



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

This form is used to request a Site ID or update rate determining information for a Community Integrated Living Arrangement (CILA) or Purchase of Services (POS) residential location. ALL CILA and POS sites MUST have a DDD Site ID assigned prior to submitting a CILA or POS funding request.

1. Agency Information: (Complete All Items)

Agency Name: _____

Agency ID: _____ (Four Digits) Agency FEIN: _____ (Nine Digits)

Agency Contact Person's Name: _____

Contact Person's Email Address: _____

Contact Person's Phone Number: _____ Extension: _____

Is this a NEW site for your Agency? (check one) Yes No

Check "Yes" if the Site does NOT have a Site ID assigned. (Different from the BALC Site ID)

Effective Date for this Site Address: _____ (MM/DD/CCYY)

Is this updated information for a Site ? (check one) Yes No

Check "Yes" if the Site has a Site ID and enter the Site ID (Different from the BALC Site ID).

Effective Date for the updated information: _____ (MM/DD/CCYY)

Is this Site No longer used by your Agency: (check one) Yes No

Check "Yes" if the Site has a Site ID and enter the Site ID (Different from the BALC Site ID).

Date Site Closed or No Longer Used: _____ (MM/DD/CCYY)

Have Turnaround Forms or STAR Terminations been submitted for ALL people who were living at this Site? Yes No
 (check one)

NOTE: 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)

Street Address: _____

Apartment or Unit: _____

City: _____ State: _____

Zip Code: _____ Zip Code Extension: _____

Illinois County of Address: _____ (Choice List of: 102 Illinois Counties plus Out-Of-State)

DD Region: _____ (Choice List: Central, Chicago, North Central, North Suburban, South Suburban, Northwest and Southern)



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ISC Geographic Region: (choose one) A B C D E F G
 H I J K L Out-Of-State

Is this Address a CILA location? (check one) Yes No

If CILA: (choose one) 24 Hr. Shift Staff Host Family Hourly Intermittent

If CILA: Is Site approved by BALC? (check one) Yes No If Yes, BALC ID: _____

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 one) Yes No

If POS: (choose one) 17D-CGH 19D-CCI 41D-SHP 67D-CLF<17 (Waiver)
 67E-CLF>16 (Non-Waiver) 67O-CLF Out-Of-State)

Site is Controlled by: (check one) Agency Individual

Site Listing Agency (choose one): 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: _____ Agency's Working Capacity: _____
 (CILA Cannot exceed 8) (Must be equal to or lower than Licensed Capacity)

Is Night Shift Staff Allowed to Sleep? (check one) Yes-Asleep No-Awake

Return the completed form By Mail To: DHS-DDD, Bureau of Community Reimbursement, 600 E Ash Street, Building 400, Mail Stop 2S, Springfield, IL, 62703; OR By FAX At: 217.557.7251; OR By E-Mail To: Maria.Prewitt@Illinois.Gov (CILA) or Nikki.Carnes2@Illinois.Gov (POS)

3. DHS-DDD Use Only:

Site Validated through IDOT (check one) Yes No

BALC Site ID: _____ PRCS Assigned Site ID: _____

Rate Tier: 1-Statewide 2-Chicago 3-Cook (Opt. IN) 4-Cook (Opt. OUT)

POS Rate: _____ POS Claim Rate: _____

Entered in PRCS By (Printed Name and Signature)

Date