CFS 596P Rev 10/2007

State of Illinois Department of Children and Family Services

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 NU	MBER 847-489-6006
Report for the fiscal year	***************************************
operations are to be sign	wing ten (10) representations regarding Agency financial condition and gned and dated by the Chief Financial Officer and an Authorized verning body on a "to the best of our knowledge" basis.
For any response other th	an "yes", please provide details by attaching additional sheets.
This form and any attach Year to:	ments should be submitted within 180 days after the close of the Fiscal
	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
We have a bookkeepin appropriate accounting	eeping system that includes, minimally, a chart of accounts and
	X YES NO
2. We have paid our	payrolls in accordance with our specified payroll schedule.
	X YES NO
-	tive caregivers or foster parents in accordance with established
payment schedule	sNO

1 1 2	x liabilities on or in advance of the date required
by all taxing authorities.	YESNO
 We have not defaulted on any debt. 	YESNO
6. We have billed funding agencies within 6	0 days for amounts due.
_X	YESNO
7. We have not failed to collect billings and	have not had to write off billings.
<u>_X</u>	YESNO
8. We have adequate assets to provide for A taxes, rent, utilities and supplies for at least	
_X	YESNO
	ployees or members of the Board of DirectorsYESNO
10. We do not have an operating deficit for th	e year. YESNO
Nancy Hughes Moyer signature	Signature
Nancy Hughes Moyer	David Savage
Printed Name/Representative of Governing Body	
President and CEO, VOA Illinois Title	Chief Financial Officer Title
6/10/22 Date	6/10/22 Date
Please do not write below	this line (office use only)
Date Received:	Received By:
Reviewed By:	Date:
Sent to Licensing:	_