



## 4-C: Community Coordinated Child Care

155 North Third Street, Suite 300  
DeKalb, Illinois 60115  
(815) 758-8149 or (800) 848-8727  
Fax: (815) 758-5652  
[www.four-c.org](http://www.four-c.org)

### ATTENTION

Thank you for contacting 4-C about the Department of Human Services Child Care Assistance Program. If you need any help while completing this application, please feel free to contact us at the number listed below between the hours of 8:30 am – 4:30 pm, Monday through Friday.

Below are some tips to help you complete your application. Please also read the blue Child Care Application instructions and Commonly Asked Questions for additional information.

1. You **must have a child care provider** listed on the application in order for us to be able to process your application. If you need help finding a provider in McHenry County please call 815-344-5510 or toll free 866-347-2277. For DeKalb, Carroll, Lee, Ogle, Whiteside counties please call 815-758-8149 or 800-848-8727. Please call the local number when possible.
2. Remember to return the completed form(s) with copies of your two most recent back to back pay stubs.
3. If you have not been employed long enough to have two pay stubs, please submit the enclosed wage verification form. **If you have been employed long enough to have two pay stubs, we will not be able to accept the wage verification form.**
4. If you are using the wage verification form because you are paid in cash, have your employer state that in the additional comment area.
5. If you are a student and have not already done so please contact the 4-C DeKalb office for requirements for high school and college students.
6. If you choose not to list a social security number(s) for your children, please include a copy of their official birth certificate.

**If you have any questions, please contact:  
800-848-8727 ext 225 or (815) 758-8149 ext 225**

**Celebrating over 35 Years of Service to Children and Families**





## IMPORTANT PARENT CO-PAYMENT INFORMATION

### Effective May 1, 2010

During the period May 1, 2010 through September 30, 2011 or as long as American Recovery and Reinvestment Act (ARRA) funds are available, parent co-payment amounts are being reduced as listed below.

- \* Parents who have been approved for child care benefits are required to help pay for the cost of their child care.
- \* You **MUST** make a payment, called the Parent Co-Payment, to your child care provider each month.
- \* The amount of your parent co-payment is shown on the Approval Notice.
- \* The Department will pay your provider directly for the remaining child care charges up to the maximum rate. The Department will not pay for any child care charges over the maximum rate.
- \* Your provider will tell you when to pay the parent co-payment, each week or once a month. The total co-payment amount you pay your provider each month should be the same as the monthly co-payment amount listed on the Approval Notice.
- \* If you have more than one provider, only one provider will be assigned to collect the parent co-payment. The amount of the parent co-payment will be shown on the Approval Notice for the provider assigned to collect the parent co-payment. The Approval Notice will show if the provider is not assigned to collect the parent co-payment.
- \* The amount of your parent co-payment is based on gross monthly income, family size, and number of children receiving child care.

Family Size 2	
Monthly Income	1 CHILD
	Monthly Co-Pay
\$ 0 - 122	1.00
123 - 243	1.00
244 - 365	1.00
366 - 486	1.00
487 - 608	1.00
609 - 729	7.00
730 - 850	9.00
851 - 972	10.00
973 - 1,093	11.00
1,094 - 1,215	12.00
1,216 - 1,336	27.00
1,337 - 1,457	36.00
1,458 - 1,579	43.00
1,580 - 1,700	51.00
1,701 - 1,822	59.00
1,823 - 1,943	68.00
1,944 - 2,065	77.00
2,066 - 2,186	87.00
2,187 - 2,307	98.00
2,308 - 2,429	109.00

Family Size 3		
Monthly Income	1 CHILD	2 CHILDREN
	Monthly Co-Pay	Monthly Co-Pay
\$ 0 - 153	1.00	2.00
154 - 306	1.00	2.00
307 - 458	1.00	2.00
459 - 611	1.00	2.00
612 - 763	1.00	2.00
764 - 916	9.00	10.00
917 - 1,069	11.00	12.00
1,070 - 1,221	12.00	13.00
1,222 - 1,374	14.00	15.00
1,375 - 1,526	15.00	16.00
1,527 - 1,679	34.00	35.00
1,680 - 1,831	46.00	47.00
1,832 - 1,984	55.00	56.00
1,985 - 2,137	64.00	65.00
2,138 - 2,289	74.00	75.00
2,290 - 2,442	85.00	86.00
2,443 - 2,594	97.00	98.00
2,595 - 2,747	110.00	111.00
2,748 - 2,900	123.00	124.00
2,901 - 3,052	137.00	138.00



# IMPORTANT PARENT CO-PAYMENT INFORMATION

## Effective May 1, 2010

Family Size 4		
Monthly Income	1 CHILD	2 OR MORE CHILDREN
	Monthly Co-Pay	Monthly Co-Pay
\$ 0 - 184	1.00	2.00
185 - 368	1.00	2.00
369 - 552	1.00	2.00
553 - 735	1.00	2.00
736 - 919	1.00	2.00
920 - 1,103	11.00	12.00
1,104 - 1,287	13.00	14.00
1,288 - 1,470	15.00	16.00
1,471 - 1,654	17.00	18.00
1,655 - 1,838	18.00	19.00
1,839 - 2,022	40.00	41.00
2,023 - 2,205	55.00	56.00
2,206 - 2,389	66.00	67.00
2,390 - 2,573	77.00	78.00
2,574 - 2,757	90.00	91.00
2,758 - 2,940	103.00	104.00
2,941 - 3,124	117.00	118.00
3,125 - 3,308	132.00	133.00
3,309 - 3,492	148.00	149.00
3,493 - 3,675	165.00	166.00

