



# Lattof YMCA Day Camp

Dear Parent:

This year, the Lattof YMCA will be processing requests for financial assistance differently. Based on your income, if you are eligible for assistance from the Illinois Action For Children, Child Care Assistance Program, you will need to submit an application to Action For Children first, before we can approve your request for financial assistance from the YMCA.

Listed below are the steps you will need to follow:

1. We will accept any registration forms for your child(ren) beginning February 15<sup>th</sup>. A \$10 deposit is required for each week you register your child(ren) to attend.
2. Complete the enclosed application form, then call me to schedule an appointment to have the completed form reviewed and approved. After approval we will sign the paperwork and we (Lattof YMCA) will mail your application to the Action for Children office.
3. You will be notified by Action for Children within 2 weeks
4. You will receive an approval letter from Action for Children with your co-pay amount. You will then send a copy of the letter to my attention at the Lattof YMCA. At that time, I will review your scholarship request, and you may be eligible to receive financial assistance toward your co-pay amount.  
Your child will not be able to attend day camp until an approval letter is received. It is imperative that you complete the necessary paperwork and apply for this assistance immediately to ensure your child can attend day camp.
5. Please note that forms that are incomplete will be returned and the process will be delayed.
6. Action For Children will also verify income information, so please be accurate.

If you have any questions regarding this process you may call Megan Brown at the Lattof YMCA, 847-410-5297. Specific questions regarding approval must be made to Illinois Action for Children, 312-823-1100.

Sincerely,

*Megan Brown*  
*Day Camp Director*  
*Office: 947-410-5297*  
*E-mail: Megan\_E\_Brown@ymcachgo.org*

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STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES

**CHILD CARE APPLICATION  
INSTRUCTIONS**

**KEEP FOR YOUR RECORDS**

The State of Illinois helps low-income families pay for the child care services needed to work or go to school, training and other work-related activities. Please read the following pages carefully. If you think you may qualify, please submit an application to your Child Care Resource and Referral (CCR&R) agency or child care center/home who is contracted with DHS to provide child care subsidies. Call the CCR&R or contract center/home if you have any questions about whether you are eligible or if you have any questions about how to fill out this application. If you don't know the phone number for your CCR&R, please call 1-877-202-4453 (toll-free).

1. You must answer **ALL** questions on the application unless the instructions tell you to leave a question blank. If you think a question does not apply to you, you should write “**N/A**”. **If you do not answer all questions or provide needed documents, your application may be returned and payments to your child care provider may be delayed. The information provided will be checked using State databases, and if inconsistencies are discovered, the processing of your application may be delayed or denied.**
2. Social Security Numbers and Alien Registration Numbers are not required at this time to determine 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.
3. Type your answers or fill them in with blue or black ink. All signatures must be in blue or black ink. Mail the application or take it in to your CCR&R or contract center/home.
4. **Be sure to keep a photocopy of your completed application. Send us photocopies (not originals) of other documents you submit, such as pay stubs or school schedules, as they will not be returned. However, the CCR&R may request an original document if needed.**
5. Each of your child care providers **MUST**:
  - complete pages 5 and 6 of the application with you AND
  - if a W-9 tax form or CANTS form has not previously been completed,
    - submit a W-9 tax form AND
    - submit an authorization for a CANTS background check if the provider is not licensed.

**If you need child care because you are WORKING outside the home**

You must submit **PHOTOCOPIES** of your 2 most recent pay stubs.

If you do not have copies of 2 current pay stubs, we will accept other documentation for the following reasons:

- You are paid in cash or personal check.
- You are a new employee.

Other documentation that verifies employment if you are paid in cash/personal check or a new employee having not yet received 2 pay stubs includes:

- Letter from your employer. This letter must be on company letterhead and include the information listed below.
  - employment start date
  - hourly wage
  - how many hours you work per week & number of days worked per week
  - your gross wages before deductions
  - employer's FEIN or SSN (optional)
  - employer's address and phone number
  - be signed and dated by your employer
- Income Verification form
  - You can obtain this form by calling the CCR&R. Your employer must complete this form.

