

**PARENT LETTER
FOR CHILD CARE CENTERS**
July 1, 2020 Through June 30, 2021

Parent or Guardian:

This child care center participates in the USDA Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to all of the enrolled children. The amount of reimbursement the center receives is based on the information you provide on the attached Household Eligibility Application. Part of the USDA requirement is to ask you to complete the application. If your income is equal to or less than the income listed in the chart below for your household size, the center will receive a higher level of reimbursement. Read the attached instructions carefully and fill out all required information. We cannot approve an application that is not complete. Please return the completed application back to our center as soon as possible.

If a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits; or you care for a foster child that is the legal responsibility of the State through DCFS or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines listed below, you are not required to complete this application; however, it would be helpful if you would write your child's name on the application and return it to our center. Please notify us, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

**Income Eligibility Guidelines
Effective from July 1, 2020 to June 30, 2021**

**Reduced-Price Meals
185% Federal Poverty Guideline**

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	8,288	691	346	319	160

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

By signing the section on the application for the Illinois All Kids Health Insurance, you are stating you do not want your information shared with the Illinois Department of Healthcare and Family Services. If you agree to disclose the application information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on All Kids, call toll-free (866) 255-5437 or (877) 204-1012 (TTY).

If you have any questions or need help, please contact our center.

The USDA Household Income Eligibility Guidelines are listed for families who do not receive TANF or SNAP benefits. If a household's income falls within or below the listed guidelines, they should contact their child care center or day care home provider for the benefits of the program. They may be required to complete an application and provide income, TANF, or SNAP information.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider. (10/15)

**HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS
CHILD AND ADULT CARE FOOD PROGRAM**

1. All Household Members	2.	3.
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	Ages of Children at Center	FOSTER CHILD Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to Section 6
		SNAP OR TANF CASE NUMBER Skip to Part 6 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

4. Homeless, Migrant, or Runaway

Homeless Migrant Runaway Head Start

Signature of Homeless Liason, Migrant Coordinator, or Head Start Director Date

5. Total Household Gross Income (before deductions) You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

6. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Section 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

X X X - X X - _____ I do not have a Social Security Number.
Social Security Number

I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the Institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Date: _____ Printed Name of Adult Household Member: _____ Signature of Adult Household Member: _____

7. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, ZIP Code) _____

8. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: Mark one or more racial identities:

Hispanic/Latino Asian Black or African American Native Hawaiian or Other Pacific Islander
 Not Hispanic/Latino White American Indian or Alaska Native

9. Optional – Sharing Information With All Kids Insurance Program

May we share your information on this application with the All Kids Insurance Program, the complete health insurance program for every child in Illinois? If **yes**, do not sign below.

No, I do not want my information from this application shared with the All Kids Insurance Program.

Date: _____ Sign here: _____

CHILD CARE REPRESENTATIVE USE ONLY
Eligibility Determination - Complete Sections A and B Below

SECTION A Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 *Convert Income only if different frequencies of pay are reported.*

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____

Free based on: Reduced based on: Denied — Reason:

foster child household's income income too high
 SNAP or TANF migrant incomplete application
 homeless runaway Non-qualifying SNAP/TANF
 household's income Head Start

SECTION B Signature of Determining Official: _____ Date: _____



CHILD CARE APPLICATION

Parent/Guardian Name:

KEEP FOR YOUR RECORDS

The State of Illinois helps income eligible families pay for their child care services while they work or go to school, training and other work related activities. To apply please read the following pages carefully and then submit your completed application to your local Child Care Resource and Referral (CCR&R) or child care center/home if they have a contract with IDHS to provide child care assistance. If you have any questions about your eligibility or if you need help completing this form, call your local CCR&R. To find your local CCR&R go to <http://www.ilqualitycounts.com/find-your-local-ccrar/find-your-local-ccrar> or call 1-877-202-4453 (toll-free).

Please be sure that all the information is complete before sending in your application:

- * The application is filled out clearly in blue or black ink.
- * All questions on the application are completed. If the section or question does not apply, please write "n/a" in the box to show the question was not missed.
- * Complete this form based on your current information. Inform the CCR&R or Site provider if any information changes in the future.
- * The parent/guardian's name is listed at the top of each page of the application.
- * The application is signed by the client (parent) and child care provider (pages 13 & 14).
- * Social security numbers are listed clearly or "n/a" is listed in the box. Social security numbers are not required for parents or children but they are used to gather information to help determine your eligibility for child care assistance. Providers **MUST** list their valid tax identification number (SSN, FEIN, Gov't unit code) or IDHS Provider Registration Number. All information is confidential and will not be shared with anyone.
- * All Family Information is complete in section 3 of the application including information about your children's immigration status. Children can get assistance regardless of their immigration status, but IDHS is required to ask for this information. This information will not be shared with anyone. Your child's alien registration number must be listed if they have one.
- * All persons other than the applicant and the second parent living in the household are listed in section 3 (page 6).
- * If working, at least one of the following is attached to verify your employment and the employment of everyone listed in your family size that is 19 years of age or older:
 - ** Copies of your last (2) paycheck stubs, or if you have not been working long enough to get two paychecks:
 - * A letter from your employer or an employment verification form listing the following:
 - * The date you started working.
 - * The amount of money you are paid.
 - * Your typical work schedule, including the total number of hours you work per week.
 - * Your employer's address and phone number.
 - * Your employer's signature, or
 - ** Verification of your self-employment. This can include:
 - * A copy of your most recent Federal income tax return (IRS 1040) and all schedules and attachments.
 - * A copy of your quarterly estimated taxes.
 - * A listing of all business income and expenses for the last 30 days. This can be reported on your own form or on a self-Employment form which can be downloaded at <http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL444-2790.pdf> or requested from your local CCR&R. When reporting income and expenses, receipts, invoices, or other documentation must be attached to verify all information.
- * If in school, ALL of the following are attached:
 - * Copies of your official school schedule.
 - * Copies of your most recent report card showing your grade point average (GPA).
- * You have made a copy of your Application for your records. You understand if you send original check stubs or other documents that they will not be returned.
- * All jobs, income and education information for BOTH parents have been reported on pages 3 through 6 and documentation is attached.
- * You understand that if any questions are left blank or if any attachments are missing, your application form will be returned to you as incomplete. This may cause a delay in approval for Child Care Assistance Program payments.
- * You also understand that all of the information you submit will be verified using State and/or local databases and the internet. If any inconsistencies are discovered, your application may be delayed or your participation in the Child Care Assistance Program may be denied.
- * Fields marked with an asterisk(*) are required.





