

# ADULT DAY SERVICE APPLICATION INSTRUCTIONS

Enter the applicant agency name in the space provided.

Attach, to your legal entity application, a separate adult day service application for each site in which your agency is applying to provide service. Regardless of the number of Planning and Service Areas (PSAs), counties, townships or sub-areas served by your site, only one application per site can be submitted.

Do not leave any questions blank. If the content does not apply to your agency, write "N/A".

## **PART A. PROPOSED SERVICE AREA**

Indicate the PSA where your adult day service site is located. In the blanks provided, describe, in detail, the area you are proposing to serve from this site. **Attach a map.**

### **Additional Information:**

The Illinois Department on Aging has divided the state of Illinois into 13 Planning and Service Areas (PSAs). These PSAs are further subdivided into counties for PSAs 1-11, sub-areas for PSA 12 (city of Chicago) and townships for PSA 13 (Suburban Cook County). A PSA map and more detailed maps of PSAs 12 and 13 are located on the Department on Aging website, [www.illinois.gov/aging](http://www.illinois.gov/aging).

The geographic subdivisions are listed below.

**PSA 01:** Boone, Carroll, DeKalb, JoDaviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties

**PSA 02:** DuPage, Grundy, Lake, Kane, Kankakee, Kendall, McHenry and Will Counties

**PSA 03:** Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island and Warren Counties

**PSA 04:** Fulton, Marshall, Peoria, Stark, Tazewell and Woodford Counties

**PSA 05:** Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby and Vermilion Counties

**PSA 06:** Adams, Brown, Calhoun, Hancock, Pike and Schuyler Counties

**PSA 07:** Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon and Scott Counties

**PSA 08:** Bond, Clinton, Madison, Monroe, Randolph, St. Clair and Washington Counties

**PSA 09:** Clay, Effingham, Fayette, Jefferson and Marion Counties

**PSA 10:** Crawford, Edwards, Hamilton, Jasper, Lawrence, Richland, Wabash, Wayne and White Counties

**PSA 11:** Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union and Williamson Counties

**PSA 12 (city of Chicago):**

**Sub-area 01:** 60645, 60626, 60659, 60660, 60640

**Sub-area 02:** 60625, 60631, 60630, 60646, 60656

**Sub-area 03:** 60666, 60634, 60641, 60707, 60639, 60635

**Sub-area 04:** 60613, 60614, 60618, 60647, 60657

**Sub-area 05:** 60601, 60602, 60603, 60604, 60605, 60661, 60606, 60607,  
60610, 60611, 60622

**Sub-area 06:** 60637, 60616, 60615, 60649, 60653

**Sub-area 07:** 60629, 60632, 60623, 60609, 60638

**Sub-area 08:** 60628, 60617, 60619, 60633, 60627, 60827

**Sub-area 09:** 60620, 60652, 60636, 60643, 60621, 60655

**Sub-area 10:** 60608, 60612, 60624, 60644, 60651

**PSA 13 (Suburban Cook County):** Barrington, Berwyn, Bloom, Bremen, Calumet, Cicero, Elk Grove, Evanston, Hanover, Lemont, Leyden, Lyons, Maine, New Trier, Niles, Northfield, Norwood Park, Oak Park, Orland, Palatine, Palos, Proviso, Rich, River Forest, Riverside, Schaumburg, Stickney, Thornton, Wheeling and Worth Townships

**Examples:**

One application for a site to serve Boone County in PSA 01, **or**

One application for a site to serve Boone County in PSA 01 and McHenry County in PSA 02, **or**

One application to serve DuPage County in PSA 02 and Elk Grove Township in PSA 13, **or**

One application to serve Montgomery County in PSA 07, Shelby County in PSA 05, Bond County in PSA 08 and Fayette County in PSA 09.

When deciding upon the geographic service area your agency will apply for in this application, **do not** assume your agency will be able to arrange for (rather than provide) transportation to participants living in the outlying portions of that service area. Community Care Program rules require your agency to provide or arrange for transportation for your participants, at no cost to them, for your entire geographic service area. **If transportation cannot be arranged, it must be provided by your agency.**

If you want to provide service to a limited- or non-English-speaking population, identify the population(s) to be served. Because CCP is an entitlement program, you cannot refuse service if the participant selects your agency through freedom of choice.

**PART B. APPLICANT INFORMATION**

Complete the requested information for the adult day service site applied for in this application. Use the legal name of your agency, which is the same name used on the legal structure documentation required by your legal entity application. For your local office(s), you may include any nickname, acronym, or dba that is used in casual or daily reference.

**PART C. OPERATION INFORMATION**

Enter the hours during which service will be provided at your site. Include the earliest time at which participants can be dropped off and the latest time at which participants can be picked up.

Your agency may designate certain days or dates when service will not be provided; i.e., religious holidays, in-service training days, staff retreats, the Friday after Thanksgiving, etc. Please include these days where indicated on the application.

CCP rules require 40 square feet of activity area for each CCP participant served at your adult day service site. However, it is not necessary to allocate your entire square footage to CCP participants; you may reserve space for participants funded through other sources.

**PART D. SERVICE INFORMATION**

Answer each question about agency services. It is your responsibility, as an applicant, to familiarize yourself with all of the rules governing CCP. A link to these rules is located on the Department website.

If each question is not checked "yes", your application will be denied.

**PART E. SUBCONTRACTS**

Indicate how required transportation and meals will be provided. If your agency is going to subcontract with another entity for the rule-required provision of transportation and/or meal service(s), you must complete a "Request for Approval to Subcontract" Form (Part F) for each entity with whom your agency is subcontracting. Before completing this form, make sufficient copies of the blank form to meet the requirement of one completed form for each subcontract.

It is your responsibility to ensure that the subcontractor complies with all applicable program requirements.

**PART F. REQUEST FOR APPROVAL TO SUBCONTRACT FORM**

Complete, if applicable.

**PART G. APPLICANT SIGNATURE**

An Authorized Representative of the applicant agency, which is defined as an owner, officer or employee of the applicant agency, or other designated person, who has the authority to commit the agency to a financial and/or contractual responsibility, must sign the application. The authorized representative must be listed as such in the Legal Entity Application. The authorized representative must sign and date the notarized form.

The original of this form, plus two copies, must be returned to:

Illinois Department on Aging  
ATTN: Office of Service Development & Procurement  
One Natural Resources Way, #100  
Springfield, IL 62702-1271