**You must submit your first 2 pay stubs after you receive them.**

**If you are SELF-EMPLOYED**

Your income must be verified by submitting your most recent Federal income tax return(IRS 1040) and all applicable schedules and attachments or quarterly estimated tax filing. If you do not have these yet, you can verify your income by attaching business records, receipts, ledgers, and/or letters from your clients/customers from the last 30 days. You may request a self-employment form from your CCR&R. IDHS will only approve child care if the parent works outside the home.

**YOU MUST NOTIFY THE CCR&R OR CONTRACT CENTER/HOME WITHIN 5 DAYS  
WHEN YOUR INCOME CHANGES SINCE YOUR CO-PAYMENT  
AND CHILD CARE SUBSIDY ARE BASED ON YOUR CURRENT INCOME.**

**If you need child care because you are a TEEN PARENT (under age 20) AND ATTEND HIGH SCHOOL OR GED PROGRAM**

You must submit proof that you are in school, such as your current official school schedule with your name on it or a signed letter from the school with your name on it.

**If you need child care to ATTEND SCHOOL, TRAINING OR ANOTHER WORK-RELATED ACTIVITY (such as Work First) outside the home, and you are not a teen parent in high school or a GED program**

**Special Requirement for TANF Clients:**

You must show that your caseworker has approved your activity by submitting an Official Class Schedule (if you are in school) and any one of the following documents:

- a copy of your Responsibility and Services Plan (RSP) (Form 4003);
- a copy of an IDHS Referral Form (Form 2151);
- a copy of a contracted provider's referral (Form 2151A); or
- a copy of an IDHS Contract Report-Notification of Employment (Form 3085).

**Special Requirement for Clients Not Receiving TANF Cash Assistance:**

You must submit proof by providing an Official Class Schedule and a copy of:

- Confirmation letter from training program
- Grade Report Form
- Registration/Class information about internship, student teaching, practicum

You must maintain a 2.0 grade point average on a 4.0 scale at all times.

If you are in a college degree program, you must submit proof that you are:

- working at least 10 hours per week in a paying job, or
- participating in at least 20 hours per week in a combination of a paying job and unpaid educationally-required work activity such as student teaching or an internship.

Occupational and vocational training programs do not have a work requirement for the first 2 years.



STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES

## COMMONLY ASKED QUESTIONS ABOUT CHILD CARE

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

- Low-income 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;
- Low-income families who are in school or training and are not receiving TANF cash assistance. (Must work at least 10 hours per week if they are in a college degree program.) 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) What should I do if my circumstances change?

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

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

Failure to report any changes within **5 days** may result in pay back of overpayments 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.

### 3) 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.

### 4) What does "low-income" mean?

Your family's countable income must be below the following guidelines:

<u>Family Size</u>	<u>Monthly Income Must Be Below</u>	<u>Family Size</u>	<u>Monthly Income Must Be Below</u>
2	\$2,111	6	\$4,257
3	\$2,648	7	\$4,794
4	\$3,184	8	\$5,330
5	\$3,721		

To determine your countable income, the gross wages paid by an employer are added to your other income (such as any government benefits, child support you receive, or self-employment income). Any child support you pay is subtracted from your income.

### 5) 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.

**6) 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.

**7) Is there a waiting list for child care assistance?**

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

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

There is no time limit. As long as you are low-income 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 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 you redetermination form and all required documents -OR- if you no longer meet the eligibility guidelines of the program, your case will be canceled.

**9) 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 income, family size, number of children in child care, and the number of hours your children are in care. The amount of your monthly co-payment will be listed on your Approval Letter. The Department will pay the provider directly for the remaining child care charges up to the maximum rate.

**10) Can my 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.

**11) 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.

**12) 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. TANF clients can be paid child care providers; however, earnings must be reported to their IDHS caseworkers. Exception: the State will not pay a child’s parents, stepparents, or relative included in the child’s TANF grant to care for the child.

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

Illinois law states that all providers paid by the state who are not licensed must agree to a Child Abuse and Neglect background check every two years. This background check will match your provider’s name to other pertinent information - as well as that of anyone age 13 and older in his or her household (if that is where care is provided)- against the Child Abuse and Neglect Tracking System (CANTS) maintained by the Department of Children and Family Services (DCFS).