CHILD CARE APPLICATION

Important Notice: The sooner your application is submitted, the sooner benefits can be determined.

Parent/Guardian Name:

Return your completed application to:

PLEASE TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK. Please read the attached checklist before completing this form. (Este formulario está disponible en español. For the Spanish version go to <http://www.dhs.state.il.us/onenetlibrary/27897/documents/forms/IL444-3455S.pdf>)

SECTION 1 - PARENT/GUARDIAN INFORMATION

* Parent/Guardian First Name:		M.I.	* Last Name:	
Social Security Number (Optional)*	TANF, Food Stamps (SNAP), or Medical Assistance case number, if applicable			* County
* Address	Apt#	* City	* State IL	* Zip Code -
Mailing address, if different than above.	Apt#	City	State	Zip Code -
Home Telephone Number	Mobile Telephone Number	Best time to call (Hours) (Min.) (AM/PM)		
Another number where you can be reached	E-mail Address			
* Parent/Guardian Date of Birth (Include Month/Day/Year)		* Check one: <input type="checkbox"/> MALE OR <input type="checkbox"/> FEMALE		
Language	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Polish	<input type="checkbox"/> Chinese <input type="checkbox"/> Other
* Social Security Numbers are not required at this time for child care eligibility and eligibility will not be denied due to your failure to provide this information. Social Security Numbers are used to assemble research data sets that do not identify individuals and to verify income. Social Security Numbers will be disclosed for administrative purposes only and are confidential.				
Do you have more than one child care provider for this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do any of your other children attend Head Start, Pre-K or Child Care at a provider not on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
You must complete a separate child care arrangement Section 4 (page 8) for each provider.				
If yes, list all child care provider names and registration numbers (if assigned) you seek assistance in paying:		List all other child care provider(s) such as Head Start, Pre-K or Child Care at a provider not on this application.		





CHILD CARE APPLICATION

Parent/Guardian Name:

WORK INFORMATION - If you are working more than one job, you **MUST tell us about all your jobs even if don't need child care for that job. Photocopy** this page and complete a separate work information and work schedule section for each job you have.

Number of jobs currently working

First Employer/Company Name Job Title

Address City State Zip Code

Work Telephone Number Ext. Date you started this job:

I earn before deductions (complete one) Per Hour Per Month Per Year amount \$

I get paid (check one) every day every week every two weeks twice per month none once per month other (please explain)

Number of hours usually worked at this job each week Number of days usually worked at this job each week

Travel time from the child care provider to work: (Hrs) 00 (Min.) 00 Do you use public transportation? Yes No

WORK SCHEDULE: If your schedule varies, provide an example of your schedule.

	MON	TUE	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

If your schedule varies, please explain how (you may send additional documentation to verify, see Frequently Asked Questions #11 on page 16 of this application):

Second Employer/Company Name Job Title

Address City State Zip Code

Work Telephone Number Ext. Date you started this job:

I earn before deductions (complete one) Per Hour Per Month Per Year amount \$

I get paid (check one) every day every week every two weeks twice per month none once per month other (please explain)

Number of hours usually worked at this job each week Number of days usually worked at this job each week

Travel time from the child care provider to work: (Hrs) 00 (Min.) 00 Do you use public transportation? Yes No

WORK SCHEDULE: If your schedule varies, provide an example of your schedule.

	MON	TUE	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

If your schedule varies, please explain how (you may send additional documentation to verify, see Frequently Asked Questions #11 on page 16 of this application):





CHILD CARE APPLICATION

Parent/Guardian Name:

Are you currently attending school, training or a TANF-Required Activity?
 No (Go to Section 2 - Other Parent/Stepparent Information) Yes (Complete the information below.)

SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

TYPE OF EDUCATION/TRAINING CURRENTLY ATTENDING: (Check one)

<input type="checkbox"/> High School or GED	<input type="checkbox"/> Below Post - Secondary (e.g., ABE or ESL)	Type of Degree Being Earned (GED/High school diploma, trade school certificate, BA degree)
<input type="checkbox"/> Occupational/Vocational	<input type="checkbox"/> 2-Year College Degree <input type="checkbox"/> Internship	
<input type="checkbox"/> 4-Year College Degree	<input type="checkbox"/> Work Experience (TANF only) <input type="checkbox"/> none	

What is the highest level of education you have completed (GED/High school diploma, trade school certificate, BA degree)?
 Do you already have a professional license degree, or certificate? Yes No
 If yes, what type:

School Name/Training Program Currently Attending	Telephone Number	Term Start Date	Term End Date
Address	City	State	Zip Code

Travel time from the child care provider to school: (Hrs) 00 (Min.) 00 Do you use public transportation? Yes No

SCHOOL SCHEDULE: Please complete the following schedule

	MON	TUE	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

SECTION 2 - OTHER PARENT/GUARDIAN/STEEPPARENT INFORMATION

Is the other parent or stepparent of any of your children, step children or wards living in your home?
 No (Go to Section 3 - Family Information P. 6) Yes (Complete the information below.)

Please note: Information from various agencies' databases and internet web sites will be taken into consideration (See Question #6 on page 15). If the information does not match it may delay your eligibility.

If the other parent or stepparent could be listed on your case for other benefits (TANF, SNAP/Food Stamps, Medical, Child Support Enforcement, Unemployment) but is no longer living with you, you may need to supply additional information to prove he/she is living somewhere else. If you cannot provide this documentation, please contact your local CCR&R or Site Administered child care provider.

OTHER PARENT/GUARDIAN/STEEPPARENT INFORMATION

Other Parent/Guardian/Stepparent First Name	M.I.	Last Name
Social Security Number (Optional)	Date of Birth (include month/day/year)	Telephone Number

Is the other parent or stepparent working? Yes No

Is the other parent or stepparent attending school or a training program? Yes No

If the other parent or stepparent is not working or in a school/training program, please explain why he/she cannot care for the children.





CHILD CARE APPLICATION

Parent/Guardian Name:

WORK INFORMATION - If you are working more than one job, you **MUST tell us about all your jobs even if don't need child care for that job. Photocopy** this page and complete a separate work information and work schedule section for each job you have.

Number of jobs currently working

First Employer/Company Name Job Title

Address City State Zip Code

Work Telephone Number Ext. Date you started this job:

I earn before deductions (complete one) Per Hour Per Month Per Year amount \$

I get paid (check one) every day every week Number of hours usually worked at this job each week
 every two weeks twice per month none Number of days usually worked at this job each week
 once per month other (please explain)

Travel time from the child care provider to work: (Hrs) 00 (Min.) 00 Do you use public transportation? Yes No

WORK SCHEDULE: If your schedule varies, provide an example of your schedule.

	MON	TUE	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

If your schedule varies, please explain how (you may send additional documentation to verify, see Frequently Asked Questions #11 on page 16 of this application):

Second Employer/Company Name Job Title

Address City State Zip Code

Work Telephone Number Ext. Date you started this job:

I earn before deductions (complete one) Per Hour Per Month Per Year amount \$

I get paid (check one) every day every week Number of hours usually worked at this job each week
 every two weeks twice per month none Number of days usually worked at this job each week
 once per month other (please explain)

Travel time from the child care provider to work: (Hrs) 00 (Min.) 00 Do you use public transportation? Yes No

WORK SCHEDULE: If your schedule varies, provide an example of your schedule.

	MON	TUE	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

If your schedule varies, please explain how (you may send additional documentation to verify, see Frequently Asked Questions #11 on page 16 of this application):



CHILD CARE APPLICATION

Parent/Guardian Name:

OTHER PARENT SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

TYPE OF EDUCATION/TRAINING CURRENTLY ATTENDING: (Check one)		Type of Degree Being Earned (GED/High school diploma, trade school certificate, BA degree)	
<input type="checkbox"/> High School or GED	<input type="checkbox"/> Below Post - Secondary (e.g., ABE or ESL)	<input type="checkbox"/> 2-Year College Degree	<input type="checkbox"/> Internship
<input type="checkbox"/> Occupational/Vocational	<input type="checkbox"/> 4-Year College Degree	<input type="checkbox"/> Work Experience (TANF only)	<input type="checkbox"/> none
What is the highest level of education you have completed (GED/High school diploma, trade school certificate, BA degree)?		Do you already have a professional license degree, or certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, what type:	
School Name/Training Program Currently Attending	Telephone Number	Term Start Date	Term End Date
Address	City	State	Zip Code
Travel time from the child care provider to school: (Hrs) 00 (Min.) 00 Do you use public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

OTHER PARENT SCHOOL SCHEDULE: Please complete the following schedule

	MON	TUE	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

SECTION 3 - FAMILY INFORMATION

Family size includes these people **LIVING IN YOUR HOME**:

- * You,
- * Your biological or adopted children under age 21.
- * The biological, step or adoptive parent of any of your children must be included.
- * Any other person related to you by blood or law for whom you provide more than 50% of their support (if you choose to include them and can verify their income) - for example an elderly parent or disabled person.

