



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:

Children's Home + Aid
 601 James R. Thompson Blvd., Bldg. E
 East St. Louis, IL 62201
 Phone: 800-467-9200, ext. 360 / Fax: 618-452-5010

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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	End Date
Are you a current or past victim of domestic violence?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	End Date
Are you Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> MALE OR <input type="checkbox"/> FEMALE		
Primary language Spoken in the home:				
Do you have more than one child care provider for this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do any of your other children attend Head Start, Pre-K or Child Care at a provider not on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
You must complete a separate child care arrangement Section 4 (page 8) for each provider.				





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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.
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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
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First 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 amount \$

I get paid (check one)	Number of hours usually worked at this job each week	Number of days usually worked at this job each week
<input type="checkbox"/> every day <input type="checkbox"/> every week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> none <input type="checkbox"/> once per month <input type="checkbox"/> other (please explain)		

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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

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

Second Employer/Company Name	Job Title
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Address	City	State	Zip Code
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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)	Number of hours usually worked at this job each week	Number of days usually worked at this job each week
<input type="checkbox"/> every day <input type="checkbox"/> every week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> none <input type="checkbox"/> once per month <input type="checkbox"/> other (please explain)		

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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

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

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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM





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
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Social Security Number (Optional)	Date of Birth (include month/day/year)	Telephone Number
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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)	Number of hours usually worked at this job each week	Number of days usually worked at this job each week
<input type="checkbox"/> every day <input type="checkbox"/> every week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> none <input type="checkbox"/> once per month <input type="checkbox"/> other (please explain)		

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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

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





CHILD CARE APPLICATION

Parent/Guardian Name:

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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

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

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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM





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** <input type="checkbox"/> Yes <input type="checkbox"/> No Ward of State? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Parent:					
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No					
First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #
U.S. Citizen** <input type="checkbox"/> Yes <input type="checkbox"/> No Ward of State? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Parent:					
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No					
First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #
U.S. Citizen** <input type="checkbox"/> Yes <input type="checkbox"/> No Ward of State? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Parent:					
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No					
First Name	Last Name	Date of Birth	M/F	Ethnic Origin *	Social Security #
U.S. Citizen** <input type="checkbox"/> Yes <input type="checkbox"/> No Ward of State? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Parent:					
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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										Daily Rate
Child's First Name	AGE		MON	TUE	WED	THURS	FRI	SAT	SUN	
Child's Last Name		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Relationship to Parent:		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Relationship to Parent:		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Relationship to Parent:			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child listed attend school? 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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Relationship to Parent:			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child listed attend school? 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
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If you are a Day Care Center, Corporate Name	County
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Address	APT#	City	State	Zip Code
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Mailing Address, if different than above:	APT#	City	State	Zip Code
---	------	------	-------	----------

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

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

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)

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





CHILD CARE APPLICATION

Parent/Guardian Name:

LEGAL CARE ARRANGEMENT

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

<p>CENTERS AND LICENSED PROVIDERS</p> <p><input type="checkbox"/> Licensed Day Care Center (760)*</p> <p><input type="checkbox"/> Day Care Center Exempt from Licensing (761)</p> <p><input type="checkbox"/> Licensed Day Care Home (762)*</p> <p><input type="checkbox"/> Licensed Group Day Care Home (763)*</p>	<p>*DAY CARE LICENSING INFORMATION (DO NOT enter a Foster Care License Number)</p> <p>License Number:</p> <p>License Capacity: Day Night</p> <p>License Expiration:</p> <p>Hours of Operation: From To</p> <p style="text-align: center;">(Hours) (Min.) (AM/PM) (Hours) (Min.) (AM/PM)</p>
<p>CARE BY A RELATIVE (LICENSE NOT REQUIRED)</p> <p><input type="checkbox"/> In the Child Care Provider's Home (765)</p> <p><input type="checkbox"/> In the Child's Home (767)</p>	<p>CARE BY A NON-RELATIVE (LICENSE NOT REQUIRED)</p> <p><input type="checkbox"/> In the Child Care Provider's Home (764)</p> <p><input type="checkbox"/> In the Child's Home (766)</p>

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: English Spanish 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 with 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: _____

