

DATE:

Client Name:
Address:

CASE:

Temporary form to be used for the time frame of March 16 – March 30, 2020.

Add Child(ren):

Complete the following information and the enclosed provider certification (pages 2, 3, 4, 5, 6, 7) form to add a child(ren) to your child care assistance case.

INFORMATION FOR CHILDREN RECEIVING CHILD CARE (Children age 13 or older are eligible for childcare benefits only if physically or mentally incapable of self-care or under court supervision.)

FIRST NAME	LAST NAME	M/F	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

***FOR EACH CHILD'S RACE, ENTER A NUMBER LISTED BELOW:**

- | | |
|------------------------------|--|
| 1-White, not Hispanic origin | 4-Asian or Pacific Islander (Oriental) |
| 2-Black, not Hispanic origin | 5-American Indian or Alaska Native |
| 3-Hispanic | 6-Other (including children of more than one race) |

Child Care Arrangement Date:

Name of Provider: _____

What was the First Day this provider began caring for your new child(ren)? _____

Please return the completed information to:

CHILDREN'S HOME + AID CCAP
2133 JOHNSON ROAD SUITE 100
GRANITE CITY, IL 62040
PHONE NUMBER: 1-800-847-6770
Fax: 618 452-5010



Parent/Guardian Name: _____

Usual Schedule of Hours in Child Care										Daily Rate
Child's Name	Age		MON	TUE	WED	THU	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	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child listed attend school? Yes No Year Round

What hours is the child in school? _____

Is the school at the same location as the provider? Yes No

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: _____

Usual Schedule of Hours in Child Care										Daily Rate
Child's Name	Age		MON	TUE	WED	THU	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	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

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What hours is the child in school? _____

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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: _____

Usual Schedule of Hours in Child Care										Daily Rate
Child's Name	Age		MON	TUE	WED	THU	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	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child listed attend school? Yes No Year Round

What hours is the child in school? _____

Is the school at the same location as the provider? Yes No

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: _____



Parent/Guardian Name: _____

SECTION 2 - CHILD CARE PROVIDER INFORMATION

To be completed by the Applicant and the Provider **TOGETHER** (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.**

Name of Child Care Provider	If you are a Day Care Center, Corporate Name
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Address	Apartment Number	City	State	Zip Code
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Mailing Address, if different than above:	County
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Phone Number	Fax Number	E-mail
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Date of Birth (MM/DD/YYYY) (Not required for Centers and Licensed Providers) Month: _____ Day: _____ Year: _____

<p>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.</p>	Social Security Number (Individual or sole proprietor)
	FEIN (Corporation, partnership or sole proprietor)
	Gov't Unit Code (Public school or park district)
	IDHS Provider Registration Number

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 on tax documents. 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.

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

Have you been approved for the Illinois Quality Counts Quality Rating System (QRS)? Yes No

Are you an employee of the Illinois Department of Human Services or any other State agency? Yes No

Have you ever been convicted of anything other than a minor traffic violation? Yes No

If yes, please explain: _____

CHILD CARE COLLABORATIONS

Are you an IDHS approved Child Care Collaboration? Yes No Check all that apply: Head Start ISBE Pre-K

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

How long is your program? 9 Mo 12 Mo Other _____



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 _____

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)

My relationship to the child(ren): _____

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	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER (Optional)



Parent/Guardian Name: _____

SECTION 3 - 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).
- * An emergency phone number and written consent for medical care and for dispensing prescription medication has been given to each child care provider.
- * The name of the family physician is on file with each child care provider.
- * I am responsible for the selection of the child care providers for my child(ren).
- * I will report any change in child care arrangements, employment or family size, within 10 days. Failure to report changes in a timely manner may result in an overpayment which I will have to pay back and/or loss of child care benefits.
- * I understand that I must be working or attending an IDHS approved education, training, or other work related activity in order to be eligible to receive child care benefits.
- * I understand the information provided will be checked using State and other databases, and if inconsistencies are discovered, the processing of my application, redetermination, or change of information 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 of a 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 to the Illinois Department of Human Services or its agents that may establish my eligibility, or my continued eligibility for the child care.

Parent/Guardian's Signature: _____ Date: _____

Other Parent/Guardian's Signature: _____ Date: _____



Parent/Guardian Name: _____

SECTION 4 - 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.
- * All state and local fire, health and safety codes have been followed and will be maintained.
- * All child care providers/staff will have a physical examination no more than two years old and a TB skin test documented and on file in the facility/home within 90 days of the signature date on this form. The TB skin test is to be no earlier than the date the provider/staff began providing child care services.
- * All cleaning agents, poisons and other hazardous materials are stored in an area inaccessible to the child(ren).
- * There are no firearms or ammunition in the home OR any firearms or ammunition in the home are stored in a locked cabinet or locked storage at all times.
- * First aid supplies are readily available.
- * There will be no corporal punishment.
- * The children will be provided developmentally appropriate play 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 authorize the Dept. of Children and Family Services to check the Child Abuse and Neglect Tracking System (CANTS) and the Sex Offender Registry (SOR) to confirm this information for the Department of Human Services.
- * I and members of my household may need to complete an Authorization for Background Check form. The CCR&R will mail this form and instruction if its completion is required.

After reading each of the following statements regarding child care assistance program policies, I understand:

- * That 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 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 all home child care providers in accordance with the Service Employees International Union (SEIU) contract.
- * 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.
- * In order to be considered exempt from DCFS licensing, I can care for no more than three children during any given day, including my own children, unless all children are from the same household.
- * If not licensed by DCFS, copies of my Social Security Card and current 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.
- * 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.
- * That deliberately providing an incorrect/fictitious Social Security number in order to defraud the State of Illinois will cause me to be prosecuted to the fullest extent of the law.
- * My signature is my consent and authorization for information to be released to the Illinois Department of Human Services or its agents that may establish my eligibility or my continued eligibility for the Child Care Program.

By signing and dating this document I certify that I have read and understand all the statements listed above. I certify that the statements as they are listed are true and that the information provided on this application is true, correct and complete.

Child Care Provider Signature: _____

Date: _____