

2022 SUMMER CAMP

AGES 5 – 12

JUNE 20 – AUGUST 19

7:30 A.M. - 5:30 P.M.



REGISTRATION FEE: \$155 PER WEEK
(FINANCIAL ASSISTANCE MAY BE
AVAILABLE THROUGH YWCA CHILD
CARE SOLUTIONS, BASED ON FAMILY
SIZE AND INCOME.)

CAMP INCLUDES

- DAILY BREAKFAST
SNACK, LUNCH, AND
AFTERNOON SNACK
- ACTIVITIES BY AGE
GROUP
- LEARNING MADE FUN
— ACADEMIC SKILL
PRACTICE & GAMES
- SOCIAL / EMOTIONAL
SKILLS PRACTICE
- COMPUTERS
- SPECIAL ACTIVITIES —
SPORTS, ART, MUSIC,
GARDENING, ETC.
- FIELD TRIPS

REGISTER NOW!

GET REGISTRATION FORM AT
PATRIOTS GATEWAY
615 S. FIFTH ST.

ROCKFORD, IL 61104

(2:00 P.M. - 5:30 P.M., M – F)

OR DOWNLOAD COPY OF FORM AT

WWW.PATRIOTSGATEWAY.ORG

PHONE: (815) 967 - 0413



Instructions for Completing Registration Packet for Summer Camp or After-School Program

1. Complete Registration Form
2. Review and keep Parent Handbook. Just complete signature page
3. Complete COVID waiver.
4. Complete Field Trips Permission Form.
5. Complete YWCA Child Care Application (for financial assistance in paying registration fee). See separate instructions for that.
6. Return the above completed items to Patriots'.



SUMMER CAMP REGISTRATION FORM

PROGRAM DATES: JUNE 20 THROUGH AUGUST 19, 2022

NAME OF YOUTH (1 CHILD PER FORM):

Patriots Gateway Summer Camp serves children ages 5 –12

- Monday through Friday, 9:00am – 5:00 pm (early drop-off available starting 7:30 a.m.; pick-up until 5:30 p.m.)
- Cost: \$155 per week (Financial assistance may be available through YWCA's Child Care Solutions, based on family size and income.)
- Breakfast snack, lunch, and afternoon snack provided
- Activities by age group
- Learning made fun! (Opportunities to practice reading and math skills, how to get along with others, and making good decisions)
- Special activities (sports, art, music, computers, gardening, nutrition education, field trips, etc.)

How will you pay for your child?

_____ I will pay.

_____ I have Child Care Solutions and have Patriots Gateway Community Center as an approved site. This applies only to the programs for GRADES Full-time Kindergarten through Grade 5.

DATE OF FIRST DAY OF ATTENDANCE: _____ First week's payment due one week prior to first day of attendance. Subsequent weekly registration fees due by Friday preceding the week for which payment is due. If the week's registration fee is not made by the due date, your child will not be able to participate in the program until payment is made. I agree to provide timely prepayment for this child and the programs attended at Patriots Gateway Community Center.

Signature of Adult responsible for payment and/or Child Care Solutions:

Printed Name

Signature

Date

Please Print Legibly – 1 child per form

Child's Full Legal Name: _____

First _____ Middle _____ Last _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade in coming fall: _____ School: _____ Sex: _____
M/F

Participant T-Shirt Size (circle) Youth size - YS(6-8) YM(10-12) YL(14-16) YXL(18-20) Other _____

Ethnicity: ☐ African-American ☐ Hispanic ☐ Caucasian ☐ Asian ☐ Native American ☐ Multicultural
☐ Other ☐ Prefer not to answer

Please provide information for both parents/guardians/significant others if they will be delivering/picking up the child or paying for the child.

