

DAY CARE SERVICE ELIGIBILITY APPLICATION

COVER PAGE

The DCFS/POS caseworker/investigator has the responsibility to ensure:

- **Completion of each section of the application and attachment of all support documentation as requested. Incomplete applications will be placed on hold/denied/or returned to the DCFS/POS case worker for completion and re-submission;**
- A fully completed application is submitted to the regional Day Care Eligibility Office for approval. A completed application includes all required supportive documentation. (Caseworker/Investigator responsibility);
- Verification that Applicant(s) does not qualify for any other publicly funded child care (e.g. Head Start, public school, pre-kindergarten, IDHS/Action For Children/local CCR &R Subsidized Child Care);
- Assisting the Applicant(s) and Day Care Provider to complete and submit as part of the application packet **Part I & Part II;**
- If the Day Care Provider is **unlicensed/or is a license-exempt facility**, complete and submit as part of the application packet, **Part III – Section (B), & the CFS 2003. Also, unrelated child daycare providers are required to be fingerprinted and complete the CFS 718-D Authorization for Background Check (CANTS/Sex Offender Registry/FBI checks)**
- Immediate notification of any application changes to the regional Day Care office which may affect the status of day care.
- For Open Intact Family Services Cases*, the Department shall provide child care for:
 - Intact families with an open case and whose child/children are under the age of 5, protective need has been assessed, and that day care has been/will be identified in the service plan as a needed resource for safety reasons; or,
 - Intact families with an open case and whose child/children are 5 years of age and older and whose parents are working outside the home or who are participating in employment training or educational programs outside the home that are approved by the Department and any other means of day care services/pre-school are not available or appropriate (a list of other services attempted should be attached as documentation).

PRIMARY APPLICANT’S NAME: _____

Family ID# (Assigned by Day Care office): _____ **DCFS Region:** _____

<p>DCFS/POS AGENCY OFFICE INFORMATION</p> <hr/> <p>WORKER NAME ID NUMBER</p> <hr/> <p>AGENCY NAME</p> <hr/> <p>STREET</p> <hr/> <p>CITY STATE ZIPCODE</p> <hr/> <p>TELEPHONE NUMBER & EXT # FAX NUMBER</p> <hr/> <p>EMAIL ADDRESS</p>	<p>TYPE OF DAY CARE REQUESTED:</p> <p><input type="checkbox"/> Foster Parent Employment-related Day Care</p> <p><input type="checkbox"/> Teen Parent Education or Employment-related Day Care (school and/or employment/skills training)</p> <p><input type="checkbox"/> Protective/Family Maintenance Day Care</p> <p style="margin-left: 20px;"><input type="checkbox"/> Open intact family* <input type="checkbox"/> Family Reunification</p> <p style="margin-left: 20px;"><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> Subsidized Adoptive Parent/Guardian – Employment-related Day Care</p> <p><input type="checkbox"/> Therapeutic Day Care (Foster Care)</p> <p style="text-align: center; margin-top: 10px;">(Refer to Procedures 302.330 and 359.54 for day care service eligibility guidelines)</p>
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We hereby certify to the best of our knowledge and belief, the information contained in this application and supporting documentation is true, accurate, and complete. (Both worker and supervisor’s names and signatures are required):

DCFS/POS WORKER NAME (Printed)

DCFS/POS SUPERVISOR NAME (Printed)

DCFS/POS WORKER (Signature) DATE

DCFS SUPERVISOR (Signature) DATE

PART I

This section should be completed by the parent, foster parent, teen parent, adoptive parent, guardian or relative caregiver. Worker assistance should be provided if necessary. (N/A for answers that do not apply)

REASON FOR APPLICATION (Check all that apply)

- Initial Day Care Service Eligibility application
- Parent/caregiver address change
- Change of Day Care Provider
- Request for secondary provider (written justification from the caseworker is needed)
- Add child(ren) to existing Day Care Service application

(A) PRIMARY APPLICANT'S INFORMATION

Primary Applicant Name (Last, First)

Co-applicant Name (Last, First)

Residence Address

Co-applicant Daytime phone number

City State Zip Code

Co-applicant Cell phone number

Mailing Address (if different than residence)

Email address

Daytime phone number

SSN (last four digits)

Cell phone number

Email address

SSN (last four digits)

