

DAY CARE SERVICE APPLICATION

The DCFS/POS caseworker has the responsibility to ensure:

- Completion of this cover page;
- Verifying that Applicant(s) does not qualify for other publicly funded child care (e.g. Head Start, public school pre-kindergarten, IDHS Subsidized Child Care);
- Assisting the Applicant(s) and Day Care Provider in completing **Part I & Part II**;
- A fully completed application is submitted to the regional Day Care Eligibility Unit for approval. A completed application includes all required supportive documentation. (Caseworker responsibility);
- Completion of **Part III** if the Day Care Provider **is not licensed** *Incomplete applications will be denied and returned to the DCFS/POS case worker for completion and re-submission;
- Notify regional day care immediately of any changes that may affect the status of the day care application.

PRIMARY APPLICANT'S NAME: _____

Family ID#: _____

DCFS Region: _____

DCFS/POS AGENCY OFFICE INFORMATION

CASEWORKER NAME

ID NUMBER

AGENCY NAME

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER & Extension

FAX NUMBER

EMAIL ADDRESS

TYPE OF DAY CARE REQUESTED:

- Foster Parent employment-related Day Care
- Protective/Family Maintenance Day Care
- Day Care for Teen Parent (Employment related, schooling/skills training)
- Subsidized Adoptive Parent/Guardian Employment-related Day Care
- Therapeutic Day Care

(Refer to Procedures 302.330 for guidelines)

THE CASEWORKER HAS, PRIOR TO SUBMITTING FOR APPROVAL, VERIFIED THE FOLLOWING:

- All questions have been appropriately answered or marked N/A in **Part I** and **Part II** of the application.
- All required documentation has been photocopied and attached to the application.**
(Examples of required documentation: pay stubs, letter from employer for proof of employment, self employment records, school/training documentation, disability/medical leave certification, special teen parent documentation, etc.)
- 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 application by the worker), which supports the need for Day Care.
- Protective/Family Maintenance Day Care: There is a copy of **the Family Service Plan Narrative and Face sheet** and task sheet(s) stating the need(s) outcome goal(s) for Day Care including the time frame is in the child's case file.

- If the Day Care Provider is license exempt or not licensed**, the worker must:
 - (a) conduct an on-site visit and complete a **CFS 2003-On-Site visit License Exempt Day Care** form and submit the form with the day care service application; (b) complete Part III of the Day Care Service application, the CANTS/LEADS Check form and document the results on the form and also on a **Case Note** (file a copy in the child's case record); and (c) complete a LEADS Check (with results) and Sex Offender Registry Check (with results) to be documented on a **Case Note** and file a copy in each child's case record. The LEADS check must be on file before the 6 month eligibility redetermination is requested.
- Completion and attachment of the **W-9 form** by the Day Care Provider.
- Completion and attachment of the **current Rate Certification form** by Day Care Providers who are identified as licensed centers, licensed homes or licensed-exempt centers/facilities.

We hereby certify to the best of our knowledge and belief, the information contained in this application and supporting documentation are true, accurate, and complete.

Print:

DCFS/POS CASEWORKER'S NAME

DCFS/POS SUPERVISOR'S NAME

Signatures:

DCFS/POS CASEWORKER SIGNATURE DATE

DCFS/POS SUPERVISOR SIGNATURE DATE

DAY CARE SERVICES ELIGIBILITY APPLICATION

PART I

IMPORTANT: *This section should be completed by the parent, foster parent, relative caregiver, adoptive parent, guardian or teen parent. Case worker assistance should be provided if necessary.*

(A) REASON FOR APPLICATION *(Check all that apply)*

- Initial (first) day care application
- Parent/care giver address change
- Add child(ren) to existing Day Care case
- Change of Day Care Provider
- Request for secondary provider (written justification from the caseworker is needed)

(B) PRIMARY APPLICANT'S INFORMATION *(Please print)*

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 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'S EMPLOYMENT/SCHOOL/TRAINING INFORMATION