Family Size 5		
Monthly Income	1 CHILD	2 OR MORE CHILDREN
	Monthly Co-Pay	Monthly Co-Pay
\$ 0 - 215	1.00	2.00
216 - 430	1.00	2.00
431 - 645	1.00	2.00
646 - 860	1.00	2.00
861 - 1,075	1.00	2.00
1,076 - 1,290	13.00	14.00
1,291 - 1,505	15.00	16.00
1,506 - 1,720	17.00	18.00
1,721 - 1,935	19.00	20.00
1,936 - 2,150	22.00	23.00
2,151 - 2,365	47.00	48.00
2,366 - 2,579	64.00	65.00
2,580 - 2,794	77.00	78.00
2,795 - 3,009	90.00	91.00
3,010 - 3,224	105.00	106.00
3,225 - 3,439	120.00	121.00
3,440 - 3,654	137.00	138.00
3,655 - 3,869	155.00	156.00
3,870 - 4,084	174.00	175.00
4,085 - 4,299	193.00	194.00

Family Size 6		
Monthly Income	1 CHILD	2 OR MORE CHILDREN
	Monthly Co-Pay	Monthly Co-Pay
\$ 0 - 247	1.00	2.00
248 - 493	1.00	2.00
494 - 739	1.00	2.00
740 - 985	1.00	2.00
986 - 1,231	1.00	2.00
1,232 - 1,477	15.00	16.00
1,478 - 1,723	17.00	18.00
1,724 - 1,969	20.00	21.00
1,970 - 2,215	22.00	23.00
2,216 - 2,461	25.00	26.00
2,462 - 2,707	54.00	55.00
2,708 - 2,953	74.00	75.00
2,954 - 3,200	88.00	89.00
3,201 - 3,446	103.00	104.00
3,447 - 3,692	120.00	121.00
3,693 - 3,938	138.00	139.00
3,939 - 4,184	157.00	158.00
4,185 - 4,430	177.00	178.00
4,431 - 4,676	199.00	200.00
4,677 - 4,922	221.00	222.00

Family Size 7		
Monthly Income	1 CHILD	2 OR MORE CHILDREN
	Monthly Co-Pay	Monthly Co-Pay
\$ 0 - 278	1.00	2.00
279 - 555	1.00	2.00
556 - 832	1.00	2.00
833 - 1,109	1.00	2.00
1,110 - 1,387	1.00	2.00
1,388 - 1,664	17.00	18.00
1,665 - 1,941	19.00	20.00
1,942 - 2,218	22.00	23.00
2,219 - 2,496	25.00	26.00
2,497 - 2,773	28.00	29.00
2,774 - 3,050	61.00	62.00
3,051 - 3,327	83.00	84.00
3,328 - 3,605	99.00	100.00
3,606 - 3,882	116.00	117.00
3,883 - 4,159	135.00	136.00
4,160 - 4,436	155.00	156.00
4,437 - 4,714	177.00	178.00
4,715 - 4,991	200.00	201.00
4,992 - 5,268	224.00	225.00
5,269 - 5,545	250.00	251.00



# IMPORTANT PARENT CO-PAYMENT INFORMATION

## Effective May 1, 2010

Family Size 8		
Monthly Income	1 CHILD	2 OR MORE CHILDREN
	Monthly Co-Pay	Monthly Co-Pay
\$ 0 - 309	1.00	2.00
310 - 617	1.00	2.00
618 - 926	1.00	2.00
927 - 1,234	1.00	2.00
1,235 - 1,543	1.00	2.00
1,544 - 1,851	19.00	20.00
1,852 - 2,159	22.00	23.00
2,160 - 2,468	25.00	26.00
2,469 - 2,776	28.00	29.00
2,777 - 3,085	31.00	32.00
3,086 - 3,393	68.00	69.00
3,394 - 3,701	93.00	94.00
3,702 - 4,010	110.00	111.00
4,011 - 4,318	130.00	131.00
4,319 - 4,627	150.00	151.00
4,628 - 4,935	173.00	174.00
4,936 - 5,244	197.00	198.00
5,245 - 5,552	222.00	223.00
5,553 - 5,860	249.00	250.00
5,861 - 6,169	278.00	279.00

Family Size 9		
Monthly Income	1 CHILD	2 OR MORE CHILDREN
	Monthly Co-Pay	Monthly Co-Pay
\$ 0 - 340	1.00	2.00
341 - 680	1.00	2.00
681 - 1,019	1.00	2.00
1,020 - 1,359	1.00	2.00
1,360 - 1,698	1.00	2.00
1,699 - 2,038	20.00	21.00
2,039 - 2,378	24.00	25.00
2,379 - 2,717	27.00	28.00
2,718 - 3,057	31.00	32.00
3,058 - 3,396	34.00	35.00
3,397 - 3,736	75.00	76.00
3,737 - 4,075	102.00	103.00
4,076 - 4,415	121.00	122.00
4,416 - 4,755	143.00	144.00
4,756 - 5,094	166.00	167.00
5,095 - 5,434	190.00	191.00
5,435 - 5,773	216.00	217.00
5,774 - 6,113	245.00	246.00
6,114 - 6,453	274.00	275.00
6,454 - 6,792	306.00	307.00

Family Size 10		
Monthly Income	1 CHILD	2 OR MORE CHILDREN
	Monthly Co-Pay	Monthly Co-Pay
\$ 0 - 371	1.00	2.00
372 - 742	1.00	2.00
743 - 1,113	1.00	2.00
1,114 - 1,483	1.00	2.00
1,484 - 1,854	1.00	2.00
1,855 - 2,225	22.00	23.00
2,226 - 2,596	26.00	27.00
2,597 - 2,966	30.00	31.00
2,967 - 3,337	33.00	34.00
3,338 - 3,708	37.00	38.00
3,709 - 4,079	82.00	83.00
4,080 - 4,449	111.00	112.00
4,450 - 4,820	133.00	134.00
4,821 - 5,191	156.00	157.00
5,192 - 5,562	181.00	182.00
5,563 - 5,932	208.00	209.00
5,933 - 6,303	236.00	237.00
6,304 - 6,674	267.00	268.00
6,675 - 7,045	299.00	300.00
7,046 - 7,415	334.00	335.00