PRIMARY Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

E-mail: _____ Place of Employment: _____

Hours of Employment: _____

SECOND Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Ph: _____ Work Ph: _____

E-mail: _____ Place of Employment: _____

Hours of Employment: _____

Child's Physician or certified Christian Science Practitioner

Name: _____ Clinic: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

PRIMARY LIST of persons authorized to pick up child

| Name | Relationship | Address | City, State, Zip | Phone Numbers |
|------|--------------|---------|------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CONTINGENCY LIST of persons authorized to pick up child under special conditions

| Name | Condition to release child to this person | Address | City, State, Zip | Phone Numbers |
|------|---|---------|------------------|---------------|
| | | | | |
| | | | | |
| | | | | |

Other than the PRIMARY guardian listed, please provide at least 1 additional emergency contact for your child if the PRIMARY person cannot be reached.

1st Emergency Contact: _____ Day Phone: _____ Evening Phone: _____
 Relationship: _____ Address of Emergency Contact: _____

2st Emergency Contact: _____ Day Phone: _____ Evening Phone: _____
 Relationship: _____ Address of Emergency Contact: _____

Special Information

Should the Patriots staff be aware of any medications being taken, any disabilities, or any special medical conditions such as allergies, asthma, etc., in relation to your child?

No _____ Yes _____ If yes, please describe: _____

Should the Patriots staff be aware of any other factors critical to the well-being and ability of the child to participate in the program?

No _____ Yes _____ If yes, please describe: _____

AGREEMENT and CONSENT

Please circle YES or NO for each of the following items indicating your agreement or consent.

YES NO Medical Consent and Release

I state that any medical conditions (listed or not listed) would not prevent my child from safely participating in a sport/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity. I authorize Patriots Gateway Community Center to administer emergency first-aid.

In the event that neither I nor my emergency contacts can be reached in an emergency, I give permission to Patriots Gateway Community Center to contact my child's physician or a physician selected by Patriots Gateway Community Center to secure proper treatment for the child in case of an illness or injury. I authorize the use or disclosure of the health information for purposes of securing health treatment. I agree that I may be required to pay all or most of the expenses incurred for such treatment.

YES NO Field Trips and Transportation Arrangements

I understand that before my child may participate in field trips or be transported by Patriots Gateway Community Center, I must complete separate agreements with specific trip and transportation details.

YES NO WAIVERS

Patriots Gateway Community Center is committed to conducting its recreation programs and activities in a safe manner, and holds the safety of participants in high regard. Patriots Gateway Community Center continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK: Recreational activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premise defects, inadequate or defective equipment, inadequate supervision, instruction, or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Patriots Gateway Community Center to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: Please read this form carefully and be aware that in signing up for and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected and associated with this program/activity *(including field trips and transportation services/vehicle operation when provided)*.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have *(or accrue to me or my child/ward)* as a result of participating in this program/activity against Patriots Gateway Community Center, including its officials, agents, volunteers, and employees. I do hereby fully release and forever discharge Patriots Gateway Community Center from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the program/activity.

YES NO Photo Release (Note: Check "No" if you are a foster parent to the child.)

I give permission to Patriots Gateway Community Center to use and publish any photographs, videotape, film, slides or any likeness taken of my child while involved in programs at or with Patriots Gateway Community Center. I further waive, release and disclaim any right or claim to any payment or compensation for the use of my child's likeness, and waive, release and disclaim any damages or injuries which my child could or may suffer as a result of my consent to said use of any likeness of my child. *Your child may step away from the camera or notify the photographer if you prefer that they not be photographed.**

I, the undersigned, being legal guardian of the minor listed on this application, hereby grant permission for the named applicant to participate in this program, having read and agreed to all the terms and conditions as stated above, and with the understanding that deposits and program fees must be paid prior to participation and are nonrefundable.

