



**INSTRUCTIONS FOR THE REQUEST FOR RESIDENTIAL SITE ID  
OR CHANGE TO RESIDENTIAL SITE RATE DETERMINING FACTORS FORM**

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1. Agency Information: User must complete all items in this section

Agency Name: Fill in the Agency's Name as recognized by the DD Division

Agency ID: Fill in the Agency's four (4) digit Agency ID

Agency FEIN: Fill in the Agency's nine (9) digit Agency FEIN

Agency Contact Person's Name: Fill in the Contact Person's Name

Contact Person's E-Mail Address: Fill in the Contact Person's E-Mail Address

Contact Person's Phone Number & Extension: Fill in the Contact Person's Phone Number and any Extension necessary to reach the Contact Person.

Answer "YES" to Only ONE of A, B or C as applicable for the request. Answer "NO" for the other two options of A, B or C. Then enter the applicable Date with the question which is answered "YES".

A: Is this a NEW site for your Agency? Check "Yes" if the Site does NOT have a Site ID assigned. The Site ID is different from the BALC Site ID.

Effective Date for this Site Address: Please use MM/DD/CCYY format if A is marked "YES".

B: Is this Updated information for a Site? Check "Yes" if the Site has a Site ID and you are updating information on an existing CILA or POS site. Be sure to enter the Site ID. The Site ID is different from the BALC Site ID.

Effective Date for the Updated Information: Please use MM/DD/CCYY format if B is marked "YES".

C: Is this Site No longer used by your Agency: check "Yes" if your agency has closed will no longer use this site. Enter the Site ID. The Site ID is different from the BALC Site ID.

Date Site Closed or No Longer Used: Please use MM/DD/CCYY format if C is marked "YES".

Have Turnaround Forms or STAR Terminations been submitted for ALL people who were living at this Site? Please check "Yes" or "No" if "YES" is marked for C.

Please NOTE: The Site cannot be closed unless NO people are identified as being served at the Site.

2. CILA or POS Site Address Information: Complete All Items for a New Site OR Only Enter Updated Information for an Existing Site Update or to "Close" a site. It would be most helpful if you used the US Postal Service format for the address information. The USPS Link is: [https://tools.usps.com/go/ZipLookupAction\\_input](https://tools.usps.com/go/ZipLookupAction_input)

Street Address: Enter the Street Address of the CILA or POS Site as identified by the USPS. Be sure to include any direction (N, E, S, W, etc.). Be sure to include the address designation such as: Ave, Blvd, Dr, Cir, St, Trl, Pky, Way etc.



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Apartment or Unit: Enter the Apartment, Suite or Unit identification for ALL addresses with such a designation.

City: Enter the City of the address as identified by the USPS.

State: Enter "IL" for Illinois or applicable state identification if POS site is located outside of Illinois.

Zip Code & Zip Code Extension: Enter the Zip Code and Zip Code Extension as identified by the USPS.

Illinois County of Address: Choose the applicable Choice from 102 Illinois Counties or Out-Of-State

DD Region: Choose the applicable Choice from Central, Chicago, North Central, North Suburban, South Suburban, Northwest and Southern ISC Geographic Region: Choose the applicable Choice from A, B, C, D, E, F, G, H, I, J, K, L, Out-Of-State

Is this Address a CILA Location: Check "Yes" if this address is a CILA

If CILA: Choose the applicable Choice from: 24 Hr. Shift Staff, Foster Care, Intermittent or Family / Own Home) **Note:** Family / Own Home will not include Room and Board and will not have an affect to the CILA rate.

If CILA: Is Site approved by BALC? Check "Yes" if the address is on the BALC database. Enter the BALC Site ID. Please Note: All CILA Sites MUST be on the BALC database. This includes ALL Family / Own Home locations, Individually controlled sites and Agency controlled sites.

Is this Address a POS Location: Check "Yes" if this address is a POS

If POS: Choose the applicable Choice from: 17D-CGH; 19D-CCI; 41D-SHP; 65H-CILA Hourly; 67D-CLF<17 (Waiver); 67E-CLF>16 (Non-Waiver); or 67O-CLF Out-Of-State.

Site is Controlled by: For ALL sites check whether the site is controlled by the Agency or the Individual. Please Note BALC has to approve Individually Controlled Home Occupancy.

Licensing Agency: Choose the applicable Choice from: IDHS-BALC Bureau of Accreditation, Licensure & Certification; IDCFS Illinois Department of Children and Family Services; IDPH Illinois Department of Public Health; IDA Illinois Department on Aging; Out-Of-State or Not Applicable

Licensed Capacity: Please enter the applicable licensed capacity for the address. CILA Cannot exceed 8)

Agency's Working Capacity: Please enter the applicable "working" capacity for the address as determined by the agency. Working capacity must be equal to or lower than Licensed Capacity. Working capacity is used in CILA as one of the rate determining factors. Occupancy of the site cannot exceed the working capacity.

Is Night Shift Staff Allowed to Sleep? If a CILA site please check either "Yes" for Asleep staff at night or "No" for Awake staff at night.

3. DHS-DDD Use Only: This section is only completed by DHS/DDD staff.