**14) What if I am still looking for 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.

**15) 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 is attached to this application or can be obtained by calling the CCR&R. All providers are considered self-employed (NOT employees of IDHS or the CCR&R). Taxes can not 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 or her income to the IRS. Your provider should receive the form by February 15<sup>th</sup>.

**16) 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.

**17) When will my 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.

**18) How can I check status of payments?**

IDHS has a toll free number clients and providers can call 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 approved for payment by IDHS. This toll free number is available 24 hours a day, seven days a week.

**19) Should my provider consider direct deposit?**

Absolutely. 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.

**20) 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 page 3 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.



### CHILD CARE APPLICATION

**Important Notice: Child Care benefits cannot begin before you apply.  
Submit your application immediately.**

Applicant Name and Address:

Return your completed application to:  
**Illinois Action for Children**  
**1340 S. Damen Avenue, 3rd Floor**  
**Chicago IL 60608**  
**Phone: (312) 823-1100**  
**Fax: (312) 823-1200**

A REMINDER! Before mailing:

- Did you and your provider sign pages 6 & 7?
- Did you attach copies of your 2 most recent and consecutive pay stubs? (If you just started work and do not have pay stubs, attach a letter from your employer.)

PLEASE PRINT IN INK. Please read the attached instructions before completing this form.  
(Este formulario está disponible en español.)

#### SECTION I - APPLICANT INFORMATION

Parent/Guardian First Name					M.I.	Last Name			
Social Security Number (Optional)			TANF Case Number, if applicable			County			
Home Address			Apt #	City		State		Zip Code	
Mailing address, if different than above.				City		State		Zip Code	
Home Phone Number			Another number where you can be reached			Best time to call			
Email Address									
Parent/Guardian Date of Birth			Circle one:			MALE or FEMALE			
Month:	Day:		Year:						
Do the children have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO					Does the parent/guardian have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**FOR OFFICE USE:**  
REASON FOR  
CHILD CARE

- 1) Work/On-the-job Training for TANF and Non-TANF
- 2) TANF Education/Training Activity or Teen Parent in High School/GED
- 3) TANF Work & Education/Training Activity or Teen Parent Work & High School/GED
- 4) Non-TANF Education & Training

APPLICANT'S NAME:

### WORK INFORMATION

If you are working more than one job, you **MUST photocopy** this page and complete a separate work information and work schedule section for each job you have.

Employer/Company Name	Job Title
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Address	City	State	Zip Code
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Work Phone Number	Ext.	Date you started this job:
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I earn before deductions (complete one) \$ \_\_\_\_\_ per hour    \$ \_\_\_\_\_ per month    \$ \_\_\_\_\_ per year

I get paid (check one)     weekly     every two weeks     twice per month     monthly     other (please explain)

Number of hours worked each week:	Number of days worked each week:
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How long does it take you to travel from the child care provider to work? \_\_\_\_\_

**WORK SCHEDULE:** Please give a typical work schedule (**circle am or pm**)

Does your schedule vary? Please explain: _____ _____ _____		MON	TUES	WED	THU	FRI	SAT	SUN
	FROM	am pm	am pm	am pm	am pm	am pm	am pm	am pm
	TO	am pm	am pm	am pm	am pm	am pm	am pm	am pm

### Are you currently attending school, training or a TANF-Required Activity?

\_\_\_\_ NO (Go to the Top of Page 3)      \_\_\_\_ YES (Complete the Section below.)

### SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

TYPE OF EDUCATION/TRAINING CURRENTLY ATTENDING: (Check one)	<input type="checkbox"/> 1) High School or GED <input type="checkbox"/> 2) Other Below Post-Secondary (For example, ABE or ESL) <input type="checkbox"/> 3) Occupational/Vocational	<input type="checkbox"/> 4) 2-Year College Degree <input type="checkbox"/> 5) 4-Year College Degree Type of Degree Being Earned _____
Do you already have a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list your degrees _____		

School Name/Training Program Currently Attending	Phone Number	Date Started	Ending Date
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Address	City	State	Zip Code
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How long does it take you to travel from the child care provider to school? \_\_\_\_\_

**SCHOOL SCHEDULE:** Please complete the following schedule (**circle am or pm**)

Does your schedule vary? Please explain: _____ _____ _____		MON	TUES	WED	THU	FRI	SAT	SUN
	FROM	am pm	am pm	am pm	am pm	am pm	am pm	am pm
	TO	am pm	am pm	am pm	am pm	am pm	am pm	am pm

**TANF CLIENTS:** You **MUST** provide an Official Class Schedule (if you are in school) and one of the following. Check the one you have attached.