Family Size 11		
Monthly Income	1 CHILD	2 OR MORE CHILDREN
	Monthly Co-Pay	Monthly Co-Pay
\$ 0 - 402	1.00	2.00
403 - 804	1.00	2.00
805 - 1,206	1.00	2.00
1,207 - 1,608	1.00	2.00
1,609 - 2,010	1.00	2.00
2,011 - 2,412	24.00	25.00
2,413 - 2,814	28.00	29.00
2,815 - 3,216	32.00	33.00
3,217 - 3,618	36.00	37.00
3,619 - 4,020	40.00	41.00
4,021 - 4,422	83.00	89.00
4,423 - 4,823	121.00	122.00
4,824 - 5,225	144.00	145.00
5,226 - 5,627	169.00	170.00
5,628 - 6,029	196.00	197.00
6,030 - 6,431	225.00	226.00
6,432 - 6,833	256.00	257.00
6,834 - 7,235	289.00	290.00
7,236 - 7,637	325.00	326.00
7,638 - 8,039	362.00	363.00



## EDUCATION AND TRAINING POST - SECONDARY EDUCATION

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4-C: Community Coordinated Child Care·155 N Third Street Suite, 300· DeKalb, IL 60115 (800) 848-8727x225 Fax (815) 758-5652

### ATTENTION

#### UPDATED POLICY GUIDELINES FOR EDUCATION AND TRAINING

#### POST - SECONDARY EDUCATION

This includes all undergraduate college level courses that result in an Associate or Bachelor Degree. Families eligible to receive child care services while they attend an education or training program under this Section must:

1. Be enrolled in a program accredited under requirements of State law.
2. Not already have an Associate or Bachelor Degree, if requesting child care to earn an Associate Degree. Child care will not be approved for attainment of a second Associate Degree.
3. Not already have a Bachelor Degree, if requesting child care to earn a Bachelor Degree. Child care will not be approved for attainment of a second Bachelor Degree.
4. Not to be in an advanced degree program (beyond a Bachelor Degree). Child care will not be approved for education beyond the attainment of a Bachelor Degree.

There is no work requirement for the first 48 non-consecutive months the client participates. From the 49<sup>th</sup> month on, the client must work at least 20 hours a week. Clients who do not work and who need child care to attend college must maintain a cumulative 2.5 grade point average (on a 4.0 scale) if this measurement is used by the institution to determine satisfactory progress. Clients who work 20 hours or more a week in paid employment while they attend college must maintain a cumulative 2.0 GPA (on a 4.0 scale).

#### VOCATIONAL EDUCATION

This category of education prepares the individual for a specific job, and includes all programs that prepare the client for a specific type of work. The program may be offered by a public community college, public or private university, or private business/technical school. The program results in the receipt of a Certificate of Achievement or Completion and/or prepares the client for a specific job or to obtain a license required by some occupations. There is no work requirement for the first 24 non-consecutive months the client participates. From the 25<sup>th</sup> month on, the client must work at least 20 hours a week.



# Child Care Application

## INSTRUCTIONS

### KEEP FOR YOUR RECORDS

The State of Illinois helps low-income families pay for the child care services needed to work or go to school, training and other work-related activities. Please read the following pages carefully. If you think you may qualify, please submit an application to your Child Care Resource and Referral (CCR&R) agency or child care center/home who is contracted with DHS to provide child care subsidies. Call the CCR&R or contract center/home if you have any questions about whether you are eligible or if you have any questions about how to fill out this application. If you don't know the phone number for your CCR&R, please call 1-877-202-4453 (toll-free).

1. You must answer **ALL** questions on the application unless the instructions tell you to leave a question blank. If you think a question does not apply to you, you should write "N/A". **If you do not answer all questions or provide needed documents, your application may be returned and payments to your child care provider may be delayed. The information provided will be checked using State databases, and if inconsistencies are discovered, the processing of your application may be delayed or denied.**
2. Social Security Numbers and Alien Registration Numbers are not required at this time to determine child care eligibility and eligibility will not be denied due to your failure to provide this information. Social Security Numbers are used to assemble research data sets that do not identify individuals and to verify income. Social Security Numbers will be disclosed for administrative purposes only and are confidential.
3. Type your answers or fill them in with blue or black ink. All signatures must be in blue or black ink. Mail the application or take it in to your CCR&R or contract center/home.
4. **Be sure to keep a photocopy of your completed application. Send us photocopies (not originals) of other documents you submit, such as pay stubs or school schedules, as they will not be returned. However, the CCR&R may request an original document if needed.**
5. Each of your child care providers MUST:
  - complete pages 9, 10 and 11 of the application with you AND
  - if a W-9 tax form or CANTS form has not previously been completed,
    - submit a W-9 tax form AND
    - submit an authorization for a CANTS background check if the provider is not licensed

**If you need child care because you are WORKING outside the home.**

You must submit **PHOTOCOPIES** of your 2 most recent pay stubs.

If you do not have copies of 2 current pay stubs, we will accept other documentation for the following reasons:

- You are paid in cash or personal check
- You are a new employee.

Other documentation that verifies employment if you are paid in cash/personal check or a new employee having not yet received 2 pay stubs includes:

- Letter from your employer. This letter must be on company letterhead and include the information listed below.
  - employment start date
  - hourly wage
  - how many hours you work per week & number of days worked per week
  - your gross wages before deductions
  - employer's FEIN or SSN (optional)
  - employer's address and phone number
  - be signed and dated by your employer
- Income Verification form
  - You can obtain this form by calling the CCR&R. Your employer must complete this form.

**You must submit your first 2 pay stubs after you receive them.**



# Child Care Application

## If you are SELF-EMPLOYED

Your income must be verified by submitting your most recent Federal income tax return (IRS 1040) and all applicable schedules and attachments or quarterly estimated tax filing. If you do not have these yet, you can verify your income by attaching business records, receipts, ledgers, and/or letters from your clients/customers from the last 30 days. You may request a self-employment form from your CCR&R. IDHS will only approve child care if the parent works outside the home.

