CHILD CARE APPLICATION

Parent/Guardian Name:

KEEP A COPY FOR YOUR RECORDS

Child Care Policy can be found at :**http://www.dhs.state.il.us/page.aspx/?item=9877**
To apply please read the following pages carefully and then submit your completed application to your local Child Care Resource and Referral(CCR&R). 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.org/component/sdasearch/?Itemid=142 or call 1-877-202-4453 (toll-free).

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

* If a question does not apply, please write "n/a" in the box.
* Complete this form based on your current information. Inform the CCR&R or Site provider if any information changes within 10 days of the change. A job loss or break in activity must be reported within 30 days in order to maintain a child care arrangement under the provisions for grace periods.
* 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 21 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/12/documents/Forms/IL444-2790-IES.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).
* Make 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 (if living in the home) 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.
* Families with assets of $1 million or more are not eligible. Assets include cash, retirement, investments and real property.

State of Illinois
Department of Human Services - Bureau of Child Care and Development

CHILD CARE APPLICATION

Parent/Guardian Name:

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

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/page.aspx?item=68333)

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 -
Is your family currently experiencing homelessness (lacking a fixed, regular, and adequate nighttime residence)? ☐ Yes ☐ No		Start Date		End Date
Are you a current or past victim of domestic violence? ☐ Yes ☐ No		Start Date		End Date
Are you Active Duty Military? ☐ Yes ☐ No ☐ Member of National Guard Unit or Military Reserve Unit				
Active Duty Begin Date:		National Guard/Military Reserve Begin Date:		
Active Duty End Date:		National Guard/Military Reserve End Date:		
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: ☐ MALE OR ☐ FEMALE		
Primary language Spoken in the home:				
Do you have more than one child care provider for this application? ☐ Yes ☐ No		Do any of your other children attend Head Start, Pre-K or Child Care at a provider not on this application? ☐ Yes ☐ No		

You must complete a separate child care arrangement Section 4 (page 8) for each provider.

CHILD CARE APPLICATION

Parent/Guardian Name:

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.

WORK INFORMATION - If you are working more than one job, you **MUST tell us about all your jobs even if you 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. If you have left a job in the past 3 months, include a letter from that employer with your last date of employment.	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) (Min.) 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	☐ 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

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) (Min.) Do you use public transportation? ☐ Yes ☐ No

CHILD CARE APPLICATION

Parent/Guardian Name:

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

	MON	TUE	WED	THURS	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

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):

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)

☐ High School or GED ☐ Below Post - Secondary (e.g., ABE or ESL)

☐ Occupational/Vocational ☐ 2-Year College Degree ☐ Internship

☐ 4-Year College Degree ☐ Work Experience (TANF only) ☐ none

Type of Degree Being Earned (GED/High school diploma, trade school certificate, BA degree)

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) (Min.) Do you use public transportation? ☐ Yes ☐ No

SCHOOL SCHEDULE: Please complete the following schedule

	MON	TUE	WED	THURS	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

CHILD CARE APPLICATION

Parent/Guardian Name:

SECTION 2 - OTHER PARENT/GUARDIAN/STEPPARENT 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/STEPPARENT 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.

Active Duty Military? ☐ Yes ☐ No ☐ Member of National Guard Unit or Military Reserve Unit

Active Duty Begin Date: National Guard/Military Reserve Begin Date:

Active Duty End Date: National Guard/Military Reserve End Date:

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) (Min.) 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	☐ 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

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:

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) (Min.) 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	☐ 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

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):

OTHER PARENT SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

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

☐ High School or GED ☐ Below Post - Secondary (e.g., ABE or ESL)
☐ Occupational/Vocational ☐ 2-Year College Degree ☐ Internship
☐ 4-Year College Degree ☐ Work Experience (TANF only) ☐ none

Type of Degree Being Earned (GED/High school diploma, trade school certificate, BA degree)

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) (Min.) Do you use public transportation? ☐ Yes ☐ No

OTHER PARENT SCHOOL SCHEDULE: Please complete the following schedule

	MON	TUE	WED	THURS	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

CHILD CARE APPLICATION

Parent/Guardian Name:

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.
* See policy at **http://www.dhs.state.il.us/page.aspx?item-21503**

My family size is:

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** ☐ Yes ☐ No Ward of State? ☐ Yes ☐ No Relationship to Parent:

Special Needs: ☐ Yes ☐ No

First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #

U.S. Citizen** ☐ Yes ☐ No Ward of State? ☐ Yes ☐ No Relationship to Parent:

Special Needs: ☐ Yes ☐ No

First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #

U.S. Citizen** ☐ Yes ☐ No Ward of State? ☐ Yes ☐ No Relationship to Parent:

Special Needs: ☐ Yes ☐ No

First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #

U.S. Citizen** ☐ Yes ☐ No Ward of State? ☐ Yes ☐ No Relationship to Parent:

Special Needs: ☐ 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, 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 PARENT	SOCIAL SECURITY NUMBER (Optional)

CHILD CARE APPLICATION

Parent/Guardian Name:

SECTION 4 - CHILD CARE ARRANGEMENT

Add | Remove

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 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, kindergarten, 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 and kindergarten children, list only the hours they are in child care.