Participant Name Printed: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Date: _____

***If you originally answered "Yes" to the "Photo Release" above but now wish to revoke permission, please initial and date below.**

I hereby by revoke my permission for Patriots' Gateway Community Center to use pictures, videos, or any other graphic depiction or likeness of the minor listed in this application. _____

Initials Date



Summer Camp Parent Handbook

Philosophy

Patriots Gateway Community Center (hereafter referred to as PGCC) strives to maintain a positive approach to managing children's behavior at all times. "Discipline" is the process of teaching self-control and the ability to live within limitations and agreed upon guidelines. The PGCC staff and children establish expected behavior guidelines. Positive behavior is self-rewarding and allows for program activities to occur. When children choose to behave outside of the guidelines, some consequence is required to avoid future problems. The overall safety of all children in the program is our highest priority.

Program

Youth enrolled in PGCC's Summer Camp will have the opportunity to experience a variety of activities, including, but not limited to, academic help, arts / crafts, character development, and fitness. Participants will experience opportunities for personal growth, skill development, and creative thinking, while focusing on the principles of caring, honesty, responsibility, and respect. Participants are expected to take part in all activities.

Hours

Program hours are 7:30 a.m. - 5:30 p.m. Participants should be picked-up by 5:15, if possible, but no later than 5:30 p.m. These time frames are designed to ensure quality programming and safety for all participants. There will be a \$1.00 per minute late fee assessed for participants that are picked-up after 5:30 p.m. If a participant is not picked-up by 5:45 p.m., the authorities may be called. Continued abuse will result in termination from the program.

Fees

Please see the Summer Camp Registration Form for the current weekly fee. There are no adjustments in the fee for absences, non-participation, suspensions, or emergency closings. Your fee covers the direct operating expenses. All of the services covered by the fee must be available to your child. When you enroll your child, you are reserving space, time, staffing, and provisions, regardless of whether your child attends.

Authorized Personnel

Only those individuals listed on your child's registration form will be allowed to pick-up your child from the program. Photo identification will be required. This is for the safety of the children.

Discipline

When positive behavior is displayed, the consequence is participation in and enjoyment of planned activities. In cases of negative or inappropriate behavior, the following processes will be employed.

1. Reasoning and Redirection: Every effort will be made to help the child understand the inappropriateness of his / her action and agree to an alternative form of behavior. Children may be redirected to alternative activities. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face, with staff facilitating.
2. Removal from Specific Activity: When reasoning has been pursued and has not changed behavior, removing the child from the activity involved for an appropriate amount of time may become necessary. The denied activity will be related to the misbehavior.
3. Child / Director Conference: When the counselor is not successful in correcting behavior, PGCC's Program Director may meet with the child to redirect him / her to use of proper conflict resolution strategies.
4. Parent Conference: If the parent needs to be formally involved in the process, specific changes in behavior will be requested, with specific consequences for non-compliance outlined. This is usually accomplished through the use of a "Behavior Contract". When possible, the child is present and participates in these conferences. The goal is to define what changes need to be made to help the child be successful in the program.

Removal from Program for Inappropriate Behavior

If the above process has not resulted in corrected behavior, the family will be required to remove the child from the program.

Behavior-Related Issues

In addition to behavior management procedures outlined above, parents / guardians must be aware that:

- No staff member may ever strike, swear at, abuse, or threaten with physical intimidation either a child or parent.
- No staff member will allow a child to be struck, sworn at, abused, or physically intimidated by anyone else in the program.
- No child who becomes a safety hazard to him/herself or others will be allowed to continue in the program.
- No staff member will ever solicit or accept gratuities in consideration for any treatment of a child.

Behavior Management

The safety of a child is the highest priority for setting behavior management procedures. When a child has a serious discipline problem (on any ONE (1) occasion), the parent / guardian may be called by staff and requested to pick-up the child within one (1) hour of the call. Examples of a serious discipline problem may include, but are not limited to the following:

- Hitting another child
- Threatening or intimidating others
- Injuring another child or staff member
- Leaving the program site and / or refusing to remain with their groups
- Use of foul language or being repeatedly disrespectful towards staff
- Defacing or otherwise damaging PGCC or field trip destination property
- Stealing

If PGCC staff concludes that a child poses a serious discipline problem, the child may be suspended from the program for a period of 1 to 5 days or be removed from the program entirely. **No refunds or credits of fees will be given if a child is suspended or removed from the program.**

Appropriate Behavior Between Parent / Guardian and PGCC Staff

Any abusive behavior displayed by a parent or individual associated with the child towards any PGCC staff may result in suspension or termination from the program. This includes yelling, threatening, or other perceived aggressive behavior. PGCC staff work in a professional manner, treating you and your child with the highest level of respect. They deserve and expect the same level of respect in return.