**YOU MUST NOTIFY THE CCR&R OR CONTRACT CENTER/HOME WITHIN 5 DAYS WHEN YOUR INCOME CHANGES SINCE YOUR CO-PAYMENT AND CHILD CARE SUBSIDY ARE BASED ON YOUR CURRENT INCOME.**

## If you need child care because you are a TEEN PARENT (under age 20) AND ATTEND HIGH SCHOOL OR GED PROGRAM

You must submit proof that you are in school, such as your current official school schedule with your name on it or a signed letter from the school with your name on it.

## If you need child care to ATTEND SCHOOL, TRAINING OR ANOTHER WORK-RELATED ACTIVITY (such as Work First) outside the home, and you are not a teen parent in high school or a GED program

### Special Requirement for TANF Clients:

You must show that your caseworker has approved your activity by submitting an Official Class Schedule (if you are in school) and any one of the following documents:

- a copy of your Responsibility and Services Plan (RSP) (Form 4003);
- a copy of an IDHS Referral Form (Form 2151);
- a copy of a contracted provider's referral (Form 2151A); or
- a copy of an IDHS Contract Report-Notification of Employment (Form 3085).

### Special Requirement for Clients Not Receiving TANF Cash Assistance:

You must submit proof by providing an Official Class Schedule and a copy of:

- Confirmation letter from training program
- Grade Report Form
- Registration/Class information about internship, student teaching, practicum

You must maintain a 2.0 grade point average on a 4.0 scale at all times.

If you are in a college degree program, you must submit proof that you are:

- working at least 10 hours per week in a paying job, or
- participating in at least 20 hours per week in a combination of a paying job and unpaid educationally-required work activity such as student teaching or an internship.

Occupational and vocational training programs do not have a work requirement for the first 2 years.



# Child Care Application

**Important Notice: Child Care benefits cannot begin before you apply. Submit your application immediately.**

Applicant Name and Address:

Return your completed application to:  
 4-C: Community Coordinated Child Care  
 155 N. Third St., Suite 300  
 DeKalb, IL 60115  
 815-758-8149 or 800-848-8727 x 225  
 Fax 815-758-5652

A REMINDER! Before mailing:

- Did you and your provider sign page 11?
- Did you attach copies of your 2 most recent and consecutive pay stubs? (If you just started work and do not have pay stubs, attach a letter from your employer.)

**PLEASE PRINT IN INK. Please read the attached instructions before completing this form.**  
 (Este formulario está disponible en español.)

<b>SECTION I - APPLICANT INFORMATION</b>					
Parent/Guardian First Name:		M.I.	Last Name:		
Social Security Number (Optional)		TANF Case Number, if applicable		County	
Home Address		Apt. #	City		State
Mailing address, if different than above.		City		State	Zip Code
Home Telephone Number		Another number where you can be reached		Best time to call	
		E-mail Address			
Parent/Guardian Date of Birth (Include Month/Day/Year)			Check one: <input type="checkbox"/> Male OR <input type="checkbox"/> FEMALE		
Do the children have health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does the parent/guardian have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>FOR OFFICE USE:</b> REASON FOR CHILD CARE		<input type="checkbox"/> 1) Work/On-the-job Training for TANF and Non-TANF <input type="checkbox"/> 2) TANF Education/Training Activity or Teen Parent in High School/GED <input type="checkbox"/> 3) TANF Work & Education/Training Activity or Teen Parent Work & High School/GED <input type="checkbox"/> 4) Non-TANF Education & Training			



# Child Care Application

## WORK INFORMATION

Applicant's Name: \_\_\_\_\_

If you are working more than one job, you **MUST photocopy** this page and complete a separate work information and work schedule section for each job you have.

Employer/Company Name		Job Title	
Address	City	State	Zip Code
Work Telephone Number	Ext.	Date you started this job:	
I earn before deductions (complete one) \$ _____ per hour \$ _____ per month \$ _____ per year			
I get paid (check one) <input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> monthly <input type="checkbox"/> other (please explain)		Number of hours worked each week	Number of days worked each week:

How long does it take you to travel from the child care provider to work? \_\_\_\_\_

## WORK SCHEDULE: Please give a typical work schedule (indicate am or pm)

Does your schedule vary? Please explain:		<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
	FROM							
	TO							

### Are you currently attending school, training or a TANF-Required Activity?

NO (Go to the Top of Page 3)       YES (Complete the Section below.)

## SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

TYPE OF EDUCATION/  
TRAINING CURRENTLY  
ATTENDING: (Check one)  1) High School or GED       3) Occupational/Vocational  
 2) Other Below Post - Secondary       4) 2-Year College Degree  
(For example, ABE or ESL)       5) 4-Year College Degree

Type of Degree Being Earned \_\_\_\_\_

Do you already have a degree?  Yes       No      If yes, list your degrees \_\_\_\_\_

School Name/Training Program Currently Attending	Telephone Number	Date Started	Ending Date
Address	City	State	Zip Code

How long does it take you to travel from the child care provider to school? \_\_\_\_\_

## SCHOOL SCHEDULE: Please complete the following schedule (indicate am or pm)

Does your schedule vary? Please explain:		<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
	FROM							
	TO							

**TANF CLIENTS:** You **MUST** provide an Official Class Schedule (if you are in school) and one of the following. Check the one attached:

- Responsibility and Services Plan (RSP) (Form 4003)       Contracted Provider's Referral (Form 2151A)  
 IDHS Contract Report - Notification of Employment (Form 3085)       IDHS Referral (Form 2151)

**CLIENTS NOT RECEIVING TANF CASH ASSISTANCE:** You **MUST** provide an Official Class Schedule and a copy of: (check all that apply)

- Confirmation letter from training program       Grade Report Form  
 Registration/Class information about internship, student teaching, practicum



# Child Care Application

**SECTION II - OTHER PARENT/STEPARENT INFORMATION** Applicant's Name: \_\_\_\_\_

**Is the other parent or stepparent of any of the children living in your home?**

- NO (Go to Family Information on Page 4)  YES (Complete the Section below.)

