



CHILD CARE APPLICATION

Date: _____

Parent/Guardian Name: _____

SECTION 4 - CHILD CARE ARRANGEMENT

Name of provider (attach a separate schedule for each provider you are requesting payment for).

You must enter your provider's IDHS business name and provider number in this section.

To ensure proper routing of your application, copy and enter the provider name and number exactly as it appears on the web page.

Provider First Name

Provider Last Name

If you are a Day Care Center, Corporate Name

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

List only the children who will be cared for by THIS child care provider.

If your children go to school, kindergarten, pre-k, or head start at another facility during the day, list only the hours that they are in child care with THIS provider. For school age and kindergarten children, list only the hours they are in child care.

Usual Schedule of Hours in Child Care

Child's First Name	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 true, please explain:

Does the provider offer a multi-child/family discount? ☐ Yes ☐ No

If true, please explain:

Child's relationship to provider:

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 true, please explain:

Does the provider offer a multi-child/family discount? ☐ Yes ☐ No

If true, please explain:

Child's relationship to provider:



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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	
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If true, please explain:										
Does the provider offer a multi-child/family discount? <input type="checkbox"/> Yes <input type="checkbox"/> No										
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Child's relationship to provider:										



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SECTION 6 - CHILD CARE PROVIDER INFORMATION

To be completed by the Provider (Please print clearly in blue or black ink).

**Parents or stepparents cannot be paid to provide child care for any children in the home.
Providers must be at least 18 years of age and clear required background checks.**

You must enter your IDHS business name and provider number in this section.

To avoid enrollment or payment delays, copy and enter the IDHS provider name and number exactly as it appears on the web page.

First Name of Child Care Provider	Last Name
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If you are a Day Care Center, Corporate Name	County
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Address	APT#	City	State	Zip Code
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Mailing Address, if different than above:	APT#	City	State	Zip Code
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Phone Number	Fax Number	E-mail
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Date of Birth (MM/DD/YYYY) (Required for all Licensed and License-Exempt Home based Providers)

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)
	Gov't Unit Code (Public school or park district)
	Provider Number

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

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

Have you been approved for the Illinois Quality Counts Training Tiers of ExceleRate Illinois? ☐ Yes ☐ No

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

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

If yes, explain including the charge:

CHILD CARE COLLABORATIONS

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

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

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



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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	



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SECTION 7 - CHILD CARE PROVIDER CERTIFICATION

After reading each of the following statements regarding child care standards, I certify that:

- * Parents will have unrestricted access to their children at all times.
- * I and members of my staff/household are in compliance with all State and Local Health Departments, and Fire Marshall Health, safety and fire codes and standards including firearms and ammunition.
- * There will be no corporal punishment.
- * The children will be provided developmentally appropriate play and physical activities daily.
- * The children will be supervised (indoors and outdoors) at all times.
- * The children will be provided nutritional meals/snacks daily based on the number of hours in care.
- * I have not been responsible, and if I am a home provider, no one living in my household age 13 and older has been responsible, for the abuse or neglect of children or any acts of sexual molestation or sexual exploitation of children.
- * I and members of my household must complete an Authorization for Background Check form and comply with all background checks that are required.
- * If I am a home child care provider, I will report any new person(s) living in my household within 10 days.
- * The Information provided will be checked using State databases.
- * I understand the information provided will be disclosed only for administrative purposes of the Child Care Assistance Program and for investigation of improper payments and that I may be required to verify the information, but is also subject to release under FOIA.
- * I cannot be paid until I complete a W-9 form and I am certified by the Office of the Comptroller.
- * I am responsible for collecting a co-payment from each family and that the co-payment will be deducted from the payment I receive from IDHS.
- * The State is required to make payment deductions for home child care providers who are members of Service Employees international Union(SEIU).
- * The State is not liable for payment of child care services provided prior to the date of an approval notice issued by the State.
- * If I am a child care center provider, licensed home, or group home, I will maintain, for a minimum of five (5) years from the date of payment, daily attendance records to fully document the extent of services provided and agree to make all records and supporting documentation relevant to the services billed herein available to any and all authorized Department representatives and Federal authorities.
- * Failure to maintain adequate records shall establish a presumption in favor of the State for any funds paid by the State for which adequate documentation is not available to support disbursement.
- * For the Child Care Assistance Program, a license exempt day care home provider may care for 3 children or may care for all of the children from a single household.
- * If not licensed by DCFS, copies of my Social Security Card and current valid driver's license, State ID card, or military ID are included. In order to be current, the driver's license or ID must list my current address.
- * A child care center not licensed by the State of Illinois has the burden of demonstrating that it meets the criteria for the exemption it claims (89 ILL.Adm.Code 377) and must certify its facility or program is exempt from licensure including submission of a completed License Exempt Day Care Center Self-Certification form.
- * I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge. I understand that giving false information or failing to provide correct information can also result in an overpayment which I will have to pay back and could result in my prosecution for fraud.
- * That the rates charged to the State of Illinois do not exceed the maximum allowed by the State and do not exceed those charged to the general public for similar services. This includes discounts such as multiple child discounts, staff discounts, full-week discounts, per-pay discounts, and sliding fee scales.
- * I certify that the hours of child care do not include hours the child is in school including home schooling.
- * That deliberately providing an incorrect/fictitious Social Security number in order to defraud the State of Illinois will cause me to be prosecuted to the fullest extent of the law.
- * My signature is my consent and authorization for information to be released by or to the Illinois Department of Human Services or its agents that may establish my eligibility or my continued eligibility for the Child Care Assistance Program or for the investigation of improper payments or other suspected improper use of the program.

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

Child Care Provider Signature: _____ **Date:** _____

Provider Response: _____