- Responsibility and Service Plan (RSP) (Form 4003)     Contracted Provider's Referral (Form 2151A)  
 IDHS Contract Report - Notification of Employment (Form 3085)     IDHS Referral (Form 2151)

**CLIENTS NOT RECEIVING TANF CASH ASSISTANCE:** You **MUST** provide an Official Class Schedule and a copy of: (check all that apply)

- Confirmation letter from training program     Grade Report Form  
 Registration/Class information about internship, student teaching, practicum

**SECTION II - OTHER PARENT/STEPPARENT INFORMATION**

**Is the other parent or stepparent of any of the children living in your home?**

\_\_\_ NO (Go to Family Information on Page 4)      \_\_\_ YES (Complete the Section below.)

**OTHER PARENT/STEPPARENT INFORMATION**

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.

Other Parent/Stepparent First Name	M.I.	Last Name
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Social Security Number (Optional)	Date of Birth Month:                      Day:                      Year:	Phone Number
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**WORK INFORMATION** (If the other parent/stepparent is working more than one job, you MUST **photocopy** this page and complete a separate work information and work schedule section for each job he/she has.)

Employer/Company Name	Job Title
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Address	City	State	Zip Code
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Phone Number	Ext.	Date he/she started this job:
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He/she earns before deductions (complete one) \$ \_\_\_\_\_ per hour    \$ \_\_\_\_\_ per month    \$ \_\_\_\_\_ per year

He/she gets paid (check one) <input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> other (please explain)	Number of hours worked each week:	Number of days worked each week:
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How long does it take him/her to travel from the child care provider to work? \_\_\_\_\_

**WORK SCHEDULE:** Please give a typical work schedule (**circle am or pm**)

Does his/her schedule vary? Please explain: _____ _____ _____	MON	TUE	WED	THU	FRI	SAT	SUN
FROM	am pm	am pm	am pm	am pm	am pm	am pm	am pm
TO	am pm	am pm	am pm	am pm	am pm	am pm	am pm

**SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION**

TYPE OF EDUCATION/TRAINING CURRENTLY ATTENDING: (Check one)	___ 1) High School or GED ___ 2) Other Below Post-Secondary (For example, ABE or ESL) ___ 3) Occupational/Vocational	___ 4) 2-Year College Degree ___ 5) 4-Year College Degree Type of Degree Being Earned _____ Do You Already Have a Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list your degrees _____
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School Name/Training Program	Phone Number	Date Started	Ending Date
Address	City	State	Zip Code

How long does it take him/her to travel from the child care provider to school? \_\_\_\_\_

**SCHOOL SCHEDULE:** Please complete the following shedule (**circle am or pm**)

Does his/her schedule vary? Please explain: _____ _____ _____	MON	TUE	WED	THU	FRI	SAT	SUN
FROM	am pm	am pm	am pm	am pm	am pm	am pm	am pm
TO	am pm	am pm	am pm	am pm	am pm	am pm	am pm

**TANF CLIENTS:** You MUST provide an Official Class Schedule (if you are in school) and one of the following. Check the one you have attached.

- Responsibility and Service Plan (RSP) (Form 4003)     Contracted Provider's Referral (Form 2151A)
- IDHS Contract Report - Notification of Employment (Form 3085)     IDHS Referral (Form 2151)

**CLIENTS NOT RECEIVING TANF CASH ASSISTANCE:** You MUST provide an Official Class Schedule and a copy of: (check all that apply)

- Confirmation letter from training program     Grade Report Form
- Registration/Class information about internship, student teaching, practicum

APPLICANT'S NAME:

### SECTION III - FAMILY INFORMATION

FAMILY SIZE means the applicant (you); the biological, step or adoptive parent of any of the applicant's children who live in your home; and your biological or adoptive children under age 21 living in your home. You may also choose to include other persons in the home who are related to you by blood or law if they rely on you for more than 50% of their support.