**OTHER PARENT/STEPARENT INFORMATION**

- Is the other parent or stepparent working?  Yes  No  
 Is the other parent or stepparent attending school or a training program?  Yes  No  
 If the other parent or stepparent is not working or in a school/training program, please explain why he/she cannot care for the children.

Other Parent/Stepparent First Name	M.I.	Last Name
Social Security Number (Optional)	Date of Birth (include month/day/year)	Telephone Number

**WORK INFORMATION** (If the other parent/stepparent is working more than one job, you **MUST photocopy** this page and complete a separate work information and work schedule section for each job he/she has.)

Employer/Company Name	Job Title		
Address	City	State	Zip Code
Work Telephone Number	Ext.	Date he/she started this job:	

He/she earns before deductions (complete one) \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ per month \$ \_\_\_\_\_ per year

He/she gets paid (check one) <input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> monthly <input type="checkbox"/> other (please explain)	Number of hours worked each week	Number of days worked each week:
--	----------------------------------	----------------------------------

How it take you to travel from the child care provider to work? \_\_\_\_\_

**WORK SCHEDULE:** Please give a typical work schedule (indicate am or pm)

Does your schedule vary? Please explain:		<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
	FROM							
	TO							



# Child Care Application

**SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION** Applicant's Name: \_\_\_\_\_

TYPE OF EDUCATION/ TRAINING CURRENTLY ATTENDING: (Check one)

1) High School or GED
  2) Other Below Post - Secondary (For example, ABE or ESL)
  3) Occupational/Vocational
  4) 2-Year College Degree
  5) 4-Year College Degree

Type of Degree Being Earned \_\_\_\_\_

Do you already have a degree?  Yes  No If yes, list your degrees \_\_\_\_\_

School Name/Training Program Currently Attending	Telephone Number	Date Started	Ending Date
Address	City	State	Zip Code

How long does it take him/her to travel from the child care provider to school? \_\_\_\_\_

**SCHOOL SCHEDULE:** Please complete the following schedule (indicate am or pm)

Does your schedule vary? Please explain:		MON	TUES	WED	THU	FRI	SAT	SUN
FROM								
TO								

**TANF CLIENTS:** You MUST provide an Official Class Schedule (if you are in school) and one of the following. Check the one attached:

- Responsibility and Services Plan (RSP) (Form 4003)
  Contracted Provider's Referral (Form 2151A)
  IDHS Contract Report - Notification of Employment (Form 3085)
  IDHS Referral (Form 2151)

**CLIENTS NOT RECEIVING TANF CASH ASSISTANCE:** You MUST provide an Official Class Schedule and a copy of: (check all that apply)

- Confirmation letter from training program
  Grade Report Form
  Registration/Class information about internship, student teaching, practicum



# Child Care Application

## SECTION III - FAMILY INFORMATION

**FAMILY SIZE** means the applicant (you); the biological, step or adoptive parent of any of the applicant's children who live in your home and your biological or adoptive children under age 21 living in your home. You may also choose to include other persons in the home who are related to you by blood or law if they rely on you for more than 50% of their support.

What is your family size? \_\_\_\_\_ How many adults are in your family? \_\_\_\_\_  
 How many children are in your family? \_\_\_\_\_ How many children are receiving child care? \_\_\_\_\_

Complete the information below for each child for whom you are seeking child care payments. If needed, attach an additional page.

FIRST NAME	LAST NAME	DATE OF BIRTH	M/F	ETHNIC ORIGIN*	U.S. CITIZEN		SOCIAL SECURITY NUMBER (Optional)	WARD OF THE STATE	
					YES	NO**		YES	NO
					Yes	No		Yes	No
					Yes	No		Yes	No
					Yes	No		Yes	No
					Yes	No		Yes	No
					Yes	No		Yes	No

\*For each child's ETHNIC ORIGIN, list all numbers below that apply: (Required for Federal Reporting)  
 1 - White 2 - Black or African American 3 - Hispanic or Latino (Persons declaring Hispanic ethnicity should also list their race. If you list "3" for a child, also list their race, for example, "3, 1", "3, 2" or "3, 5"). 4 - Asian  
 5 - American Indian or Alaskan Native 6 - Native Hawaiian or Pacific Islander

\*\*If "NO" is entered for U.S. CITIZEN, write alien registration number and attach copy of documentation.

List all other family members counted in family size: (If more space is needed please follow same format on a separate sheet of paper)

Applicant's Name: \_\_\_\_\_

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER (Optional)



# Child Care Application

## SECTION IV - INCOME INFORMATION

Enter the MONTHLY income in each box for all adults age 19 and over counted in the family size. If the income doesn't apply, write "N/A".

TYPE OF INCOME	APPLICANT	OTHER FAMILY MEMBERS
1. <b>Gross Employment Income</b> (including tips) from pay stubs before deductions. Enter any self-employment below. <b>Attach copies of 2 most recent and consecutive pay stubs for each person.</b>	\$	\$
2. <b>Self Employment Income</b>	\$	\$
3. <b>Child Support Received</b>	\$	\$
4. <b>TANF Cash Assistance</b>	\$	\$
5. <b>Other Federal Cash Income:</b> For example, Social Security payments for all family members and railroad benefits.	\$	\$
6. <b>Other Monthly Income:</b> For example, interest income, royalties, pensions, annuities, alimony, ongoing monthly adoption assistance payments from DCFS, unemployment compensation, veteran's pension, survivor's benefits, permanent disability payments, and living expense portion of educational grants.	\$	\$
<b>SUBTOTAL</b> (add lines 1 - 6)	\$	\$
<b>MINUS: Child Support paid by Applicant's Family</b>	\$	\$
<b>TOTAL MONTHLY INCOME</b>	\$	\$
Housing Cash Assistance, including Vouchers with a Specific Cash Value: (Required for Federal Reporting only, does not count when totaling Monthly Family Income.)		\$
<b>FOR OFFICE USE ONLY:</b> Parent Co-Payment		