My family size is:





CHILD CARE APPLICATION

Parent/Guardian Name:

I need **child care assistance** for the following children:

First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #
U.S. Citizen** <input type="checkbox"/> Yes <input type="checkbox"/> No Ward of State? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Client:					
First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #
U.S. Citizen** <input type="checkbox"/> Yes <input type="checkbox"/> No Ward of State? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Client:					
First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #
U.S. Citizen** <input type="checkbox"/> Yes <input type="checkbox"/> No Ward of State? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Client:					
First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #
U.S. Citizen** <input type="checkbox"/> Yes <input type="checkbox"/> No Ward of State? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Client:					
First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #
U.S. Citizen** <input type="checkbox"/> Yes <input type="checkbox"/> No Ward of State? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Client:					

* For each child's Ethnic Origin, list all numbers below that apply: (Required for Federal Reporting) 1 - White 2 - Black or African American 3 - Hispanic or Latino (Persons declaring Hispanic ethnicity should also list their race, for example, "3-1", "3-2", "3-5") 4 - Asian 5 - American Indian or Alaskan Native 6 - Native Hawaiian or Pacific Islander

** If any of the children are not citizens, provide alien registration documentation if you have it.

List all **other family members** (not already listed in the Application) counted in your family size:

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER (Optional)





CHILD CARE APPLICATION

Parent/Guardian Name:

SECTION 4 - CHILD CARE ARRANGEMENT

Name of provider (attach a separate schedule for each provider you are requesting payment for).

You must enter your provider's IDHS business name and provider number in this section.

To find your provider's IDHS name and number, go to <http://www.dhs.state.il.us/page.aspx?item=10153>.

To ensure proper routing of your application, copy and enter the provider name and number exactly as it appears on the web page.

Provider First Name _____ Provider Last Name _____

If you are a Day Care Center, Corporate Name _____

Provider Number (Providers without a number should contact the CCR&R)

List only the children who will be cared for by THIS child care provider.

If your children go to school, pre-k, or head start at another facility during the day, list only the hours that they are in child care with THIS provider. For school age children, list only the hours they are in child care.

Usual Schedule of Hours in Child Care

Child's First Name	AGE		MON	TUE	WED	THURS	FRI	SAT	SUN	Daily Rate
Child's Last Name		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Relationship to Client:										

Does the child listed attend school? Yes No Year Round

Is the school at the same location as the provider? Yes No

What hours is the child in school?

Does this child care schedule vary? Yes No

If yes, please explain:

Does the provider offer a multi-child/family discount? Yes No

If yes, please explain:

Usual Schedule of Hours in Child Care

Child's First Name	AGE		MON	TUE	WED	THURS	FRI	SAT	SUN	Daily Rate
Child's Last Name		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Relationship to Client:										

Does the child listed attend school? Yes No Year Round

Is the school at the same location as the provider? Yes No

What hours is the child in school?

Does this child care schedule vary? Yes No

If yes, please explain:

Does the provider offer a multi-child/family discount? Yes No

If yes, please explain:





CHILD CARE APPLICATION

Parent/Guardian Name:

Usual Schedule of Hours in Child Care										Daily Rate
Child's First Name	AGE		MON	TUE	WED	THURS	FRI	SAT	SUN	
Child's Last Name		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Relationship to Client:			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Does the child listed attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Year Round							What hours is the child in school?			
Is the school at the same location as the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Does this child care schedule vary? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, please explain:										
Does the provider offer a multi-child/family discount? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, please explain:										
Usual Schedule of Hours in Child Care										Daily Rate
Child's First Name	AGE		MON	TUE	WED	THURS	FRI	SAT	SUN	
Child's Last Name		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Relationship to Client:			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Does the child listed attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Year Round							What hours is the child in school?			
Is the school at the same location as the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Does this child care schedule vary? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, please explain:										
Does the provider offer a multi-child/family discount? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, please explain:										
Usual Schedule of Hours in Child Care										Daily Rate
Child's First Name	AGE		MON	TUE	WED	THURS	FRI	SAT	SUN	
Child's Last Name		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Relationship to Client:			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Does the child listed attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Year Round							What hours is the child in school?			
Is the school at the same location as the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Does this child care schedule vary? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, please explain:										
Does the provider offer a multi-child/family discount? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, please explain:										





CHILD CARE APPLICATION

Parent/Guardian Name:

SECTION 5 - MONTHLY INCOME INFORMATION

Enter the average gross MONTHLY income in each box for yourself and each member you have counted in your family size. Information from various agencies' databases and web sites will be taken into consideration when determining eligibility. If the Type of Monthly Income does not apply, write N/A.

Type of Monthly Income	Applicant (YOU)	Other Family Members
1. Employment Income for both parents and all family members age 19 and older (including tips from pay stubs before deductions). Attach copies of 2 most recent and consecutive pay stubs for each person. If you (or a family member) are self employed, complete #2.	\$ 0	\$ 0
2. Self Employment Income for you and family member age 19 and older. Attach verification such as, most recent Federal tax return (IRS 1040 and all attachments), or a copy of quarterly estimated taxes, or a listing of all business income expenses for the last 30 days. This can be reported on your own form or a Self Employment form which can be downloaded at: http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL444-2790.pdf or requested from your local CCR&R. Receipts, invoices or other documentation must be attached.	\$ 0	\$ 0
3. Child Support Received for all family members	\$ 0	\$ 0
4. TANF Cash Assistance for all family members	\$ 0	\$ 0
5. Other Federal Cash Income: for example, Social Security payments for ALL family members and railroad benefits.	\$ 0	\$ 0
6. Other Monthly Income for all family members; for example - unemployment compensation, ongoing monthly adoption assistance payments from DCFS, permanent disability payments (SSI), alimony, interest income, royalties, pension, annuities, veteran's pension, survivor's benefits, and living expenses portion of educational grants.	\$ 0	\$ 0
SUBTOTAL (add lines 1 - 6)	\$ 0	\$ 0
SUBTRACT Child Support Paid by you or another family member	- \$	- \$
TOTAL MONTHLY INCOME	\$ 0	\$ 0
If you receive any Housing Cash Assistance, including vouchers with a specific cash value, please report the amount here. This is required for Federal reporting only, and it DOES NOT COUNT IN TOTAL FAMILY INCOME.		\$





CHILD CARE APPLICATION

Parent/Guardian Name:

SECTION 6 - CHILD CARE PROVIDER INFORMATION

To be completed by the Provider (Please print clearly in blue or black ink).

