BALC at (312) 814-4731, or mailed to IDHS, BALC, 401 S. Clinton Street, Chicago, Illinois 60607.

\_\_\_\_\_  
Last Name of Person Receiving CILA Residential Svcs.      First Name      MI      Social Security Number

\_\_\_\_\_  
CILA Home Street Address      Apartment/Unit      City      Zip Code

\_\_\_\_\_  
CILA Home Owner's Name      CILA Home Owner's Area Code, Phone Number and Extension

**Please Identify the DHS Region this CILA site is located in:**

**DHS**       Northwest       Central       Metro-No. Suburbs       Metro-Chicago  
**REGION:**       Northcentral       South       Metro-So. Suburbs

**REQUIRED DOCUMENTATION (Check the appropriate boxes for attached documentation):**

- The CILA is the family home of the person receiving CILA services.**  
 **Copy of Home Ownership Documentation, or**  
 **Copy of Rental/Lease Agreement signed and dated by both the renter/lessee and the landlord, property owner/manager**

**REQUIRED QUESTIONS: (Answer ALL of the following questions)**

- Is the property owner the CILA Provider for this person?       Yes       No
- Is the property owner a subsidiary or related company to the CILA Provider?       Yes       No
- Is the property owner affiliated with the CILA Provider?       Yes       No
- Did the CILA agency execute/sign the lease or rental agreement?       Yes       No
- Will/Does the CILA agency pay the rent?       Yes       No
- Is the CILA Agency have any financial responsibility for the CILA Site?       Yes       No
- If the resident chooses to receive CILA services from another CILA provider  
Will they have to move out?       Yes       No
- Who determines if anyone else lives at the site?       Individual       Agency
- Who makes decisions about the site?       Individual       Agency

**NOTE: If the answer to questions 2 and 3 "Yes" please clarify relationship below. All other answers indicate the home is not individually controlled.**

\_\_\_\_\_  
CILA Residential Provider Agency Name      Region      Agency Number      Agency FEIN Number

\_\_\_\_\_  
Agency QMRP/Contact Person      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_  
Phone Number & Extension

\_\_\_\_\_  
ISC Agency      ISC Agent Contact Person      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_  
Phone Number & Extension

**NOTES:**

1. Submission of false information to the Department may result in revocation of a CILA license. [59Ill. Adm. Code 115.440 a)4]
2. If the answer to any question above is "Yes" or "Agency" then the site is not individually controlled.
3. If the CILA site is determined to be individually controlled the CILA Agency is responsible for assuring compliance with the applicable standards as stipulated in [59 Ill. Adm. Code 115.300, and 115.310]
4. The DDD and the BALC retain the rites to review and reevaluate a site control determination at any time.

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**DHS - DDD staff will complete the section below**

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[ ] This CILA Site has been determined to be **INDIVIDUALLY Controlled**.

[ ] This CILA Site has been determined to be **AGENCY Controlled**.

**BALC Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_, 20\_\_\_\_