# Child Care Application

## SECTION V - PROVIDER INFORMATION

Applicant's Name: \_\_\_\_\_

**To be completed by the Applicant and the Provider TOGETHER (Please Print In Ink)**

Do you have more than one child care provider for this application?  Yes  No

If YES, list your other Child Care Provider(s): \_\_\_\_\_

If YES, you MUST photocopy pages 9, 10 and 11 and complete a separate child care arrangement section for each provider. Do any of your other children attend Head Start, Pre-K, or Child Care at another provider not on this application?  Yes  No

If YES, list your other Child Care Provider(s): \_\_\_\_\_

**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 a CANTS check every two years.**

Name of Provider	If you are a Day Care Center, Corporate Name
------------------	--

Address	Apartment Number	City	State	Zip Code
---------	------------------	------	-------	----------

Mailing Address, if different than above:	County
---	--------

Phone Number	Fax Number	E-mail
--------------	------------	--------

Date of Birth (Not required for Centers and Licensed Providers) Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Must Complete One:

**Social Security Number** (Individual or Sole Proprietor) \_\_\_\_\_

**FEIN** (Corporation, Partnership or Sole Proprietor) \_\_\_\_\_

**Gov't. Unit Code** (Public School or Park District) \_\_\_\_\_

**Enter date provider recently began or will begin caring for children:** (Include Month/Day/Year) \_\_\_\_\_

### CHILD CARE ARRANGEMENT

List only the children who will be cared for by THIS provider. (indicate am or pm). If your children go to school, 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 children, list only the hours they are in child care.

CHILD'S NAME	AGE	TYPICAL SCHEDULE OF HOURS IN CHILD CARE								PROVIDERS CURRENT DAILY RATE
			MON	TUE	WED	THU	FRI	SAT	SUN	
		FROM								
		TO								
		FROM								
		TO								
		FROM								
		TO								
		FROM								
		TO								
		FROM								
		TO								

Does this child care schedule vary? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain: _____	Do you offer a multi-child/family discount? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain: _____
---	---



# Child Care Application

Applicant's Name: \_\_\_\_\_

## CHILD CARE COLLABORATIONS

Are you an IDHS approved Child Care Collaboration?  Yes  No Check all that apply:  Head Start  ISBE Pre-K

How long is your program?  9 Mo  12 Mo  Other \_\_\_\_\_

## LEGAL CARE ARRANGEMENT

Check the appropriate type of provider. If licensed, complete Day 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

### CARE BY A RELATIVE (LICENSE NOT REQUIRED)

- In the Child Care Provider's Home (765)
- In the Child's Home (767)

My relationship to the child(ren) is: \_\_\_\_\_

### CARE BY A NON-RELATIVE (LICENSE NOT REQUIRED)

- In the Child Care Provider's Home (764)
- In the Child's Home (766)

## SECTION VI - PROVIDER CERTIFICATION

After reading each of the following statements, I certify that:

- \* Parents will have unrestricted access to their children at all times.
- \* All state and local fire, health and safety codes have been followed.
- \* All child care provider's staff will have a physical examination no more than two years old and a TB skin test documented and on file in the facility/home within 90 days of the signature date on this form. The TB skin test is to be no earlier than the date the provider/staff began providing child care services.
- \* All cleaning agents, poisons and other hazardous materials are stored in an area inaccessible to the child(ren).
- \* There are no firearms or ammunition in the home OR any firearms or ammunition in the home are stored in a locked cabinet or locked storage at all times.
- \* First aid supplies are readily available.
- \* There will be no corporal punishment.
- \* The children will be provided developmentally appropriate play activities.
- \* The children will be supervised (indoors and outdoors) at all times.
- \* I have not been responsible for the abuse or neglect of children in the past five (5) years or been responsible for acts of sexual molestation or sexual exploitation of children for the past twenty (20) years. I authorize the Dept. of Children and Family Services to check the Child Abuse and Neglect Tracking System (CANTS) to confirm this information for the Department of Human Services.
- \* **Have you ever been convicted of anything other than a minor traffic violation?**  YES  No

**If yes, please explain:** \_\_\_\_\_

- \* All of the statements listed above are true.
- \* The information provided about myself is true, correct and complete.
- \* I understand the information provided will be checked using State databases.
- \* I understand that the information provided will be disclosed only for administrative purposes and that I may be required to verify the information.
- \* I understand that I cannot be paid until I complete a W-9 form and I am certified by the Office of the Comptroller.
- \* I understand that I am responsible for collecting a co-payment from each family.



# Child Care Application

Applicant's Name: \_\_\_\_\_

- \* I understand that the rates charged to the State of Illinois do not exceed those charged to the general public for similar services and do not exceed the maximum allowed by the State.
- \* I certify that if I am a center provider, licensed home, or group home, I will maintain, for a minimum of 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. I understand that 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.
- \* I understand giving false information or failure to provide correct information can result in pay back of overpayments and/or referral for prosecution for fraud.
- \* I understand 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.