**Parents or stepparents cannot be paid to provide child care for any children in the home.
Providers must be at least 18 years of age and clear required background checks.**

You must enter your IDHS business name and provider number in this section.
To find your IDHS provider name and number, go to <http://www.dhs.state.il.us/page.aspx?item=10153>.
To avoid enrollment or payment delays, copy and enter the IDHS provider name and number exactly as it appears on the web page.

First Name of Child Care Provider	Last Name
-----------------------------------	-----------

If you are a Day Care Center, Corporate Name	County
--	--------

Address	APT#	City	State	Zip Code
---------	------	------	-------	----------

Mailing Address, if different than above:	APT#	City	State	Zip Code
---	------	------	-------	----------

Phone Number	Fax Number	E-mail
--------------	------------	--------

Date of Birth (MM/DD/YYYY) (Required for all Licensed and License-Exempt Home based Providers)

<p>Provider Must Complete One: Note: Read the instructions included with the W-9 form for information on these options.</p> <p>If you have already registered as a provider for this program, list only your registration number.</p>	Social Security Number (Individual or sole proprietor)
	FEIN (Corporation, partnership or sole proprietor)
	Gov't Unit Code (Public school or park district)
	Provider Number

Child care providers are considered to be self-employed and taxes cannot be deducted from IDHS payments. This income is taxable and must be reported on tax documents. The Office of the Comptroller sends out a 1099 tax information form after each calendar year to all individual providers that earn \$600 or more a calendar year.

Enter date the child care provider recently began or will begin caring for children: (MM/DD/YYYY)

Have you been approved for the Illinois Quality Counts Quality Rating System (QRS)? Yes No

Are you an employee of the Illinois Department of Human Services or any other State agency? Yes No

Have you ever been convicted of anything other than a minor traffic violation? Yes No

If yes, please explain:

CHILD CARE COLLABORATIONS

Are you an IDHS approved Child Care Collaboration? Yes No Check all that apply: Head Start ISBE Pre-K

Are any of the children in this family enrolled as a collaboration child? Yes No

How long is your program? 9 Mo 12 Mo Other





CHILD CARE APPLICATION

Parent/Guardian Name: _____

SECTION 7 - CHILD CARE PROVIDER CERTIFICATION

After reading each of the following statements regarding child care standards, I certify that:

- * Parents will have unrestricted access to their children at all times.
- * All state and local fire, health and safety codes have been followed and will be maintained.
- * All child care providers/staff will have a physical examination no more than two years old and a TB skin test documented and on file in the facility/home within 90 days of the signature date on this form. The TB skin test is to be no earlier than the date the provider/staff began providing child care services.
- * All cleaning agents, poisons and other hazardous materials are stored in an area inaccessible to the child(ren).
- * There are no firearms or ammunition in the home OR any firearms or ammunition in the home are stored in a locked cabinet or locked storage at all times.
- * First aid supplies are readily available.
- * There will be no corporal punishment.
- * The children will be provided developmentally appropriate play and physical activities daily.
- * The children will be supervised (indoors and outdoors) at all times.
- * The children will be provided nutritional meals/snacks daily based on the number of hours in care.
- * I have not been responsible, and if I am a home provider, no one living in my household age 13 and older has been responsible, for the abuse or neglect of children or any acts of sexual molestation or sexual exploitation of children. I authorize the Dept. of Children and Family Services to check the Child Abuse and Neglect Tracking System (CANTS) and the Sex Offender Registry (SOR) to confirm this information for the Department of Human Services.
- * I and members of my household may need to complete an Authorization for Background Check form. The CCR&R will mail this form and instruction if its completion is required.

After reading each of the following statements regarding child care assistance program policies, I understand:

- * That if I am a home child care provider, I will report any new person(s) living in my household within 10 days.
- * The information provided will be checked using State databases.
- * I understand the information provided will be disclosed only for administrative purposes and that I may be required to verify the information, but is also subject to release under FOIA.
- * I cannot be paid until I complete a W-9 form and I am certified by the Office of the Comptroller.
- * I am responsible for collecting a co-payment from each family and that the co-payment will be deducted from the payment I receive from IDHS.
- * The State is required to make payment deductions for all home child care providers in accordance with the Service Employees International Union (SEIU) contract.
- * The State is not liable for payment of child care services provided prior to the date of an approval notice issued by the State.
- * If I am a child care center provider, licensed home, or group home, I will maintain, for a minimum of five (5) years from the date of payment, daily attendance records to fully document the extent of services provided and agree to make all records and supporting documentation relevant to the services billed herein available to any and all authorized Department representatives and Federal authorities.
- * Failure to maintain adequate records shall establish a presumption in favor of the State for any funds paid by the State for which adequate documentation is not available to support disbursement.
- * In order to be considered exempt from DCFS licensing, I can care for no more than three children during any given day, including my own children, unless all children are from the same household.
- * If not licensed by DCFS, copies of my Social Security Card and current driver's license, State ID card, or military ID are included. In order to be current, the driver's license or ID must list my current address.
- * I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge. I understand that giving false information or failing to provide correct information can also result in an overpayment which I will have to pay back and could result in my prosecution for fraud.
- * That the rates charged to the State of Illinois do not exceed the maximum allowed by the State and do not exceed those charged to the general public for similar services. This includes discounts such as multiple child discounts, staff discounts, full-week discounts, per-pay discounts, and sliding fee scales.
- * I certify that the hours of child care do not include hours the child is in school.
- * That deliberately providing an incorrect/fictitious Social Security number in order to defraud the State of Illinois will cause me to be prosecuted to the fullest extent of the law.
- * My signature is my consent and authorization for information to be released to the Illinois Department of Human Services or its agents that may establish my eligibility or my continued eligibility for the Child Care Program.

