



# 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 and other databases, and if inconsistencies are discovered, the processing of your application may be delayed or denied.**
2. Social Security 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. We are required to ask if your child is a U.S. Citizen or registered alien. Your child can still get child care assistance if he/she is not a U.S. Citizen or registered alien. We will **not** share any of the information that you give us about citizenship status. If your child is a qualified alien, you may provide us with either an alien registration number or a social security number.
4. 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.
5. **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.**
6. Each of your child care providers **MUST**:
  - \* complete Sections V and VI of the application with you AND if your provider hasn't previously submitted the items below:
  - \* submit a W-9 tax form
  - \* **license-exempt centers** must also provide:
    - a completed CANTS form for all their employees and
    - a completed License Exempt Child Care Center Self-Certification form
  - \* **license-exempt home providers** must also provide:
    - a completed CANTS form. If your provider is providing care in their home, a CANTS form must be completed by everyone who lives in their household who is 13 years of age and older.
    - a copy of a valid picture ID, and
    - a copy of their Social Security Card.



# Child Care Application

**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 10 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:**

The program that you attend must be accredited under the requirements of state law. You must provide an Official Class Schedule and a copy of:

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

If you are in a below post secondary program such as GED or ESL or in an occupational or vocational training program, you must maintain a C average. Occupational and vocational training programs do not have a work requirement for the first 24 months. Beginning in month 25, you must work at least 20 hours per week.

If you are in a 2 or 4 year college degree program, you must maintain a cumulative 2.5 grade point average (GPA) on a 4.0 scale. However, if you work 20 hours or more per week, you can have a 2.0 GPA. There is no work requirement for the first 48 months or participation. Beginning in month 49, you must work at least 20 hours per week.



# 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  
Child Care Assistance Program  
1340 S. Damen, 3rd Floor  
Chicago, IL 60608**

A REMINDER! Before mailing:

- Did you and your provider sign Sections VI and VII?
- 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.)
- If this is a collaboration application, did you mark the top of page 10?

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

## SECTION I - APPLICANT INFORMATION

<b>SECTION I - APPLICANT INFORMATION</b>				
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 Telephone Number	Another number where you can be reached		Best time to call	
	E-mail Address			
Parent/Guardian Date of Birth (Include Month/Day/Year)			Check one: <input type="checkbox"/> Male OR <input type="checkbox"/> FEMALE	

\* 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.



# Child Care Application

## WORK INFORMATION

Applicant's Name: \_\_\_\_\_

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.

Employer/Company Name	Job Title
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Address	City	State	Zip Code
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Work Telephone 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)	Number of hours worked each week	Number of days worked each week:
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> monthly <input type="checkbox"/> other (please explain)		

How long does it take you to travel from the child care provider to work? \_\_\_\_\_

## WORK SCHEDULE: Please give a typical work schedule (indicate am or pm)

Does your schedule vary? Please explain:		<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
	FROM							
	TO							

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

NO (Go to the Top of Page 5)     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"/> 3) Occupational/Vocational
<input type="checkbox"/> 2) Other Below Post - Secondary	<input type="checkbox"/> 4) 2-Year College Degree
(For example, ABE or ESL)	<input type="checkbox"/> 5) 4-Year College Degree

Type of Degree Being Earned \_\_\_\_\_

Do you already have a degree?  Yes     No    If yes, list your degrees \_\_\_\_\_

School Name/Training Program Currently Attending	Telephone 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 (indicate am or pm)

Does your schedule vary? Please explain:		<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
	FROM							
	TO							

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

- Responsibility and Services 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



# Child Care Application

**SECTION II - OTHER PARENT/STEPPARENT INFORMATION** Applicant's Name: \_\_\_\_\_

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

- NO (Go to Family Information in Section III)       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
Social Security Number (Optional)	Date of Birth (include month/day/year)	Telephone Number

**WORK INFORMATION** (If the other parent/stepparent is working more than one job, you MUST tell us about all your jobs. **Photocopy** this page and complete a separate work information and work schedule section for each job he/she has.)

Employer/Company Name	Job Title		
Address	City	State	Zip Code
Work Telephone Number	Ext.	Date he/she started this job:	

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 per 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 (indicate am or pm)

Does your schedule vary? Please explain:		<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
	FROM							
	TO							



# Child Care Application

## SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION Applicant's Name: \_\_\_\_\_

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?  Yes  No If yes, list your degrees \_\_\_\_\_

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

### SCHOOL SCHEDULE: Please complete the following schedule (indicate am or pm)

Does your schedule vary? Please explain:		<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
	FROM							
	TO							

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

- Responsibility and Services 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



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## SECTION III - FAMILY INFORMATION

FAMILY SIZE - You must include all persons living in your household listed below.