PGCC Child Abuse Prevention Policy

PGCC maintains a policy of Child Abuse Prevention practices, which include procedures related to:

- Employee reference checks, hiring criteria, and background checks
- Training and supervision requirements for staff
- Staff relationships with children
- Unscheduled site visitation by PGCC supervisory staff or members of the Board of Directors

These policies are enacted to protect parents, children, and PGCC staff members from actual occurrences or allegations of child abuse. For more information, contact the Program Director.

Opportunities for Communication

To ensure you and your child are getting the most out of your PGCC Summer Camp experience, we want to have open lines of communication with you. Please call if you have any questions. You are also welcome to stop in any time to check on the program and your child's progress.

Parent Information Area

When you sign out your child each day, please check for any up-to-date information or notices at the front desk. Please also check any posters or brochures for other information pertaining to PGCC activities and opportunities to volunteer.

Parent Concerns

PGCC is dedicated to developing and maintaining high levels of program service. We want to hear from you if we have not accomplished this goal. The PGCC staff is available to assist you with questions or concerns and will work with you for resolution. In the event a concern is not resolved to your satisfaction, you may contact the PGCC Executive Director.

Medication During Program

Any medication which needs to be administered during the program hours must:

- Be accompanied with a "Permission to Medicate" form
- Be brought directly to the Program Director in its original container, with the child's name, physician's name, and drug name clearly labeled on the container
- Have specific written instruction for dosage amounts, times, etc.

PGCC staff are NOT permitted to administer any over-the-counter medication, such as aspirin and cough medicine, without having written instructions and dosage given by the child's physician. All medication, including inhalers, cough drops, ointments, etc., must be kept locked in a cabinet or in the possession of a staff member.

NOTE: Staff cannot split pills or administer amounts other than as specified on the prescription bottle label, unless directions are given in writing by the child's physician.

Chronic Health Issues

PGCC will administer medications to children who have asthma, experience allergic reactions, or require blood-glucose tests. PGCC will not administer insulin shots. Any other substitute foods for raising blood sugar, such as honey, orange juice, or other food substance will be maintained at the parents' request if we are reasonably able to do so. Parents of children with any potentially life-threatening illness or condition must be reachable by PGCC staff the entire time the child is at PGCC.

Illness During Program Hours

If your child becomes ill, he / she will be isolated from other children, and you will be contacted to pick-up him / her. PGCC is not equipped to handle ill children beyond securing their immediate comfort. If you are contacted, you need to make arrangements to pick-up your child within one (1) hour. Please keep PGCC informed of any changes in your work or emergency phone numbers. If you cannot be reached, we will contact someone you have authorized.

Child Illness

For the sake of your child and others, if your child has a temperature of one full degree over normal, is vomiting, or shows other signs of illness (rash, diarrhea, sore throat, etc.), they may not attend the PGCC summer program. Also, please keep your child at home if they are too tired to participate in planned activities. By 7:30 a.m. on the day of the absence, parents / guardians should notify PGCC of their child's absence **AND** the nature of the absence by calling (815) 316-3023, ext.10, and leaving a message.

Injuries During Program Hours

If your child is injured during program hours, the staff members in charge will take whatever steps may be necessary to obtain emergency medical care as warranted. These steps may include, but are not limited to, the following:

- Provide immediate first aid
- Attempt to contact parent / guardian
- Attempt to contact others listed on your registration forms.

In case of serious injury, appropriate emergency medical assistance will be contacted (911 will be called). A PGCC staff member will remain with the child until a parent / guardian or other authorized adult arrives. PGCC staff may not transport program participants.