By signing and dating this document I certify that I have read and understand all the statements listed above. I certify that the statements as they are listed are true and that the information provided on this application is true, correct and complete.

Child Care Provider Signature: _____

Date: _____





CHILD CARE APPLICATION

Parent/Guardian Name: _____

SECTION 8 - PARENT/GUARDIAN CERTIFICATION

After reading each of the following statements, I certify that:

- * I understand that I am responsible for paying a share of my child care costs (parent co-payment) to my child care provider and that failure to do so may result in the loss of my child care provider.
- * I understand that my eligibility will be redetermined every six (6) months or as needed.
- * The child(ren) is/are current on all immunizations and verification is on file with the child care provider.
- * A review of each facility/home has been completed and I agree that it is a safe environment.
- * I have given written notification to each child care provider if I want anyone other than myself to pick up the child(ren).
- * I am responsible for the selection of the child care provider(s) for my child(ren).
- * I will report any change in child care arrangements, employment or family size, within 10 days. Failure to report changes in a timely manner may result in an overpayment which I will have to pay back and/or loss of child care benefits.
- * I understand that I must be working or attending an IDHS approved education, training, or other work related activity in order to be eligible to receive child care benefits.
- * I understand the information provided will be checked using State and other databases, and if inconsistencies are discovered, the processing of my application may be delayed or denied.
- * I understand that deliberately providing an incorrect/fictitious Social Security number or withholding the Social Security number information in order to defraud the State of Illinois will cause me to be prosecuted to the fullest extent of the law.
- * The information provided will be disclosed only for administrative purposes and that I may be required to verify the information that I have provided.
- * I understand that I have the right to appeal and to have a fair hearing or grievance.
- * I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct, and complete to the best of my knowledge. I understand that giving false information or failing to provide correct information can also result in an overpayment which I will have to pay back and could result in my prosecution for fraud.

My signature is my consent and authorization for information to be released to the Illinois Department of Human Services or its agents that may establish my eligibility, or my continued eligibility for the child care.

Parent/Guardian's Signature: _____

Date: _____

Other Parent/Guardian's Signature: _____

Date: _____





CHILD CARE APPLICATION

Parent/Guardian Name:

FREQUENTLY ASKED QUESTIONS ABOUT CHILD CARE ASSISTANCE CHILD CARE ASSISTANCE PROGRAM OVERVIEW

1) Who is eligible for child care assistance from the state?

- * Income eligible working families;
- * TANF clients in education, training, or other work-related activities approved by their caseworkers;
- * Teen parents (under age 20) in elementary or high school, or a GED program;
- * Income eligible families who are in school or training and are not receiving TANF cash assistance.
- * Occupational/vocational training, GED, ABE, ESL, and other below post-secondary education programs do not have a work requirement for the first 24 months. High school does not have a work requirement.

2) Is there a waiting list for child care assistance?

No. Anyone who meets the eligibility requirements may receive a child care assistance.

3) How long can I continue to receive child care assistance?

There is no time limit. As long as you are income eligible and need child care to work or participate in an approved activity, you remain eligible. Your Approval Letter will list the first and last months that you are eligible for assistance. Usually, you will be approved for 3 or 6 months at a time. Before your approval period ends, you will have to renew your child care case in order to continue receiving assistance. You will do this by filling out a "redetermination" form. This form will be automatically mailed to you in the month before your approval period ends. For example, if you are approved through April, you should receive your redetermination form in March. If you don't return your redetermination form and all required documents -OR- if you no longer meet the eligibility guidelines of the program, your case will be canceled.

4) If I receive child care assistance from the State will I still have to pay something?

The State requires all parents to pay a monthly "co-payment" directly to their provider. The amount of your monthly co-payment is determined by IDHS and the amount may vary from parent to parent. Monthly co-payments are based on gross monthly income, family size, and number of children in child care. The amount of your monthly co-payment will be listed on your Approval Letter. The State will deduct the parent co-payment from the total charges up to the maximum child care rate. If the co-payment is more than the total charges, the parent pays the lesser amount to the provider and no payment is made by the State.

5) How can I find a child care provider?

You may call a parent counselor at your local Child Care Resource & Referral Agency (CCR&R) at 1-877-202-4453 (toll-free) to get help finding child care for your child. You must have a child care provider before you submit your application.

6) Will my information be verified?

Yes. Information submitted by the parent/guardian on the application and supporting documentation is verified through various agencies' databases and internet websites. Databases used include, but are not limited to: TANF, Food Stamps, Medical, employment Security, Department of Labor, Social Security Administration, Child Support Enforcement, and Chicago Public Schools. Information from these databases and websites will be taken into consideration when determining eligibility.

ELIGIBILITY CRITERIA

7) What does "income eligible" mean?