Child Care Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION VII - APPLICANT CERTIFICATION

**After reading each of the following statements, I certify that:**

- \* I understand that I am responsible for paying a share of my child care costs (parent co-payment) to my provider and that failure to do so may result in the loss of my child care provider.
- \* I understand that my eligibility will be redetermined every 6 months or as needed.
- \* The child(ren) is/are current on all immunizations and verification is on file with the provider.
- \* A review of each facility/home has been completed and I agree that it is a safe environment.
- \* I have given written notification to each provider if I want anyone other than myself to pick up the child(ren).
- \* An emergency phone number and written consent for medical care and for dispensing prescription medication has been given to each provider.
- \* The name of the family physician is on file with each provider.
- \* I am responsible for the selection of the child care providers for my child(ren).
- \* I will report any change in child care arrangements or employment within **5 days**. Failure to report changes in a timely manner may result in pay back of overpayments and/or loss of child care benefits.
- \* I understand that I must be working or attending an IDHS approved education, training, or other work related activity in order to be eligible to receive child care benefits.
- \* I understand the information provided will be checked using State databases, and if inconsistencies are discovered, the processing of my application may be delayed or denied.
- \* All of the statements listed above are true.
- \* The information provided about my case is true, correct and complete.
- \* I understand that I am not required to provide my Social Security Number and that if I deliberately provide an incorrect or fictitious Social Security Number I may be prosecuted for fraud.
- \* The information provided will be disclosed only for administrative purposes and that I may be required to verify the information that I have provided.
- \* I understand that I have the right to appeal and to have a fair hearing of a grievance.
- \* I understand that giving false information or failure to provide correct information can result in pay back of overpayments and/or referral for prosecution for fraud.
- \* My signature is my consent and authorization for information to be released to the Illinois Department of Human Services or its agents that may establish my eligibility or my continued eligibility for the Child Care Program.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# WAGE VERIFICATION FORM

4-C: Community Coordinated Child Care 155 N Third Street Suite 300 DeKalb IL (800) 848-8727x225 Fax (815) 758-5652

(THIS FORM MAY ONLY BE USED IF CLIENT HAS NOT BEEN EMPLOYED LONG ENOUGH TO HAVE TWO PAY STUBS)

I hereby authorize my employer to release the following information to the Illinois Department of Human Services.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

**JOB INFORMATION (to be filled out by employer only)**

Company Name: \_\_\_\_\_

Street Address/Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip : \_\_\_\_\_

Phone number: \_\_\_\_\_ Ext. \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_ Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gross Salary: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Tips: \_\_\_\_\_

Pay Period: Weekly  Bi-weekly  Twice @ month  Monthly

PLEASE CHECK BOX ONLY IF EMPLOYEE IS PAID IN CASH

**GIVE A SAMPLE SCHEDULE OF AVERAGE HOURS BELOW**  
*(PLEASE DO NOT WRITE VARIES)*

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total hours Worked per week:
From	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
To	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	

*If employee is returning to work from leave or if this is verification for a new schedule*

*Please indicate effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_.*

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

EMPLOYER NAME PRINTED \_\_\_\_\_ DATE \_\_\_\_\_

COMPLETED FORM MAY BE FAXED TO:  
(815)758-5652

IF YOU HAVE ANY QUESTIONS PLEASE CALL 4-C CHILD CARE ASSISTANCE PROGRAM  
(815) 758-8149 EXT 225 or (800) 848-8727 EXT 225



# Child Care Application

## COMMONLY ASKED QUESTIONS ABOUT CHILD CARE

### 1) Who is eligible for child care assistance from the state?

- \* Low-income working families;
- \* TANF clients in education, training, or other work-related activities approved by their caseworkers;
- \* Teen parents (under age 20) in elementary or high school, or a GED program;
- \* Low-income families who are in school or training and are not receiving TANF cash assistance. (Must work at least 10 hours per week if they are in a college degree program.) Occupational vocational training, GED, ABE, ESL, and other below post-secondary education programs do not have a work requirement for the first 24 months. High school does not have a work requirement.

### 2) What should I do if my circumstances change?

The parent or provider should call us when any changes occur:

- \* Change Providers
- \* Stop working or change jobs
- \* Stop attending school or training
- \* Change family size
- \* Change income
- \* Change Address
- \* Stop receiving TANF
- \* Have medical/maternity leave
- \* Have any other changes that may affect your eligibility

Failure to report any changes within **5 days** may result in pay back of overpayments and/or loss of child care benefits. If you stop working, you may be able to continue to receive a child care subsidy up to 30 days after the loss of your job while you look for work.

### 3) When will I find out if I'm approved for child care assistance?

You and your provider will be notified of approval or denial within 30 days after we receive your completed application.

### 4) What does "low-income" mean?

Your family's countable income must be below the following guidelines

<u>Family Size</u>	<u>Monthly Income Must be Below</u>	<u>Family Size</u>	<u>Monthly Income Must be Below</u>
2	\$2,334	6	\$4,734
3	\$2,934	7	\$5,334
4	\$3,534	8	\$5,934
5	\$4,134		

To determine your countable income, the gross wages paid by an employer are added to your other income (such as any government benefits, child support you receive, or self-employment income). Any child support you pay is subtracted from your income.

### 5) Must I be the child's parent to qualify for the program?

No. A child's legal guardian or other relatives caring for the child are also eligible and should fill out an application form. Foster parents can receive child care assistance from the Department of Children and Family Services.

### 6) How old can the child be?

All children under age 13 are eligible. Children 13 or older are eligible if they are under court supervision or have written documentation from a medical provider stating that they are physically or mentally incapable of caring for themselves.

### 7) Is there a waiting list for child care assistance?

No. Anyone who meets the eligibility requirements may receive a child care subsidy.



## Child Care Application

### 8) How long can I continue to receive child care assistance?

There is no time limit. As long as you are low-income and need child care to work or participate in an approved activity, you remain eligible. Your Approval Letter will list the first and last months that you are eligible for assistance. Usually, you will be approved for 3 or 6 months at a time. Before your approval period ends, you will have to renew your child care case in order to continue receiving assistance. You will do this by filling out a "redetermination" form. This form will be automatically mailed to you in the month before your approval period ends. For example, if you are approved through April, you should receive your redetermination form in March. If you don't return your redetermination form and all required documents -OR- if you no longer meet the eligibility guidelines of the program, your case will be canceled.