PGCC does **NOT** carry accident insurance on participants. All expenses incurred in the treatment of injuries due to accidents that occur during a PGCC program will be the responsibility of the parent / guardian.

Emergency Procedures

If the PGCC program site must evacuate due to an emergency, we will go to the designated location posted on the PGCC "Emergency Care and Disaster Plan."

Snacks and Lunches

A breakfast snack (if desired, served only from 7:30 – 8:30 a.m.), daily lunch, and afternoon snack will be provided to participants. Refrigeration and / or warming of food you send with your child cannot be provided. So, please do not send perishable items or items that need to be heated or cooked. Please inform the PGCC Program Director in writing about any food allergies your child has.

Clothing, Personal Items, Lost & Found

Children will be doing arts & crafts and probably going outside, so clothes may get soiled. Children should not wear clothing that restricts activity. Footwear is required. **Tennis shoes** are highly recommended for active play. **No flip-flops or shoes with heels allowed during active play times.**

Please **mark all of your child's belongings** (i.e., lunch boxes, water bottles, jackets, backpacks). PGCC will not be responsible for lost, damaged, or stolen articles. Please do not let your child bring valuables (cell phones, iPods, toys, trading cards, video games, etc.) to the site. These items will be confiscated and returned to the parent / guardian at the end of the day. After one week, lost and found items will be donated to a charitable agency.

DCFS Exemption

The program and PGCC's facility are exempt from licensing and regulation by the Illinois Department of Children and Family Services.

Firearms-Free Site

Firearms are not permitted in PGCC's facility or on its grounds.



SUMMER CAMP Parent Handbook

I have read and agree to adhere to the policies outlined in this handbook. I understand it is my responsibility to familiarize my child and those listed on my child's registration form with these policies. Failure by myself, my child, or those authorized personnel on my form to follow these policies may result in my child being terminated from the program.

Child's name (Please print.)

Parent's / Guardian's name (Please print)

Parent's / Guardian's signature

Date



Field Trips Permission Form

Dear Parent or Guardian:

Patriots' Gateway's Summer Camp is taking our youth on several field trips. The date and nature of each trip will be posted at the Patriots' reception desk area prior to the trip, along with any special instructions about appropriate clothing, etc. Please check for these notices daily when you drop-off or pick-up your child.

There typically is no extra cost for these trips. Food is provided when the trip spans our normal lunch or snack period. To acknowledge that you approve of your child attending these events, please sign this consent form, and return it to Patriots'. Please complete a separate form for each child you have enrolled in the summer program.

Your signing this form indicates that you approve of your child attending all of the trips. You will not receive a separate permission form for each trip. If we do not receive a signed permission form, your child will not be able to participate in the trip. If we do not have the signed permission form, or if you simply do not want your child to attend the trip, your child will not be able to remain at the center during the trip because staff will not be on-site.

Thank you.

Your child's name: _____

I hereby give consent for my child to attend all Patriots' field trips.

In case of an emergency, please contact:

Name: _____ Phone: _____

Parent /Guardian Signature: _____ Date: _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Patriots' Gateway Community Center ("PGCC") has put in place preventative measures to reduce the spread of COVID-19; however, PGCC cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PGCC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PGCC's employees, volunteers, and program participants and their families.

____ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at PGCC. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless PGCC, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of PGCC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at PGCC. PGCC's liability insurance policy does not cover COVID-19 related claims.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where PGCC is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS By signing this document, I agree that if I am exposed to or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

____ INITIALS If I have signed a separate general waiver of liability connected to my participation at PGCC, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS I agree that I will practice safe social distancing and clean hygiene during my participation at PGCC.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT **(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____



Instructions for Completing YWCA Child Care Application

To: Parents & Guardians

From: After-School Program / Summer Camp

Please do the following:

- Read the instructions on page 1 and the Certification on page 14 of the application before completing the application. Provide the additional information mentioned in the instructions when you submit your application.
- Print your name at the top of every page in the space provided.
- Complete the following pages if they apply to you: 2, 3, 4, 5, 6, 7, 8, 9, and 10.
- Sign and date page 14.
- Return the completed application to Patriots'. We will forward it to the YWCA for their review and determination of whether you qualify for state financial assistance to help pay registration fees for Patriots' child care program(s).
- Thank you!

