CFS 596-R
10/2007

State of Illinois
Department of Children and Family Services

ACCOUNTING OF ADOPTION AGENCY PAYMENTS OF SALARIES AND OTHER COMPENSATION

Adoption Agency Name:	Contact Person:
Adoption Agency Address (Number, Street, City, State, Zip):	Phone:
FEIN:	Email:

Time Period Covered By This Report: / / through / / (Most recent fiscal year)

Agency is accredited by the Council on Accreditation for Child and Family Services (COA) to provide adoption services.	Yes ☐ No ☐
Agency has incurred COA accrediting violations that affect the health, safety, morals, or welfare of children receiving services.	Yes ☐ No ☐
Agency has incurred Department substantiated licensing violations in the past four (4) years.	Yes ☐ No ☐
Other accreditation (Specify):	Yes ☐ No ☐

Complete one line for each director, officer, employee, independent contractor or any other person acting on behalf of the child welfare agency who provides adoption services.

Name	Position	Years Experience in Adoption Activities	Education	Total Fees, Wages, Salary, Bonus Paid	Fringe Benefits & Employer's Share of Payroll Taxes [1]	Other Forms of Provided Compensation [2]
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

Additional sheets may be attached as necessary.

[1] Fringe benefits and payroll taxes include, but are not limited to, the employer's cost of:

- Medical Insurance
- Life Insurance
- Retirement
- Social Security
- Medicaid
- Transportation/Vehicle

[2] Other forms of compensation include, but are not limited to, the employer's cost of:

- Deferred and non-cash compensation
- Employer provided professional liability insurance
- Cash value of loans including principal and imputed interest costs
- Funds disbursed through expense accounts
- Cash equivalent of purchased or leased vehicles available for employee or officer use
- Food, housing and/or clothing allowances

THIS FORM MUST BE SUBMITTED TO:	DEADLINE FOR SUBMISSION
Office of Planning & Budget Department of Children & Family Services Mail Station #440 406 East Monroe Street Springfield, IL 62701 Fax number: (217) 785-1765	1) Before an initial license is granted 2) Subsequent to the receiving the initial license, the adoption agency shall provide on an annual basis. The report shall be due within 180 calendar days (6 months) of the end of the agency 's accounting (fiscal) year.