

DCF GSO Reporting Form

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| DCF eData Reporting Form | |
| Date of Report: _____ | Reporter's Name: _____ |
| Claimant's Name: _____ | Position: _____ |
| Social Security Number: _____ | Location: _____ |
| Parent's SSA Claim Number: _____ | Phone Number: _____ |
| | FAX Number: _____ |

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| <input type="checkbox"/> Payee Change: | Date of Change: _____ | Payee's Phone: _____ |
| to: Choose One | Name of New Payee: _____ | Best Time to Call: _____ |
| | Address of New Payee: _____ | |
| | Reason for Change: _____ | |

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| <input type="checkbox"/> Placement Change: | Date of Change: _____ | Old Type: <u>Choose One</u> |
| Old Placement Name: _____ | | New Type: <u>Choose One</u> |
| Old Address: _____ | | Unit: <u>Choose One</u> |
| New Placement Name: _____ | Cost of Care: _____ | SSI Funding Source: <u>Choose One</u> |
| New Address: _____ | | |

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| <input type="checkbox"/> Income Change: | Date of Change: _____ | Type: <u>Choose One</u> Choose One |
| | Monthly Amnt: _____ | Choose One |

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| <input type="checkbox"/> Resource Change: | Date of Change: _____ | Reason: <u>Choose One</u> |
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| <input type="checkbox"/> School Change: | Attending? <u>Choose One</u> | Effective Date: _____ |
| Name & Address of School: _____ | | |
| Comment: _____ | | |
| DCF: For clients 17-1/2 complete and mail back the Student Report when received. | | |

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| <input type="checkbox"/> Other Changes: | Type: <u>Choose One</u> |
| | Date of Change: _____ |

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| <input type="checkbox"/> Multi-Month Distribution Request: | Date of Deposit: _____ | Amount: _____ |
| Requested Dates: _____ | From: _____ | To: _____ |
| Expenses Incurred: _____ | (see attached) DCF: Ask for an expense report from SCRIPTS | |
| Average Monthly cost of care: _____ | | |
| Is client nearing age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, has the need to conserve these funds for IL been considered? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| <input type="checkbox"/> Additional Comments: |
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