Marital Status: Single Married Legal Civil Union Legally Separated Legally Divorced Widowed

PRIMARY APPLICANT'S EMPLOYMENT/SCHOOL/TRAINING INFORMATION

If employed, please provide the following information:

If you attend employment training, list the following information:
(if a teen parent, list school or GED Program Information)

Employer/Company Name/Dept. Phone number (Ext)

School/Institution Name Phone (Ext)

Employment/Office Address

Site Address

City State Zip Code

City State Zip Code

Applicant - List employment/school/training schedule (from – to):

	MONDAY (from – to)	TUESDAY (from – to)	WEDNESDAY (from – to)	THURSDAY (from – to)	FRIDAY (from – to)	SATURDAY (from – to)	SUNDAY (from – to)
WORK							
SCHOOL							

My employment/school/training schedule varies
(Please explain on separate sheet. Applicant may also be required to provide written verification from employer/school/training program)

(B) CO-APPLICANT'S EMPLOYMENT/SCHOOL/TRAINING INFORMATION

If employed, please provide the following:

**If you attend employment training, please provide the following:
(If a teen parent list school or GED Program Information below)**

Employer/Company Name/Dept. _____ Phone number (Ext) _____

School/Institution Name _____ Phone (Ext) _____

Employment/Office Address _____

Site Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Co-applicant - List employment/school/training schedule (from – to):

	MONDAY (from – to)	TUESDAY (from – to)	WEDNESDAY (from – to)	THURSDAY (from – to)	FRIDAY (from – to)	SATURDAY (from – to)	SUNDAY (from – to)
WORK							
WORK							
SCHOOL							

My employment/school/training schedule varies.
(Please explain on separate sheet. Applicant may also be required to provide written verification from employer/school/training program)

(C) APPLICANT(S) CERTIFICATIONS

By checking these boxes, the applicant(s) certifies that these statements are true, correct, and complete.

- The child(ren) is(are) current on all immunizations and verification is on file with the Day Care Provider (if applicable- licensed center, home or license-exempt facility).
- A review of the facility/home has been completed and I/we agree that it is a safe environment.
- Written notification has been given to the Day Care Provider listing anyone, other than myself, authorized to pick up the child(ren).
- An emergency phone number, written consent for medical care and for dispensing prescription medication has been given to the Day Care Provider.
- The name and telephone number of the child's or family physician is on file with the Day Care Provider.
- The information provided on this document is true, complete, and correct.
- I/we am/are responsible for the service provided to the child(ren).
- I/we will notify the Department's Regional Day Care Service Unit of any change in Day Care arrangements.

- I/we hereby certify to the above statements and further certify that, to the best of my/our knowledge and belief, the information provided in the application and supporting documentation is true, accurate, and complete. I/we understand that the information provided will be disclosed only for administration purposes and that I/we may be asked to verify the information I/we have provided. If the information is found to be falsified, DCFS reserves the right to recoup funds and/or prosecute. I/we understand that I/we have the right to appeal the outcome or decision and to have a fair hearing of a grievance.**

PRIMARY APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

PART II

(A) CHILD(REN) FOR WHOM DAY CARE SERVICES ARE BEING REQUESTED

(Please provide the following information for each child in need of day care services. If additional children, please duplicate this page and provide the requested information)

Child's name (Last, First)	Social Security #	Date of Birth	DCFS Case ID Number	Relationship to Applicant	START DATE (if known)	END DATE (if known)

(B) DAY CARE SERVICE ARRANGEMENTS

TO BE COMPLETED BY THE PRIMARY APPLICANT OR CASEWORKER/INVESTIGATOR

Please complete the following for each child considered for day care services. If additional children, please duplicate this page and provide information.