### 9) If I receive child care assistance from the State will I still have to pay something?

The State requires all parents to pay a monthly "**co-payment**" directly to their provider. The amount of your monthly co-payment is determined by IDHS and the amount may vary from parent to parent. Monthly co-payments are based on income, family size, number of children in child care, and the numbers of hours your children are in care. The amount of your monthly co-payment will be listed on your Approval Letter. The Department will pay the provider directly for the remaining child care charges up to the maximum rate.

### 10) Can my provider charge me more than my co-payment amount?

Yes, If your provider charges private paying parents a higher rate than the IDHS program pays, your provider can ask you to pay the difference by requiring a fee in addition to your co-payment. Be sure that you and your provider discuss what you are expected to pay before care for your child starts.

If your provider's costs are too high for you, your CCR&R may be able to help you find a child care provider who is more affordable. Call them for help finding a new child care provider.

### 11) Does my child care provider have to be licensed?

No Certain home child care providers are not required to have a license. A provider without a license must be at least 18 years old and may not care for more than 3 children, including their own children, unless all of the other children are from the same household.

### 12) Will the State pay relatives to take care of my child?

Yes. Relatives can be paid to provide child care even if they live in the home with the child. TANF clients can be paid child care providers; however, earnings must be reported to their IDHS caseworkers. Exception: the State will not pay a child's parents, stepparents, or relative included in the child's TANF grant to care for the child.

### 13) Does the State do any kind of background check on child care providers?

Illinois law states that all providers paid by the state who are not licensed must agree to a Child Abuse and Neglect background check every two years. This background check will match your provider's name to other pertinent information - as well as that of anyone age 13 and older in his or her household (if that is where care is provided) - against the Child Abuse and Neglect Tracking System (CANTS) maintained by the Department of Children and Family Services (DCFS).

### 14) What if I am still looking for a child care provider?

You may call a parent counselor at your local Child Care Resource & Referral Agency (CCR&R) at 1-877-202-4453 (toll-free) to get help finding child care for your child. You must have a child care provider **before** you submit your application.

### 15) How much will the child care provider be paid by the State?

The most the State will pay depends on the age of the child, the region of the state, the type of child care provider, and whether the child is in full-time or part-time care. A copy of the rates is attached to this application or can be obtained by calling the CCR&R. All providers are considered self-employed (NOT employees of IDHS or the CCR&R). Taxes cannot be taken out of payments. Providers are required by law to report all Child Care payments to the IRS as earned income. If your provider is not a corporation or governmental unit (public school or park district), and earns over \$600 within a calendar year, your provider will receive a copy of the 1099 Miscellaneous Form from the Office of the Comptroller reporting his or her income to the IRS. Your provider should receive the form by February 15th.



## Child Care Application

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- 16) **Can I receive child care assistance for the time I travel to or from work or school/training?**  
Yes, You can receive child care assistance for reasonable time you spend traveling to and from your child care provider to your job or school/training, as well as for the time you are working or attending school/training.
- 17) **When will my provider get paid?**  
It can take 4 to 8 weeks for your provider to receive the first payment. After your provider receives the first payment, regular payments will arrive on a monthly basis. The reason the first payment takes longer is your provider's name and social security number must be recorded with the Office of the Comptroller before any payments can be made. To do this, the CCR&R will mail your provider a W9 tax form. The sooner he or she neatly completes and returns the W9 form to the CCR&R, the sooner he or she gets paid.
- After the Office of the Comptroller has your provider's information on file, we can send him or her the first "billing certificate." This is the form that you and your provider complete each month to tell IDHS how much to pay your provider.
- 18) **How can I check status of payments?**  
IDHS has a toll free number clients and providers can call to find out payment information. If you have a touch-tone phone, you can call 1-800-804-3833 to find out if your payments have been entered by the CCR&R and approved for payment by IDHS. This toll free number is available 24 hours a day, seven days a week.
- 19) **Should my provider consider direct deposit?**  
Absolutely. Payments can be deposited directly into your provider's bank account. This can be especially helpful if your provider has been having trouble with mail. Call 217-557-0930 to set up direct deposit. For purposes of record keeping, your provider may want to ask the bank what kind of receipt information they can pass on, **as the provider will not receive payment information from IDHS or the Comptroller's office when using direct deposit.**
- 20) **What if my child's other parent or stepparent lives in my home?**  
If the child's other parent or stepparent lives in your home, he or she also needs to be working or in school, training, or a TANF-required activity in order for you to receive a child care subsidy. The other parent or stepparent also needs to complete page 3 of the application and submit the same kinds of documents as you do, which are listed in the application instructions. If the other parent or stepparent is not working or in school, training, or a TANF-required activity, you will need to write and sign a statement about why he or she cannot care for the child.



## Child Care Assistance Program Evaluation

4-C: Community Coordinated Child Care-155 N Third Street, Suite 300· DeKalb, IL 60115 (800) 848-8727x225 Fax (815) 758-5652

Thank you for contacting the 4-C: Child Care Program. In our effort to offer quality service to families, we are continually evaluating our services. We would like to know if the service you received was helpful and if you have any comments or suggestions for us. Please take a few moments to answer the following questions. Return this form in the pre-addressed envelope as soon as possible. All comments will be kept confidential. Your input is very important to us. Thank you for taking the time to help us improve our services.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

I contacted 4-C by

- Telephone
- 4-C Office (In person)
- Website

The following affected me when I tried to get child care financial assistance:

- Completing paperwork
- Income eligibility
- Cost of care
- Parent Co-pay

Please rate the service you received from 4-C (check one for each question)	1 Very good	2 Good	3 Satisfactory	4 Poor	5 Very Poor
The CCAP Specialist I spoke with was helpful					
The CCAP Specialist I spoke with was polite and courteous					
The CCAP Specialist I spoke with gave me accurate information					
Over all experience with 4-C					

How else can we help you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments/Suggestion: \_\_\_\_\_

\_\_\_\_\_

Please return to: 4-C: Community Coordinated Child Care· 155 N. Third Street Suite 300· DeKalb, IL 60115