A family is considered income eligible when the combined gross monthly income of all family members is at or below the amounts listed below for the corresponding family size. In two-parent families, both incomes must be combined to determine eligibility. Two-parent families include those with 2 or more adults living in the home, such as the applicant and his or her spouse or parents of a common child in the home.

8) Must I be the child's parent to qualify for the program?

No. A child's legal guardian or other relatives caring for the child are also eligible and should fill out an application form. Foster parents can receive child care assistance from the Department of Children and Family Services.

9) How old can the child be?

All children under age 13 are eligible. Children 13 or older are eligible if they are under court supervision or have written documentation from a medical provider stating that they are physically or mentally incapable of caring for themselves.

10) Can I receive child care assistance for the time I travel to or from work or school/training?

Yes. You can receive child care assistance for reasonable time you spend traveling to and from your child care provider to your job or school / training, as well as for the time you are working or attending school/training.





CHILD CARE APPLICATION

Parent/Guardian Name:

11) What if my work schedule varies?

You may submit additional paycheck stubs and attach additional information to establish an average work schedule.

12) What if my child's other parent or stepparent lives in my home?

If the child's other parent or stepparent lives in your home, he or she also needs to be working or in school, training, or a TANF-required activity in order for you to receive a child care subsidy. The other parent or stepparent also needs to complete pages 4 - 6 of the application and submit the same kinds of documents as you do, which are listed in the application instructions. If the other parent or stepparent is not working or in school, training, or a TANF-required activity, you will need to write and sign a statement about why he or she cannot care for the child.

13) When will I find out if I'm approved for child care assistance?

You and your provider will be notified of approval or denial within 30 days after we receive your completed application and all of the required documentation. Incomplete applications are the #1 reason for delay.

14) When should I send my child to their child care provider and when should the child care provider start care?

Children should not attend child care prior to the approval notice unless the parent and the provider have a payment agreement plan in place until the approval/denial notice is received by both the parent and the provider.

CHOOSING A CHILD CARE PROVIDER

15) Does my child care provider have to be licensed?

No. Certain home child care providers are not required to have a license. A provider without a license must be at least 18 years old and may not care for more than 3 children, including their own children, unless all of the other children are from the same household.

16) Will the State pay relatives to take care of my child?

Yes. Relatives can be paid to provide child care even if they live in the home with the child. Parents and step-parents cannot be paid as child care providers. TANF clients can be paid child care providers; however, earnings must be reported to their IDHS caseworkers. Exception: the State will not pay any relatives included in the child's TANF grant to care for the child.

17) Does the State do any kind of background check on child care providers?

In Illinois, all child care providers must undergo a background check. The background check consists of three parts: a CANTS check (Child Abuse & Neglect Tracking System), a SOR check (Sex Offender Registry), and a criminal history record check which is done through fingerprinting. Your provider will be required to have some or all of these checks. If care is done in your provider's home, anyone who lives in the home who is age 13 or older will also be required to be checked. There is no charge to the parent or the provider for the background check. Your CCR&R will tell your provider and their household members which checks they are required to complete.

PAYMENTS

18) Can my child care provider charge me more than my co-payment amount?

Yes, if your provider charges private paying parents a higher rate than the IDHS program pays, your provider can ask you to pay the difference by requiring a fee in addition to your co-payment. Be sure that you and your provider discuss what you are expected to pay before care for your child starts. If your provider's costs are too high for you, your CCR&R may be able to help you find a child care provider who is more affordable. Call them for help finding a new child care provider.

19) How much will the child care provider be paid by the State?

The most the State will pay depends on the age of the child, the region of the state, the type of child care provider, and whether the child is in full-time or part-time care. A copy of the rates can be obtained by calling the CCR&R. All providers are considered self-employed (NOT employees of IDHS or the CCR&R). Taxes cannot be taken out of payments. Providers are required by law to report all Child Care payments to the IRS as earned income. If your provider is not a corporation or governmental unit (public school or park district), and earns over \$600 within a calendar year, your provider will receive a copy of the 1099 Miscellaneous Form from the Office of the Comptroller reporting his/her income to the IRS. Your provider should receive the form by February 15th.

20) When will my child care provider get paid?

It can take 4 to 8 weeks for your provider to receive the first payment. After your provider receives the first payment, regular payments will arrive on a monthly basis. The reason the first payment takes longer is your provider's name and social security number must be recorded with the Office of the Comptroller before any payments can be made. To do this, the CCR&R will mail your provider a W9 tax form. The sooner he or she neatly completes and returns the W9 form to the CCR&R, the sooner he or she gets paid. After the Office of the Comptroller has your provider's information on file, we can send him or her the first "billing certificate." This is the form that you and your provider complete each month to tell IDHS how much to pay your provider.





CHILD CARE APPLICATION

Parent/Guardian Name:

21) How can my child care provider expect to be paid?

IDHS is offering for family home child care providers to receive their payments through the Illinois Debit MasterCard. The Debit Card presents the opportunity for home child care providers to receive their payments in a quicker, less expensive manner than a paper check. The provider will receive payment for all children they are providing care for on one card. No more worrying about lost or stolen checks! Each month the provider will receive a statement identifying each case for which they are receiving payment. For more information regarding the Illinois Debit MasterCard, go to the following website: <http://www.dhs.state.il.us/page.aspx?item=45466> or contact your CCR&R.