	1 st Child	2 nd Child	3 rd Child
Child's Name (Last, First):			
Number of days of care per week:			
Number of hours of care per day:			
Enter the time child will be cared for daily. Also, check one below: <input type="checkbox"/> Year round <input type="checkbox"/> School year only <input type="checkbox"/> School break only <input type="checkbox"/> Summer only <input type="checkbox"/> Other (explain) _____	FROM: ____ am <input type="checkbox"/> pm <input type="checkbox"/> TO: ____ am <input type="checkbox"/> pm <input type="checkbox"/>	FROM: ____ am <input type="checkbox"/> pm <input type="checkbox"/> TO: ____ am <input type="checkbox"/> pm <input type="checkbox"/>	FROM: ____ am <input type="checkbox"/> pm <input type="checkbox"/> TO: ____ am <input type="checkbox"/> pm <input type="checkbox"/>
How much will/does the day care provider charge daily?	\$ _____ /per day	\$ _____ /per day	\$ _____ /per day

	4 th Child	5 th Child	6 th Child
Child's Name (Last, First):			
Number of days of care per week:			
Number of hours of care per day:			
Enter the time child will be cared for daily. Also, check one below: <input type="checkbox"/> Year round <input type="checkbox"/> School year only <input type="checkbox"/> School break only <input type="checkbox"/> Summer only <input type="checkbox"/> Other (explain) _____	FROM: ____ am <input type="checkbox"/> pm <input type="checkbox"/> TO: ____ am <input type="checkbox"/> pm <input type="checkbox"/>	FROM: ____ am <input type="checkbox"/> pm <input type="checkbox"/> TO: ____ am <input type="checkbox"/> pm <input type="checkbox"/>	FROM: ____ am <input type="checkbox"/> pm <input type="checkbox"/> TO: ____ am <input type="checkbox"/> pm <input type="checkbox"/>
How much will/does the day care provider charge daily?	\$ _____ /per day	\$ _____ /per day	\$ _____ /per day

PART III

(A) DAY CARE SERVICE PROVIDER INFORMATION

TO BE COMPLETED BY THE DAY CARE SERVICE PROVIDER and ASSIGNED WORKER Please complete each line. (N/A for answers that do not apply)

NOTE: If you are a licensed day care provider, your Tax ID # (SSN or FEIN) must match your day care license application information.

Facility/Provider's Name: _____ Social Security #: _____

Street address: _____ FEIN: _____

City/State/Zip: _____ County: _____

Telephone number: _____ Fax number: _____ Email: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip code: _____

Date of Birth: ____/____/____ (If an individual day care provider, must be 18 years old or older)
Month Day Year

DAY CARE TYPE: (Check One)

(Please Note: Out-of-state, licensed day care centers & homes must attach copy of current day care license)

1. **LICENSED DAY CARE CENTER** DCFS DCC LICENSE #: _____ Expiration Date: _____
2. **LICENSED DAY CARE HOME** DCFS DCH LICENSE #: _____ Expiration Date: _____
(Please note: No more than 12 unrelated children under the age of 12 may be cared for, including the provider's own children.)
3. **LICENSED GROUP DAY CARE HOME** DCFS GDCH LICENSE #: _____ Expiration Date: _____
(Please note: No more than 16 unrelated children under the age of 12 may be cared for, including the provider's own children.)
4. **DAY CARE CENTER EXEMPT FROM LICENSING.** Provider ID # (if known): _____
(Note: A verification letter (of facility's day care exemption status) from DCFS Licensing office must be attached or on file in Day Care Office.)

DAY CARE HOME - UNLICENSED:

(Please Note: No more than three unrelated children under the age of 12 may be cared for, including the provider's own children)

- A. **NON-RELATIVE** - Care provided in the home of the provider. Provider ID #: _____
- B. **RELATIVE** - Care provided in the home of a relative (related to child). Provider ID#: _____
- C. **RELATIVE** - Care provided in the home of the child by a relative. Provider ID#: _____
- D. **NON-RELATIVE** - Care provided in the home of the child by a non-relative. Provider ID#: _____
- E. **DAY CARE HOME NETWORK** - Contracts with licensed day care home providers. Provider ID#: _____

PLEASE NOTE:

ALL Day Care providers are required to complete a current DCFS Provider Certifications form (SECTION B of this application).

If you, as a Day Care provider, identify under provider type A, B, C, or D, the child's Caseworker or Investigator is required to contact you to complete the following background checks prior to day care services beginning:

Unrelated/Unlicensed Day Care Providers

- o **Fingerprinting** (through a Department-authorized vendor);
- o **CFS 718-D Authorization for Background Check for Unlicensed and License-Exempt Child Care.**
 - o On the CFS 2000 – Part III/Section (B), the worker or supervisor will document the date when the CFS 718-D (CANTS, SOR and FBI background checks) and fingerprint receipt were submitted to the Department's Background Check Unit (BCU) for processing.
 - o The caseworker and/or supervisor will document the potential day care service provider's final result's finding in the child's case file.

