

For more information:

Foster Child
Damage Reimbursement
Program Coordinator
Department of Children and Family Services
100 W. Randolph, 6th Floor
Chicago, IL 60601

312-814-7294

www.DCFS.Illinois.gov

Illinois Department of
DCFS
Children & Family Services

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**Foster Child
Damage
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Program**

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What is the Foster Child Damage Reimbursement Program?

The program may reimburse foster parents, relative caregivers and innocent victims for the actual cash value, repair costs or paid insurance deductibles when foster children directly damage personal property or cause bodily injury. It is a support program that endeavors to provide third party coverage.

Is the Foster Child Damage Reimbursement Program insurance coverage from DCFS?

No, the program is not insurance, nor does the Department use an insurance company to process or handle claims. Because it is not an insurance program and it is not operated by an insurance company, the Department does not participate in subrogation with insurance companies. The coverage provided by this program is excess coverage over and above any other valid and collectable insurance that the foster parent, relative caregiver or innocent victim or other claimant has in effect with respect to first-party claims. The claimant shall first file a formal claim with their own personal health, home, apartment, business or auto insurance provider.

How do I file a claim?

The foster parent/relative caregiver must notify the case worker of the intent to file a claim. The foster parent/relative caregiver and case worker complete and sign the CFS 851-Foster Child Damage Reimbursement Program Claim Form. The complete, signed form and supporting documentation are submitted to the Program Coordinator at the address on the form. All claims should be reported, in writing via the CFS 851, within 60 calendar days of occurrence.

What types of supporting documentation is necessary?

Supporting documentation includes but is not limited to purchase receipts, repair bills, estimate of repairs or replacement, police and/or fire reports, photographs, records establishing the value and age of the items and any other evidence which will help establish the value of the item lost or damaged.



What happens with the claims?

All claims are screened by the Program Coordinator for completeness and processed in the order received. The Program Coordinator will notify any claimant in writing when additional information or documentation is needed. The claimant has 60 days to provide the requested information or documentation. Claims that do not require further information are presented to the Review Committee. The Review Committee meets monthly to discuss individual claims and make a recommendation on compensation. Claims that are approved for reimbursement are sent to the Office of the State Comptroller for payment.

What are the coverage limits?

The coverage limit is \$5,000 per fiscal year/incident. The coverage limit may be exceeded only if approved by the Director of the Department.

Is there a minimum claim amount?

Yes, the actual cash value must be more than \$50.