What is your family size? \_\_\_\_\_ How many adults are in your family? \_\_\_\_\_  
 How many children are in your family? \_\_\_\_\_ How many children are receiving child care? \_\_\_\_\_

Complete the information below for each child for whom you are seeking child care payments. If needed, attach an additional page.

FIRST NAME	LAST NAME	DATE OF BIRTH	M/F	ETHNIC ORIGIN*	U.S. CITIZEN YES/NO**	SOCIAL SECURITY NUMBER (Optional)	WARD OF THE STATE YES/NO

\* 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. If you list "3" for a child, also list their race, for example, "3, 1", "3, 2" or "3, 5").  
 4 - Asian 5 - American Indian or Alaskan Native 6 - Native Hawaiian or Pacific Islander

\*\* If "NO" is entered for U.S. CITIZEN, write alien registration number and attach copy of documentation.

List all other family members counted in family size: (If more space is needed please follow same format on a separate sheet of paper)

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

### SECTION IV - INCOME INFORMATION

Enter the MONTHLY income in **each box** for all adults age 19 and over counted in the family size. **If the income doesn't apply, write "N/A".**

TYPE OF INCOME	APPLICANT	OTHER FAMILY MEMBERS
<b>1. Gross Employment Income</b> (including tips) from pay stubs before deductions. Enter any self-employment below. <b>Attach copies of 2 most recent and consecutive pay stubs for each person.</b>	\$	\$
<b>2. Self Employment Income</b>	\$	\$
<b>3. Child Support Received</b>	\$	\$
<b>4. TANF Cash Assistance</b>	\$	\$
<b>5. Other Federal Cash Income:</b> For example, Social Security payments for all family members and railroad benefits	\$	\$
<b>6. Other Monthly Income:</b> For example, interest income, royalties, pensions, annuities, alimony, ongoing monthly adoption assistance payments from DCFS, unemployment compensation, veteran's pension, survivor's benefits, permanent disability payments, and living expense portion of educational grants.	\$	\$
<b>SUBTOTAL</b> (add lines 1-6)	\$	\$
<b>MINUS: Child Support paid by Applicant's Family</b>	\$	\$
<b>TOTAL MONTHLY INCOME</b>	\$	\$

Housing Cash Assistance, including Vouchers with a Specific Cash Value: (Required for Federal Reporting only, does not count when totaling Monthly Family Income.)	\$
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**FOR OFFICE USE ONLY:** Parent Co-Payment

APPLICANT'S NAME:

## SECTION V - PROVIDER INFORMATION

To be completed by the Applicant and the Provider TOGETHER (Please Print In Ink)

Do you have more than one child care provider for this application?  YES  NO  
 If YES, list your other Child Care Provider(s): \_\_\_\_\_  
 If YES, you MUST photocopy pages 5 & 6 and complete a separate child care arrangement section for each provider.  
 Do any of your other children attend Head Start, Pre-K, or Child Care at another provider not on this application?  YES  NO  
 If YES, list your other Child Care Provider(s): \_\_\_\_\_

**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 a CANTS check every two years.**

Name of Provider		If you are a Day Care Center, Corporate Name			
Address	Apt #	City	State	Zip Code	
Mailing Address, if different than above:			County		
Phone Number	Fax Number	Email			

Date of Birth (Not required for Centers and Licensed Providers) Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Must Complete One:	<b>Social Security Number</b> (Individual or Sole Proprietor) _____
	<b>FEIN</b> (Corporation, Partnership or Sole Proprietor) _____
	<b>Gov't. Unit Code</b> (Public School or Park District) _____

Enter date provider recently began or will begin caring for children: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

## CHILD CARE ARRANGEMENT

**List only the children who will be cared for by THIS provider (circle am or pm)** 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.