If employed, please provide the following:

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

Employment/Office Address

City State Zip Code

If you attend employment training, please provide the following:

(If a teen parent list school or GED Program Information below)

School/Institution Name Phone Number (ext)

Site Address

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							

REQUIRED DOCUMENTATION/ATTACHMENTS FOR ALL APPLICANTS

- If you are **employed**, please provide at least two (2) copies of your most recent paycheck stubs/statements (within 45 days of the date in which the application has been submitted). If you **do not have** two (2) **current** paycheck stubs/statements, please have your employer provide the following in a letter format:
 - Must be on company letterhead;
 - Must state that you are a current employee;
 - Must state the days and the number of hours you work per week;
 - Be signed and dated by your employer, with a daytime phone number.
- If you are **employed**, but paid in cash or money order, you must provide a copy of the last two money orders, cashier checks, and a notarized letter from your employer with the same information as mentioned in the above statement. If the information is found to be falsified, DCFS reserves the right to recoup funds and/or prosecute.
- If you are **self-employed or a self-employed business owner**, proof of business expenses and assets is necessary to determine day care eligibility, such as:
 - Copies of office lease/mortgage, booth rent receipt (hair salon) monthly utility bills (2) (phone, electric, etc.),
 - Current business bank statement; list of assets; cashed/deposited signed checks
 - Copies of (reacted) contracts,
 - Signed and submitted IRS income tax forms Form 1040, Schedule SE (self-employed) and all supplemental documentation.
 - If the information is found to be falsified, DCFS reserves the right to recoup funds and/or prosecute.
- If you are attending **employment-related training/school**, you must provide a copy of your current training/school schedule on the school/training facility letterhead and, if applicable, a course attendance verification letter with the official school seal)
- If you are **disabled or on medical leave**, you must provide a completed **CFS 604** – Medical Evaluation of an Adult in a Foster or Adoptive Home briefly describing (a) your disability and current condition(s), (b) how the disability impairs your ability to care for the child(ren), and (c) the expected duration of the disability or medical leave. The form must be signed by the applicant's doctor and dated within 45 days of submitting the day care service application.
- **Teen parent** documentation includes, but is not limited to: Copy of the service plan indicating the need for the appropriate recommended day care as described in Procedures 302.330, birth certificate (applicant & child), social security card/or SSA print document (copy of applicant and child), as well as, applicant's employment schedule, and/or school/class schedule.
- Applicants requesting **Therapeutic Day Care**, workers must submit a completed **CFS 399-1 Clinical Referral Form**, or **CFS 399-6 Specialty Services Case Consultation Referral Form**. The **CFS 399 Clinical Staffing Summary** should be submitted along with other supporting documentation of service need.
- **Military service documentation:** To document military service away from home, the applicant must furnish a copy of the orders from the appropriate branch of the military that details the length and location of the assignment as well as any money allowances for clothing and housing.

(C) 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 (known/requested)

(D) DAY CARE SERVICE ARRANGEMENTS

(Please complete the following for each child considered for daycare services. If additional children, please duplicate this page and provide the requested 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 or ____ pm TO: ____ am or ____ pm	FROM: ____ am or ____ pm TO: ____ am or ____ pm	FROM: ____ am or ____ pm TO: ____ am or ____ pm
How much will/does the day care provider charge daily?	\$ _____/per day	\$ _____/per day	\$ _____/per day

(E) CERTIFICATIONS - By checking these boxes, the applicant 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)
- A review of the facility/home has been completed and I 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 family physician is on file with the Day Care Provider.
- The information provided on this document is true, complete, and correct.
- I am responsible for the service provided to the child(ren).
- I will notify the Department's Regional Day Care Service Unit of any change in Day Care arrangements.
- I hereby certify to the above statements and further certify that, to the best of my knowledge and belief, the information provided in the application and supporting documentation is true, accurate, 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. If the information is found to be falsified, DCFS reserves the right to recoup funds and/or prosecute. I understand that I 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