Usual Schedule of Hours in Child Care

Child's First Name / Child's Last Name / Relationship to Parent:	AGE		MON	TUE	WED	THURS	FRI	SAT	SUN	Daily Rate
		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	

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's relationship to provider:

Usual Schedule of Hours in Child Care

Child's First Name / Child's Last Name / Relationship to Parent:	AGE		MON	TUE	WED	THURS	FRI	SAT	SUN	Daily Rate
		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	

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's relationship to provider:

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	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
Relationship to Parent:		TO	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	

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's relationship to provider:

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	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	
Relationship to Parent:		TO	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	

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's relationship to provider:

CHILD CARE APPLICATION

Parent/Guardian Name:

SECTION 5 - MONTHLY INCOME INFORMATION

Enter the 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 21 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.	$	$
2. **Self Employment Income for you and family member age 21 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/12/documents/Forms/IL444-2790-IES.pdf or requested from your local CCR&R. Receipts, invoices or other documentation must be attached.	$	$
3. **Child Support Received for all family members**	$	$
4. **TANF Cash Assistance for all family members**	$	$
5. **Other Federal Cash Income:** for example, Social Security payments for ALL family members and railroad benefits.	$	$
6. **Other Monthly Income for all family members;** including, but not limited to: 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.	$	$
SUBTOTAL (add lines 1 - 6)	$	$
SUBTRACT Child Support Paid by you or another family member	- $	- $
TOTAL MONTHLY INCOME	$	$
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.**		$

Does your family currently have $1 million or more in assets? ☐ Yes ☐ No

CHILD CARE APPLICATION

Parent/Guardian Name:

SECTION 6 - CHILD CARE PROVIDER INFORMATION

Add | Remove

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 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
LITTLE EXPLORERS ACADEMY II LLC	COOK

Address	APT#	City	State	Zip Code
7830 W LAWRENCE AVE		NORRIDGE	IL	60706 -
Mailing Address, if different than above:	APT#	City	State	Zip Code -

Phone Number	Fax Number	E-mail
708-685-2131		info@littleexplorers-academy.com

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

Provider Must Complete One: **Note: Read the instructions included with the W-9 form for information on these options.** **If you have already registered as a provider for this program, list only your registration number.**	Social Security Number (Individual or sole proprietor)
	FEIN (Corporation, partnership or sole proprietor) 93-4246441
	Gov't Unit Code (Public school or park district)
	Provider Number 60900578792742

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

What was the date of your last inspection: (DCFS or License Exempt) (MM/DD/YYYY) 07/03/2026

Have you been approved for the Illinois Quality Counts Training Tiers of ExceleRate Illinois? ☐ 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, explain including the charge:

CHILD CARE COLLABORATIONS

Are you an IDHS approved Collaboration? ☐ Yes ☐ No Check all that apply: ☐ EHS ☐ HS ☐ ISBE Pre-K

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

How long is your program? ☐ 12 Mo ☐ 24 Mo ☐ Other

State of Illinois
Department of Human Services - Bureau of Child Care and Development

CHILD CARE APPLICATION

Parent/Guardian Name:

LEGAL CARE ARRANGEMENT

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

CENTERS AND LICENSED PROVIDERS

- [X] 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 91 Night

License Expiration:

Hours of Operation: From 7:00am To 6:00pm

(Hours) (Min.) (AM/PM) (Hours) (Min.) (AM/PM)

CARE BY A RELATIVE (LICENSE NOT REQUIRED)

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

CARE BY A NON-RELATIVE (LICENSE NOT REQUIRED)

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

For the Child Care Assistance Program, a license-exempt day care home provider may care for three (3) children including the provider's own children or may care for all of the children from a single household.

Language: [X] English [ ] Spanish [X] Polish [ ] Chinese [ ] Other

NOT REQUIRED FOR LICENSED PROVIDERS
If care is being provided in the home of the provider, list all other people living in the provider's home

First Name	Last Name	Date of Birth	Social Security Number (Optional)
Relationship to Provider		Relationship to Child(ren) in Care	
First Name	Last Name	Date of Birth	Social Security Number (Optional)
Relationship to Provider		Relationship to Child(ren) in Care	
First Name	Last Name	Date of Birth	Social Security Number (Optional)
Relationship to Provider		Relationship to Child(ren) in Care	
First Name	Last Name	Date of Birth	Social Security Number (Optional)
Relationship to Provider		Relationship to Child(ren) in Care	
First Name	Last Name	Date of Birth	Social Security Number (Optional)
Relationship to Provider		Relationship to Child(ren) in Care	