CHILD'S NAME	AGE	TYPICAL SCHEDULE OF HOURS IN CHILD CARE								PROVIDER'S CURRENT DAILY RATE	
			MON	TUE	WED	THU	FRI	SAT	SUN		
		FROM	am	am	am	am	am	am	am	am	
		TO	pm	pm	pm	pm	pm	pm	pm	pm	
		FROM	am	am	am	am	am	am	am	am	
		TO	pm	pm	pm	pm	pm	pm	pm	pm	
		FROM	am	am	am	am	am	am	am	am	
		TO	pm	pm	pm	pm	pm	pm	pm	pm	
		FROM	am	am	am	am	am	am	am	am	
		TO	pm	pm	pm	pm	pm	pm	pm	pm	
		FROM	am	am	am	am	am	am	am	am	
		TO	pm	pm	pm	pm	pm	pm	pm	pm	
		FROM	am	am	am	am	am	am	am	am	
		TO	pm	pm	pm	pm	pm	pm	pm	pm	

Does this child care schedule vary?  YES  NO  
 If yes, please explain: \_\_\_\_\_

Do you offer a multi-child/family discount?  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

How long is your program?  9mo  12mo  other \_\_\_\_\_

APPLICANT'S NAME:

### LEGAL CARE ARRANGEMENT

Check the appropriate type of provider. If licensed, complete Day Care Licensing Information.

#### CENTERS AND LICENSED PROVIDERS

- Licensed Day Care Center (760)\*
- Day Care Center Exempt from Licensing (761)
- Licensed Day Care Home (762)\*
- Licensed Group Day Care Home (763)\*

#### \* DAY CARE LICENSING INFORMATION

(DO NOT enter a Foster Care License Number)

License Number \_\_\_\_\_

License Capacity: Day \_\_\_\_\_ Night \_\_\_\_\_

License Expiration \_\_\_\_\_

Hours of Operation: From \_\_\_\_\_ To \_\_\_\_\_

#### CARE BY A RELATIVE (LICENSE NOT REQUIRED)

- In the Child Care Provider's Home (765)
- In the Child's Home (767)

My relationship to the child(ren) is:

#### CARE BY A NON-RELATIVE (LICENSE NOT REQUIRED)

- In the Child Care Provider's Home (764)
- In the Child's Home (766)

### SECTION VI - PROVIDER CERTIFICATION

After reading each of the following statements, 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.
- 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 activities.
- The children will be supervised (indoors and outdoors) at all times.
- I have not been responsible for the abuse or neglect of children in the past five (5) years or been responsible for acts of sexual molestation or sexual exploitation of children for the past twenty (20) years. I authorize the Dept. of Children and Family Services to check the Child Abuse and Neglect Tracking System (CANTS) to confirm this information for the Department of Human Services.
- **Have you ever been convicted of anything other than a minor traffic violation?**  YES  NO  
If yes, please explain: \_\_\_\_\_
- All of the statements listed above are true.
- The information provided about myself is true, correct and complete.
- I understand the information provided will be checked using State databases.
- I understand that the information provided will be disclosed only for administrative purposes and that I may be required to verify the information.
- I understand that I cannot be paid until I complete a W-9 form and I am certified by the Office of the Comptroller.
- I understand that I am responsible for collecting a co-payment from each family.
- I understand that the rates charged to the State of Illinois do not exceed those charged to the general public for similar services and do not exceed the maximum allowed by the State.
- I certify that if I am a center provider, licensed home, or group home, I will maintain, for a minimum of 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. I understand that 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.
- I understand giving false information or failure to provide correct information can result in pay back of overpayments and/or referral for prosecution for fraud.
- I understand 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.

Child Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION VII - APPLICANT 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 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 6 months or as needed.
- The child(ren) is/are current on all immunizations and verification is on file with the 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 provider if I want anyone other than myself to pick up the child(ren).
- An emergency phone number and written consent for medical care and for dispensing prescription medication has been given to each provider.
- The name of the family physician is on file with each provider.
- I am responsible for the selection of the child care providers for my child(ren).
- I will report any change in child care arrangements or employment within **5 days**. Failure to report changes in a timely manner may result in pay back of overpayments 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 databases, and if inconsistencies are discovered, the processing of my application may be delayed or denied.
  
- All of the statements listed above are true.
- The information provided about my case is true, correct and complete.
- I understand that I am not required to provide my Social Security Number and that if I deliberately provide an incorrect or fictitious Social Security Number I may be prosecuted for fraud.
- 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 of a grievance.
- I understand that giving false information or failure to provide correct information can result in pay back of overpayments and/or referral for 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 Program.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_