**CHILD CARE APPLICATION**

Parent/Guardian Name:

KEEP A COPY FOR YOUR RECORDSChild 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.





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)? <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. | | | | |





CHILD CARE APPLICATION

Parent/Guardian Name:

If yes, list all child care provider names and registration numbers (if assigned) you seek assistance in paying:

Patriots' Gateway 10606004333084

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

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

Second Employer/Company Name

Job Title

Address

City

State

Zip Code

Work Telephone Number Ext.

Date you started this job:

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

I get paid (check one) ☐ every day ☐ every week

☐ every two weeks ☐ twice per month ☐ none

☐ once per month ☐ other (please explain)

Number of hours usually worked at this job each week

Number of days usually worked at this job each week

Travel time from the child care provider to work: (Hrs)

(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 |
|---|------|-----------|

| | | |
|-----------------------------------|--|------------------|
| Social Security Number (Optional) | Date of Birth (include month/day/year) | Telephone Number |
|-----------------------------------|--|------------------|

Is the other parent or stepparent working? ☐ Yes ☐ NoIs 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) <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) | 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):





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

OTHER PARENT SCHOOL SCHEDULE: Please complete the following schedule

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





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

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

Patriots' Gateway Community Center

Provider Number (Providers without a number should contact the CCR&R) *10606004333084*

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 | AGE | | MON | TUE | WED | THURS | FRI | SAT | SUN | Daily Rate |
|-------------------------|-----|------|--|--|--|--|--|--|--|------------|
| Child's Last Name | | FROM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| 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:

N/A

Usual Schedule of Hours in Child Care

| Child's First Name | AGE | | MON | TUE | WED | THURS | FRI | SAT | SUN | Daily Rate |
|-------------------------|-----|------|--|--|--|--|--|--|--|------------|
| Child's Last Name | | FROM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| 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 | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Year Round Is the school at the same location as the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | What hours is the child in school? | | | |
| Does this child care schedule vary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: Does the provider offer a multi-child/family discount? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: Child'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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Year Round Is the school at the same location as the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | What hours is the child in school? | | | |
| Does this child care schedule vary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: Does the provider offer a multi-child/family discount? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: Child'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 <i>Patriots Gateway Community Center</i> | | County <i>Winnebago</i> | | |
| Address <i>615 S. Fifth Street</i> | APT# | City <i>Rockford</i> | State <i>IL</i> | Zip Code <i>61104</i> |
| Mailing Address, if different than above: | APT# | City | State | Zip Code |
| Phone Number <i>(815) 967-0413</i> | Fax Number | E-mail <i>patriotsrockford@gmail.com</i> | | |
| 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) <i>36-4048431</i> | | |
| | | Gov't Unit Code (Public school or park district) | | |
| | | Provider Number <i>10606004333084</i> | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you an employee of the Illinois Department of Human Services or any other State agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i> | | | | |
| Have you ever been convicted of anything other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, explain including the charge: <i>N/A</i> | | | | |
| CHILD CARE COLLABORATIONS <i>N/A</i> | | | | |
| Are you an IDHS approved Collaboration? <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply: <input type="checkbox"/> EHS <input type="checkbox"/> HS <input type="checkbox"/> ISBE Pre-K | | | | |
| Are any of the children in this family enrolled as a collaboration child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| How long is your program? <input type="checkbox"/> 12 Mo <input type="checkbox"/> 24 Mo <input type="checkbox"/> Other | | | | |





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

- ☐ 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

(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: ☐ 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: Patriots' Gateway Bx

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 a 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 it 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 an 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 to 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.