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.
* I and members of my staff/household are in compliance will all State and Local Health Departments, and Fire Marshall Health, safety and fire codes and standards including firearms and ammunition.
* 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 and members of my household must complete an Authorization for Background Check form and comply with all background checks that are required.
* 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 of the Child Care Assistance Program and for investigation of improper payments 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 home child care providers who are members of Service Employees international Union(SEIU).
* 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.
* For the Child Care Assistance Program, a license exempt day care home provider may care for 3 children or may care for all of the children from a single household.
* If not licensed by DCFS, copies of my Social Security Card and current valid 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.
* A child care center not licensed by the State of Illinois has the burden of demonstrating that it meets the criteria for the exemption it claims (89 ILL.Adm.Code 377) and must certify its facility or program is exempt from licensure including submission of a completed License Exempt Day Care Center Self-Certification form.
* 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 including home schooling.
* 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 by or to the Illinois Department of Human Services or its agents that may establish my eligibility or my continued eligibility for the Child Care Assistance Program or for the investigation of improper payments or other suspected improper use of the 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, or within 30 days for job loss or break in activity under the provision for grace periods. 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 by or to the Illinois Department of Human Services or its agents that may establish my eligibility, or my continued eligibility for the Child Care Assistance Program.

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?

Effective Nov. 9, 2015, applicants included in the priority service groups are:
A) Recipients of Temporary Assistance for Needy Families;
B) Teen Parents enrolled full-time in elementary, high school or GED classes to obtain in high school degree or its equivalent;
C) Families with a Special Needs Child;
D)Working families whose monthly incomes do not exceed 162% of the most current Federal Poverty Level for their family size.

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

To the extent resources permit, it is the intent of the Department to provide child care services to all applicants that meet the eligibility requirement set forth in policy. If its is necessary to limit participation to stay within the amounts appropriated or resources available to the Department for child care services, participation will be limited to the priority service groups specified in FAQ1,A,B,C and D. If these restrictions are in effect and you do not meet the guidelines, you will receive a denial notice at the time of application and notice to re-apply once guidelines are restored to standard policy.

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

There is no time limit. As long as you are income eligible, need child care to work or participate in an approved activity, your child(ren) continue to attend the approved provider and the age of the child(ren) is consistent with program guidelines, you remain eligible.
Your Approval Letter will list the first and last months that you are eligible for assistance. Before your approval period ends, you will have to renew your child care by filling out a "redetermination" form. This form will be automatically mailed to you . 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. Monthly co-payments are based on gross monthly income and family size. 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. Information from these databases and web sites 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 maximum income level 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.
If due to lack of resources, restricted intake criteria is put into place, there may be different income level for approval based on whether this is a new application(intake) or a redetermination of, or change of Information on a existing case.

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 Illinois Department of Children and Family Services.

9) How old can the child be?

All children under age 13 are eligible. Children age 13 to 19 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.

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.

13)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. IDHS will not pay for any care provided before the case is approved.

CHOOSING A CHILD CARE PROVIDER

14) 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 care for three (3) children including the provider's own children or may care for all of the children from a single household.

15) 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.

16) 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/SACWIS),and other state child protection systems, or the National Registry, as appropriate a SOR check (Sex Offender Registry and the National Sex Offenders Registry as appropriate),and a criminal history record check which is done through fingerprinting submitted to the Illinois State Police and the Federal Bureau of Investigation(FBI) . 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

17) 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.

18) 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 should 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 tell IDHS how much to pay your provider.

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

Providers may choose to be paid by paper check("warrant") issued through the mail,Direct Deposit or through the Illinois Debit Card
For more information regarding the Illinois Debit Card, go to the following web site:

http://www.dhs.state.il.us/page.aspx?item=45466 or contact your CCR&R.

To sign up for Direct Deposit, call the Comptroller's Electronic Commerce Division at (217)557-0930 to receive an authorization form.

If you do not set up payments to go to a Debit Card or Direct Deposit, you will receive paper checks in the mail. Regardless of the method you chose, at least one paper check will be issued to you. Pursuant to Section 9.03 of the State Comptroller Act, vendors may be assessed a $2.50 processing fee per paper check once they have issued more than 30 paper checks in the same fiscal year from the same state agency.

CHILD CARE APPLICATION

Parent/Guardian Name:

20) Can taxes be taken out of my child care provider's payment?

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 when filing federal and state income tax returns. 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.

21) 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: http://illinoiscomptroller.gov/ and select "vendor payments."

OTHER

22) What should I do if my circumstances change?

The parent or provider should inform the CCR&R or site provider when any of the following changes occur:

* Change Providers * Change address ** Stop working * 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 * Change Jobs

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, if reported within **30 days.

23) Is it required that I provide my social security number?

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.

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.