LICENSED CHILD WELFARE AGENCY MANAGEMENT SELF REPORTING FORM  
(for compliance with Part 401, Licensing Standards for Child Welfare Agencies, Appendix C)

LICENSED AGENCY  Volunteers of America  
ADDRESS  
47 W Polk ste 250  
Chicago, Il 60605  

LICENSE NUMBER  021329  
CONTACT NAME  Amanda Deichl  
CONTACT PHONE NUMBER  847-489-6006  
Report for the fiscal year ending  June 2022  

The responses to the following ten (10) representations regarding Agency financial condition and operations are to be signed and dated by the Chief Financial Officer and an Authorized Representative of the governing body on a “to the best of our knowledge” basis.

For any response other than “yes”, please provide details by attaching additional sheets.

This form and any attachments should be submitted within 180 days after the close of the Fiscal Year to:

Department of Children and Family Services  
Office of Planning and Budget  
406 East Monroe – Mail Station 440  
Springfield, IL  60701-1498  

Representations are for the immediate past fiscal year.

REPRESENTATIONS

1. We have a bookkeeping system that includes, minimally, a chart of accounts and appropriate accounting journals.  
   
   ✓ YES  ☐ NO  

2. We have paid our payrolls in accordance with our specified payroll schedule.  
   
   ✓ YES  ☐ NO  

3. We have paid relative caregivers or foster parents in accordance with established payment schedules.  
   
   ✓ YES  ☐ NO
4. We have paid all payroll taxes or other tax liabilities on or in advance of the date required by all taxing authorities.

   X  YES   NO

5. We have not defaulted on any debt.

   X  YES   NO

6. We have billed funding agencies within 60 days for amounts due.

   X  YES   NO

7. We have not failed to collect billings and have not had to write off billings.

   X  YES   NO

8. We have adequate assets to provide for Agency operations and services such as staff, taxes, rent, utilities and supplies for at least 30 days.

   X  YES   NO

9. We have not loaned money to Agency employees or members of the Board of Directors.

   X  YES   NO

10. We do not have an operating deficit for the year.

    X  YES   NO

   Nancy Hughes Moyer

   signature

   Nancy Hughes Moyer

   Printed Name/Representative of Governing Body

   President and CEO, VOA Illinois

   Title

   6/10/22

   Date

   David Savage

   Printed Name

   Chief Financial Officer

   Title

   6/10/22

   Date

   Please do not write below this line (office use only)

   Date Received: ___________________________ Received By: ___________________________

   Reviewed By: ___________________________ Date: ___________________________

   Sent to Licensing: ___________________________