- \* You, the parent
- \* Your spouse
- \* Your boyfriend/girlfriend if they are the parent of one of the children needing child care or if they are the parent of a brother or sister of one of the children needing child care.
- \* All children for whom you are requesting child care.
- \* Other children or stepchildren under age 21.

- \* You may include a child under the age 21 if a full-time student away at school if dependent on the family for more than 50% of his/her support and the child has not established legal residence outside the family household.
- \* You may include a relative who is dependent on the family for more than 50% of his/her 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
					Yes No		Yes No
					Yes No		Yes No
					Yes No		Yes No
					Yes No		Yes No
					Yes No		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)

Applicant's Name: \_\_\_\_\_

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



# Child Care Application

## 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
1. <b>Gross Employment Income</b> (including tips) from pay stubs before deductions. Enter any self-employment below. Attach copies of 2 most recent and consecutive pay stubs for each person.	\$	\$
2. <b>Tips (Not included in your pay stub)</b>	\$	\$
3. <b>Bonus, Profit sharing, or Commission Received</b>	\$	\$
4. <b>Self Employment</b>	\$	\$
5. <b>Child Support Received</b>	\$	\$
6. <b>TANF Cash Assistance</b>	\$	\$
7. <b>Other Federal Cash Income:</b> For example, Social Security payments for all family members and railroad benefits.	\$	\$
8. <b>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, living expense portion of educational grants, military income/allowance for clothing, housing, etc., travel allowance, and Americorp payments.	\$	\$
<b>SUBTOTAL</b> (add lines 1 - 8)	\$	\$
<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.)	\$	





# Child Care Application

<b>SECTION V - PROVIDER INFORMATION</b> To be completed by the Applicant and the Provider TOGETHER (Please Print In Ink)	Applicant's Name: _____
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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 9, 10 and 11 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 stepparrents 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
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Address	Apartment Number	City	State	Zip Code
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Mailing Address, if different than above:	County
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Phone Number	Fax Number	E-mail
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Date of Birth (Not required for Centers and Licensed Providers) Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Must Complete One:

Social Security Number (Individual or Sole Proprietor) \_\_\_\_\_

FEIN (Corporation, Partnership or Sole Proprietor) \_\_\_\_\_

Gov't. Unit Code (Public School or Park District) \_\_\_\_\_

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

### CHILD CARE ARRANGEMENT

List only the children who will be cared for by THIS provider. (indicate 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.

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

Does the child listed above 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?

FROM	SUN	MON	TUE	WED	THU	FRI	SAT	PROVIDERS CURRENT DAILY RATE
TO:								

Does the child listed above 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?

FROM	SUN	MON	TUE	WED	THU	FRI	SAT	PROVIDERS CURRENT DAILY RATE
TO:								

Does the child listed above 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? <input type="radio"/> Yes <input type="radio"/> No	Do you offer a multi-child/family discount? <input type="radio"/> Yes <input type="radio"/> No
If yes, please explain: _____	If yes, please explain: _____



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Applicant's Name: \_\_\_\_\_

## 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?  9 Mo  12 Mo  Other \_\_\_\_\_

## 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 provider's 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 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 and other 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.



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Applicant's Name: \_\_\_\_\_

- \* I understand 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, pre-pay discounts, and sliding fee scales.
- \* I understand that the State is required to make payment deductions for all home providers in accordance with the SEIU union contract.
- \* I understand that the State is not liable for payment of child care services provided prior to the date of an approval notice issued by the State.
- \* I certify that the hours of child care do not include hours the child is in school.
- \* 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 that giving false information or failure to provide correct information can result in an overpayment which I will have to pay back 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.
- \* 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.

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, 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.
- \* All of the statements listed above are true.
- \* The information provided about my case is true, correct and complete.
- \* 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.
- \* I declare, under penalty of perjury, that the statements I have made regarding the citizenship of alien status of each child for whom care is requested are true and correct.
- \* 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 an overpayment which I will have to pay back 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: \_\_\_\_\_





## Child Care Application

### COMMONLY ASKED QUESTIONS ABOUT CHILD CARE

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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. 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 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 5 and 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.

3) **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 **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.

4) **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.

5) **When should I send my child to their provider and when should the 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.

6) **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.

7) **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.

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

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



## Child Care Application

- 9) **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 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.
- 10) **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.
- 11) **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.
- 12) **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 family.
- 13) **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.
- 14) **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).
- 15) **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.
- 16) **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 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.



## Child Care Application

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- 17) **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.
- 18) **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.
- 19) **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 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](http://www.comptroller.state.il.us) and select "vendor payments."
- 20) **If I am a client or 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.
- 21) **Should my provider consider the Debit Card option for receiving their payment?**  
Absolutely! IDHS is offering a new way 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.
- 22) **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.
- 23) **Should my provider consider entering their monthly billing information by calling a toll free number?**  
The IDHS Child Care Telephone Billing System is an easier and faster way to get paid. Contact your CCR&R for more information.