Payments can be deposited directly into your provider's bank account. This can be especially helpful if your provider has been having trouble with mail. Call 217-557-0930 to set up direct deposit. For purposes of record keeping, your provider may want to ask the bank what kind of receipt information they can pass on, as the provider will not receive payment information from IDHS or the Comptroller's office when using direct deposit.

Effective September 20, 2011, Home Child Care Providers will receive all provider payments on the Illinois Debit Mastercard card unless they choose direct deposit. Paper checks will remain an option if the provider cannot accept an electronic method for receiving funds.

The IDHS Child Care Telephone Billing System is an easier and faster way to get paid. Contact your CCR&R for more information.

22) How can I or my child care provider check status of payments?

Clients and providers can call the IDHS toll free phone number to find out payment information. If you have a touch-tone phone, you can call 1-800-804-3833 to find out if your payments have been entered by the CCR&R and mailed by the State Comptroller. This toll free number is available 24 hours a day, seven days a week. You can also get payment information by visiting the State Comptroller's web site at www.comptroller.state.il.us and select "vendor payments."

OTHER

23) What should I do if my circumstances change?

The parent or provider should call us when any of the following changes occur:

- * Change Providers
- * Change address
- * Stop working or change jobs
- * Stop receiving TANF
- * Stop attending school or training
- * Have medical/maternity leave
- * Change family size
- * Have any other changes that may affect your eligibility
- * Change income

Failure to report any changes within **10 days** may result in an overpayment which you will have to pay back and/or loss of child care benefits. If you stop working, you may be able to continue to receive a child care subsidy up to 30 days after the loss of your job while you look for work.

24) If I am a client or child care provider and I move, will my mail and checks be forwarded?

No, all clients and providers must fill out and submit a client/provider address form within 10 days of relocating.

25) How can I verify employment if I am self employed or cash paid?

A copy of the most recent, signed federal income tax return and all applicable schedules and attachments. After April 15th of each year, only the tax return for the previous year is acceptable. If the tax return was submitted electronically, you must provide a copy of the receipt in the absence of a signature. If a tax return is not available, a monthly statement of earnings and expenses must be submitted until an income tax return is submitted.

If you are paid in cash, a payment verification letter is required from each individual who pays you in cash for performing a service. You cannot write the letter yourself. It **MUST** be from the person who pays you.

All verifications must include the following information:

1. The name, address, and phone number, of the individual completing the letter;
2. The type of work performed;
3. Who performed the work;
4. The date(s) the work was completed or if the activity is on-going;
5. The rate of pay; and
6. The employee's schedule. If the expenses exceed the gross receipts, the self-employment income will be zero (-0-). Those additional expenses which exceed the gross receipts will not be subtracted from other earned or unearned income in the household. If the number of hours worked cannot be verified, the amount of child care services allowed shall not exceed the documented income divided by the current State minimum hourly wage.

Example: A parent reports that she cleans 5 homes per week and only earns \$100 per week. To calculate the number of hours/days to approve, divide \$100 by \$8.25 (State minimum wage effective 7/1/10) = 12.12 hours. Depending on the parent's actual work/transportation schedule, the parent could be approved for either: 1 full and 1 part time day, 2 full and 1 part day, or 3 part days of care.





WAGE VERIFICATION FORM

4-C: Community Coordinated Child Care 155 N Third Street Suite 300 DeKalb IL (800) 848-8727x225 Fax (815) 758-5652

(THIS FORM MAY ONLY BE USED IF CLIENT HAS NOT BEEN EMPLOYED LONG ENOUGH TO HAVE TWO PAY STUBS)

I hereby authorize my employer to release the following information to the Illinois Department of Human Services.

CLIENT SIGNATURE _____

DATE _____

PRINTED NAME _____

JOB INFORMATION (to be filled out by employer only)

Company Name: _____

Street Address/Mailing Address: _____

City _____ State _____ Zip : _____

Phone number: _____ Ext. _____

Employee Name: _____

Social Security Number (optional): _____ Start date: ____/____/____

Gross Salary: _____ Hourly Rate: _____ Tips: _____

Pay Period: Weekly Bi-weekly Twice @ month Monthly

PLEASE CHECK BOX ONLY IF EMPLOYEE IS PAID IN CASH

GIVE A SAMPLE SCHEDULE OF AVERAGE HOURS BELOW
(PLEASE DO NOT WRITE VARIES)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total hours Worked per week:
From	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
To	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	

If employee is returning to work from leave or if this is verification for a new schedule

Please indicate effective date: ____/____/____.

Additional Comments:

EMPLOYER SIGNATURE _____

TITLE _____

EMPLOYER NAME PRINTED _____

DATE _____

COMPLETED FORM MAY BE FAXED TO:
(815)758-5652

IF YOU HAVE ANY QUESTIONS PLEASE CALL 4-C CHILD CARE ASSISTANCE PROGRAM
(815) 758-8149 EXT 225 or (800) 848-8727 EXT 225

How to access
4c Application online

Go to DHS web site... <http://www.dhs.state.il.us/>

Click on child care

Scroll down to eligibility calculator, click on this

Fill in questions... this will tell you if you are possibly eligible for 4C

Go back to previous page and click on **Child Care Assistance Program**

Scroll down to **How to Apply**

Click on apply online

Fill out application

Save application and send to Morrison Day Care e-mail

morrisondc@frontier.com

I will fill in my part and submit to 4C

Also if you can please send to me via e-mail 2 current back to back paystubs that need to go along with the 4C application. I will send paystubs to 4C also.

Or bring to me to scan and send to 4C.