

State of Illinois  
Department of Children and Family Services

**DAY CARE SERVICES - ELIGIBILITY REDETERMINATION APPLICATION**

**Eligibility Redetermination Application Type:**

Foster Care/ Employment-related  Foster Care/ Family Maintenance  Subsidized Adoption/Legal Guardianship   
Teen Parent (school/employment-related)  Protective/Intact Family Services/Teen Parent (not employment-related)

**DAY CARE FAMILY ID#:** \_\_\_\_\_

**APPLICANT INFORMATION** *(Please print)*

**Co-APPLICANT INFORMATION** *(Please print)*

\_\_\_\_\_  
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

**Applicant Employment/School/Training Information:**

**PLEASE NOTE: Refer to the attached letter for required documentation in order to complete the Day Care Services – Eligibility Redetermination Application.**

**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 below)*

\_\_\_\_\_  
Employer/Company Name/Dept. Phone number (ext)

\_\_\_\_\_  
School/Institution Name Phone Number (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							

## Co-Applicant 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 Number (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							
SCHOOL							

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

*(Please provide the following information for each child considered for day care services)*

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

For Day Care for a child 13 years or older: There is appropriate documentation in the child's case file (a copy of which must be submitted with this form by the worker), which supports the need for Day Care.

### CURRENT DAY CARE PROVIDER INFORMATION

Facility/Provider's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street address: \_\_\_\_\_ FEIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone 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)

### CURRENT DAY CARE SERVICE ARRANGEMENT:

Day	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Time							

**I hereby certify** to the above statements and further certify that, to the best of my knowledge and belief, the information provided is true, correct, and complete. I understand that the information provided will be disclosed only for administration purposes and that I may be asked to verify the information I have provided. I understand that I have the right to appeal and to have a fair hearing of a grievance.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DCFS/POS Caseworker's signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DCFS/POS Supervisor's signature

\_\_\_\_\_  
DATE