Date unrelated/unlicensed day care provider's Fingerprint receipt and CFS 718-D submitted to Background Check Unit: _____

Date unrelated/unlicensed day care provider's full background history check results provided to Worker: _____

Related/Unlicensed Day Care Providers

- o For **related/unlicensed day care providers**, a SACWIS system background check (CANTS and SOR) is required.
 - o On the CFS 2000 – Part III/Section (B), the worker or supervisor will document the date when the SACWIS-based CANTS/SOR checks were completed.

Date related/unlicensed day care provider's SACWIS-based background completed with results: _____

(B) DAY CARE SERVICE PROVIDER CERTIFICATIONS

By checking these boxes, the Day Care SERVICE Provider certifies that these statements are true, correct, and complete.

- Applicant (Parents/Foster Parents/Relative Caregivers/Adoptive Parents/Guardians/Teen Parents) will have unrestricted access to their children at all times, unless you have been given a copy of a court order prohibiting contact between such individual and a child.
 - As it relates to the child(ren) in care: **Corporal punishment, spanking or harsh treatment of any kind is PROHIBITED.**
 - Compliance with ALL state and local fire, health, and safety codes has been followed.
 - Smoke detectors are functioning properly and placed in the recommended safety areas of the residence/facility.
 - Carbon Monoxide detectors are functioning properly and placed in the recommended safety areas of the residence/facility.
 - I/we will have a current TB skin test and a physical examination, documented, and on file in the facility/home within 90 days of my signing this form.
 - The children will be supervised (indoors, outdoors, near standing water and in vehicles) at all times.
 - If allowed in the State of Illinois: Firearms and ammunition are stored in a locked cabinet or locked storage at all times.
 - All cleaning agents, poisons, and other hazardous materials are stored in an area that is inaccessible to the child(ren).
 - First aid supplies are readily available.
 - The children will be provided with developmentally appropriate play activities.
 - The children will be given nutritious meals/snacks.
 - All services will be performed in accordance with all local, state and federal laws, regulations, and standards.
 - The rates charged to the State of Illinois-DCFS do not exceed those charged to the general public for similar services.
 - I/we will be paid what I/we charge to the general public up to the DCFS maximum rate schedule.
- Note: For DCFS maximum rates allowed for Child Care Centers or Home Providers; see attached or request from regional day care service eligibility office; also can be found in DCFS Procedures 359 Appendix A.
- I/we may not collect the DCFS day care rate, or any portion thereof, from the DCFS parent or foster parent.
 - I/we understand these day care payments are considered income and will be reported as taxable income on form U.S.IRS tax form 1099 Misc. by the State of Illinois.
 - Except as may be required by state or federal law, regulation or order, the Day Care Provider/employees/or assistants/substitutes shall not release information concerning persons served by the Department without prior written approval of the Director of the Department, or designee.
 - The Day Care Provider shall inform its employees/assistants/substitutes and subcontractors of such confidentiality obligations, as well as the penalties for violation thereof, and shall assure their compliance therewith. The Day Care Provider acknowledges that nothing herein prevents the Day Care Provider from sharing any confidential information with the Department for youth for whom the Department has legal responsibility, and the Day Care Provider is required to deliver said information to the Department upon request as allowable under state or federal law.
 - A current, signed copy of my W-9 form is attached, if applicable or not on file in regional day care office.
 - I/we have not been a perpetrator of child abuse or neglect in the past five (5) years or a perpetrator of sexual molestation or sexual exploitation in the past twenty (20) years or as otherwise set forth in 89th Illinois Administrative Code Part 431.
 - I authorize the Department to check the Child Abuse and Neglect Tracking System (CANTS), Statewide Sex Offender Registry (SOR) check, and FBI database (when appropriate) for the necessary background history checks and results.

I/we hereby certify, to the best of my/our knowledge and belief, that the information, above statements and attachment(s) are correct and complete. I understand that giving false information or failure to provide correct information may result in referral to the proper authority or entity for prosecution for fraud.

DAY CARE PROVIDER'S SIGNATURE

DATE

DAY CARE PROVIDER'S SIGNATURE

DATE