Lan ID # _____
Child's Last Name _____
Amended Budget Yes or No

Facilitator Name: _____
Budget is ONLY valid for 3 months.
Budget Expires on _____

Risk Factors (listed on Referral Form-Sec. D)	Progress (P) No Progress (NP) * Renewal Only*	Life Domain	Services/Goods/Interventions	Unit Rate	Freq.	Total Value	**Donations Donated By: Value:**	Agency Services Agency Name: Value:	LAN Amount Requested	Office Use Only 1. DCFS 2. ISBE 3. Other

Flex Plan Approval/Signoff by LAN (FOR SCREENING COMMITTEE USE ONLY)

(3) Signatures of Screening Committee/Subcommittee of LAN ____

Plan Approved: Yes or No By: _____ Date: _____
Designated LAN Signature

By: _____ Date: _____
Witnessed

By: _____ Date: _____
Witnessed

Additional comments from LAN Screening Committee regarding plan: