



3425 N Dries Ln
Peoria IL 61604

Phone: 1-800-421-4371

FAX: 309-686-3850

Website: www.salccc.org

Email: ccaphelp@salccc.org

A program of SAL Family and Community Services

Dear License-Exempt Home Child Care Provider,

Thank you for your interest in accepting payments from the Child Care Assistance Program (CCAP). Your participation makes it possible for Illinois children to enjoy the benefits of quality care. We appreciate your contribution. Enclosed in this packet are information pieces and forms needed to get started.

- ✓ **W9 Form (required)** Complete the W-9 form if you have never received a payment as a child care provider or it has been more than two years since your last child care provider payment. A new W-9 is required if you have had a name change since your last child care payment
- ✓ **Important Payment Information:** Information on completing your W-9 form, setting up direct deposit and checking the status of your child care payment
- ✓ **Provider payment history instructions:** Detailed information on how to check the Illinois Comptroller's website for the status of your payment.
- ✓ **New Health, Safety and Child Development Training requirements (Non-relatives homes):**
The federal government is now requiring that non-relative home child care providers complete specific health, safety and child development training, have current CPR/First Aid certification and complete annual training hours. All non-relative providers participating in CCAP will have minimum training requirements as a result of the federal legislation. See insert for more information.

- ✓ **Debit Card Information and direct deposit (optional).** Application to apply for a debit card for your child care payments.
- ✓ **Telephone Billing agreement (optional):** Information on how to sign-up to enter your child care certificates at home.
- ✓ **Child Care Payment Rates-** The current reimbursement rates for all provider types that are accepting clients on the CCAP.

Additional Provider Qualifications:

Provider registration (required): To register, you will need to send us a copy of a current IL state ID card (listing current address) or a copy of a current military id card. You must also submit a copy of your signed social security card.

Qualified providers must be at least 18 years of age.

Authorization for Background Check form: This form will be sent to you and all applicable household members once the application for child care assistance has been reviewed by an eligibility specialist. To view a list of criminal convictions that disqualify a provider, please review our policy manual at www.dhs.illinois.gov/CCAP/ProgramManual and review section 05.04.01- Criminal Convictions that Disqualify a Provider.

If you have questions about the information or how to complete any of the forms, please call the SAL Child Care Connection CCAP Department at 1-800-421-4371 - Option 2.

W-9

Form
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
2 Business name/disregarded entity name, if different from above				
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.				
☐ Individual/sole proprietor or single-member LLC	☐ C Corporation	☐ S Corporation	☐ Partnership	☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.				
☐ Other (see instructions) ► _____				
5 Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)	
6 City, state, and ZIP code			SAL CHILD CARE CONNECTION 3425 N DRIES LN PEORIA, IL 61604	
7 List account number(s) here (optional)				

See Specific Instructions on page 3.
Print or type.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
			-	

or

Employer identification number				
	-			

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification.
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	(P= Partnership; C= C corporation; or S= S corporation)
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹
6. Sole proprietorship or disregarded entity owned by an individual	The actual owner ¹
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The owner ³
	The grantor [*]

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(j)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/identityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Important Payment Information

W-9

The Comptroller's Office is requiring all child care providers to have a W-9 on file before payments can be made. If you have not done so already, please complete the enclosed W-9 form and return it to the Child Care Connection office. Please be sure to sign your name **EXACTLY** as you have printed your name.

Example: (Incorrect) Linda K. Jones ~~Linda Jones~~

(Correct) Linda K. Jones **Linda K. Jones**

We must receive the original signed form. You cannot fax or email this form.

You will not receive payments until a W-9 is completed and on file.

Direct Deposit

Should you consider direct deposit of your child care payment? Absolutely! Payments can be deposited directly into your bank account. This can be especially helpful if you have been having trouble with your mail. Call **217-557-0930** to set up direct deposit. For purposes of recordkeeping, you may want to ask the bank what kind of receipt information they can pass on, as you will not receive payment information from IDHS or the Comptroller's office when using direct deposit.

Toll Free # For Payments

The IL Department of Human Services has established a toll free number for you to check on the status of your IDHS Child Care Assistance payment. You will need to have your Social Security number available when calling.
1-800-804-3833

Website for Payments

The Comptroller's Office has set up a method to check on the status of your Child Care Assistance payment.

Go to: <https://illinoiscomptroller.gov/vendors> You will need to enter your FEIN or SSN # and your name.

Overpayments

The IL Department of Human Services has made a change that may affect the child care payments that you receive. If we find that we have overpaid you for providing child care, we will send you an overpayment letter. The letter will say how much you owe us and give you a choice about how to pay it. You can:

- Pay all the money right away, or
- Send in payments each month, or
- Have us take money out of your child care payment each month before you receive it.

After you receive an overpayment letter, you will have **30 days** to respond. **We will stop paying you for all of the child care services you provide if you**

- Do not tell us how you will pay back the money, or
- Agree to send in payments and don't do it, or
- Stop sending payments before the debt is paid off.

If you owe \$500 or less, you will have one year to pay it off. If you owe between \$500 and \$2500, you will have 2 years to pay it off. If you owe \$2500 or more, you will have 3 years to pay it off. **Payments you send us must be in a personal check or money order payable to the Illinois Department of Human Services.**

If you receive an overpayment letter and you think it is wrong, you will have the right to file an appeal and have a fair hearing. The letter will tell you how to file an appeal. At the hearing you will be asked for written proof that you were not overpaid or that the amount in the letter is wrong. Therefore, it is very important for you to keep accurate records of the child care you provide and the payments you receive.

Provider Payment History Instructions:

Comptroller's office: <http://illinoiscomptroller.gov/>

Click Vendors

Vendor TIN field: Enter **Social Security number** or **FEIN** (no hyphens)

Vendor Name field: Enter Vendor Name, enter last name space first name (Doe Jane) or Enter name of business (Use corporate name)

Security Verification field: Select the photo that you are asked to select

Click Submit

Click Payment Details

Select a fiscal Year: From drop box click on the year you want to view

Example: July 1, 2020 – June 30, 2021 = FY 2021

Select an agency: Select **444 HUMAN SERVICES** to view child care payments or select **ALL**

Contract and invoice numbers should remain blank

Select a warrant status: Should remain as, **"All"**

Date Range:

If you are looking for a certain payment from a select date range you can enter the beginning Date and Ending Date in the select fields, otherwise leave blank

Sort Criteria:

Leave as, **"Issue Date"** or choose your sort field from the option in the drop down menu

Choose Ascending or Descending

Number of Records returned at a time: Leave at 20 or choose from the options in the drop down menu

Click **"FIND WARRANTS"**

This will bring up a listing of payments for that year



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Illinois Department of Human Services

Grace B. Hou, Secretary

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401 South Clinton Street • Chicago, Illinois 60607

**CHILD CARE ASSISTANCE PROGRAM (CCAP)
HEALTH, AND SAFETY TRAINING REQUIREMENTS
FOR LICENSE EXEMPT NON-RELATIVE CHILD CARE HOME PROVIDERS**

Date: July 1, 2021
From: Kisha D. Davis
Bureau Chief of Subsidy Management
To: License-exempt Non-relative Child Care Home Providers
Re: Health & Safety Training Requirements for License-exempt Non-relative Child Care Home Providers

This letter is an important reminder regarding the health and safety orientation training requirements for license-exempt non-relative child care home providers. You were sent information about these requirements with your March and May certificates. If you have completed your health and safety orientation training requirements, please disregard this letter.

The Illinois Department of Human Services recognizes that it has been challenging for many to complete additional trainings during the past year due to the COVID-19 pandemic. At this time, the Department will be postponing any negative action associated with not completing health and safety training requirements. Please keep an eye out for future correspondence on these training requirements in your certificate mailings, from your Health and Safety Coach, from your local Child Care Resource & Referral Agency, or from SEIU.

We appreciate your commitment and dedication to caring for the children and families of Illinois throughout this challenging time.

Please disregard if you are a license-exempt relative child care home provider as you are exempt from training requirements. Also, disregard if you are a licensed child care center/ home provider as health and safety training is monitored through the Illinois Department of Children and Family Services

Sincerely,
Kisha Davis, Chief, Bureau of Subsidy Management
Office of Early Childhood
Illinois Department of Human Services



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Health and Safety Training Checklist License-exempt Non-relative Homes

If you provide care for children in your home and receive payment from the Child Care Assistance Program (CCAP), the Illinois Department of Human Services requires you to complete Health and Safety Trainings.

Follow these steps to help you complete the process from start to finish.

Step 1: Enroll in Gateways Registry

The registry tracks trainings for all Early Childhood Providers in Illinois. You will need to provide an email address in order to enroll in Gateways Registry. You will be asked to add your 15-digit Child Care Management System (CCMS) Provider ID. Your CCMS Provider ID can be found on your CCAP Approval Notice (Form IL444-3455A) or your Child Care Certificate/Certificate Report (Form IL444-3492). For additional detail and help with #3 below, visit this webpage: <https://tinyurl.com/le-homes-emp>.

1. Request an Online User Account (<https://registry.ilgateways.com/request-an-online-user-account>)
2. Receive confirmation email within 48 hours
3. Click link in confirmation email; follow and complete steps to complete the Gateways Registry Membership application
 - a. In Step2 – Employment, select “Yes” under paid to care for children
 - b. Click Search for Employer
 - c. Enter your name in Organization Name and hit Search – if not found, click “Add a new place of employment”
 - d. Enter your name as the Work Site Name, and your address as the Work Site address
 - e. Under setting, select “Home-based”
 - f. Select “No” under licensed by DCFS
 - g. Enter your CCMS Provider ID
 - h. Select “25 – Family, Friend, or Neighbor Caregiver” as the Position Code, and enter the rest of the required information.
4. Save Registry ID Number

Spanish speaking providers can call INCCRRA at 866.697.8278 to walk through online registration.



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Step 2: Register and Complete Required Training

Trainings are available in a variety of ways. Please see your options below with information on how to register.

One-time training required by June 30, 2021	Format	How to Access
CPR/First Aid Certification	This training is available in a variety of ways, including through your local CCR&R or through other instructor led courses.	Contact your CCR&R or the SEIU METC Training Center To contact the SEIU Member Education and Training Center: Call 1-866-933-7348 or visit https://seiuhcilin.org/resources/trainings/
Child Abuse and Neglect/Mandated Reporter Training	This training is available online.	http://mr.dcfstraining.org

Sample yearly training	Format	How to Access
All license exempt non-relative home providers must complete at least six (6) hours of Child Development, Health & Safety training by December 31, 2021 and once per year each year after 2021. Some examples of training that will count toward this requirement include: - Basics: Child Development, Health, and Safety Basics (4 hours) - Welcoming Each and Every Child (3 hours) - Building Positive Social Skills (1 hour) - SIDS (1 hour) - Shaken Baby Syndrome (1 hour)	Training is available statewide in a variety of ways, including through your local CCR&R, online through the Illinois Gateways i-Learning system, or through instructor led courses.	Contact your CCR&R for a list of trainings in your area. Access the Illinois Gateways i-Learning system at https://courses.inccrra.org . To contact the SEIU Member Education and Training Center: Call 1-866-933-7348 or visit https://seiuhcilin.org/resources/trainings/



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Training opportunities are available and offered statewide by a variety of delivery methods, including local CCR&R agencies, on-line through the Illinois Gateways i-Learning system ([Illinois Gateways i-Learning system](#)) or through instructor led courses and through the SEIU METC Training Center.

Step 3: Self-Report Mandated Reporter and CPR/First Aid

For CPR/First Aid

- ☐ Go to <http://registry.ilgateways.com>
- ☐ Log into your Gateways Registry record using the username and password you set up in step 1
- ☐ Go to MY REGISTRY, choose UPDATE and click the Credentials and Certifications tab
- ☐ Select “CPR” from the drop-down, click “Add”, and enter the required information
- ☐ Select “First Aid” from the drop-down, click “Add”, and enter the required information
- ☐ Click the “Save” button at the bottom of the screen.

For DCFs Mandated Reporter

- ☐ Go to <http://registry.ilgateways.com>
- ☐ Log into your Gateways Registry record using from the username and password you set up in step 1
- ☐ Go to MY REGISTRY, and choose LEARN
- ☐ Click on the Self-Reported Trainings tab and then click “Add New”.
- ☐ Enter the required information and then click the “Save” button to see your training appear in the listing.

Step 4: Print Documents

- ☐ Go to www.ilgateways.com
 - o Click the Registry Member Login
 - o Click My Registry Portal-Click Plan section
 - o Click the Reports tab-Click Get Report to download your Completion of IDHS CCAP Training Requirements Report o Print Report
- ☐ Make copies of CPR/First Aid Card
- ☐ Mandated Reporter Training Completion Certificate

Step 5: Keep Documents on File

- ☐ Keep copies of your current training documents in your files for five (5) years.



Illinois Debit MasterCard Payment Option Form

If you chose the Illinois Debit MasterCard[®] Card, we will update our records and you will receive your Illinois Debit MasterCard in the mail. Activate your card immediately by calling the toll free number (1-866-338-2944) and follow the instruction on the materials enclosed with your card. Make sure we have your correct address.
Your card will not be forwarded.

In order to get a Illinois Debit MasterCard:

- * **Attach a copy of your current Driver's License or State I.D. card**
- * You MUST fill in all the blanks in the section you are completing (Section 1 to start card use, section 2 to stop card use.)
- * All information must be clear and readable
- * Once you choose the Illinois Debit MasterCard your payments will continue on the card until a written cancellation Payment Option Form is received and processed at DHS.
- * You MUST send the form to:

Department of Human Services
Bureau of Expenditure Accounting Debit Card Project
100 South Grand Ave. East, 1st Floor
Springfield, Illinois 62762

COMPLETE ONLY ONE SECTION BELOW: If you want to START using the Illinois Debit MasterCard, complete section 1. If you have a card now and wish to STOP using it, complete Section 2.

SECTION 1 (To request a new Illinois Debit MasterCard)

Illinois Debit MasterCard[®] Card Payment Option - All blanks in this section below **MUST** be completed

(Choose your Provider type) ☐ Child Care Provider ☐ PA - DRS Personal Assistant

Social Security Number: _____ Daytime Phone: _____ Enter "N/A" If you do not have a phone
(Include area code)

Enter your name below as it appears on your Social Security Card or on your current IDHS payment checks:

Last Name: _____ First Name: _____ Middle Initial: _____

Doing Business As Name: _____ (Use this line for your DBA, if licensed with one)

Mailing Address: (Indicate Street, Apartment Number, Floor) _____ (Street # and Name: with St. Ave, Ct, Apt. #, Floor)
City: _____ State: _____ Zip Code: _____

I authorize the State of Illinois Office of the Comptroller to direct payment for deposit to the Illinois Debit MasterCard card account as directed by the paying State agency. I understand the card will be sent to me by mail and my payments will be held by the bank until I withdraw them using my Illinois Debit MasterCard card. I further authorize the Comptroller to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all Child Care and Personal Assistants payments issued by the Comptroller to the below named payee as identified by its designated payee identification number.

I understand the Illinois Debit MasterCard is issued by Comerica Bank, pursuant to a license by MasterCard International Incorporated. I further certify that I am at least 18 years of age.

Signature: _____ Date: _____

With this signature, I certify that the information provided above is accurate.

All blanks above **MUST** be completed in order to request a Illinois Debit MasterCard.

SECTION 2 (To cancel your Illinois Debit MasterCard)

☐ **I would like to CANCEL use of my Illinois Debit MasterCard and receive my payments the way I did before requesting the Debit card (either paper check or Direct Deposit).**

If you were using Direct Deposit, and that bank account is now closed, your next payment may be delayed and possibly will come in the mail. Child Care providers must contact The Office of the Comptroller Direct Deposit Unit at (217) 557-0930 if the account has changed or closed. Personal Assistants must contact the DRS Local Office if there have been any changes to your bank account since the last time you received Direct Deposit in order to avoid delays.

Reason for Card Cancellation _____

Print Your Name: _____ Social Security Number: _____

Signature: _____ Date: _____

Please retain your Illinois Debit MasterCard until you receive your next payment by check or direct deposit.

**DEBIT CARD INQUIRY ROUTING
CALLS TO SEND TO ACS CALL CENTER (IVR)**

1	How do I report a lost or stolen card?	ACS Call Center	866-338-2944
2	Who do I contact if a card was not received that has funds on it?	ACS Call Center	866-338-2944
3	Questions about Debit Card transactions	ACS Call Center	866-338-2944
4	Deposit disputes	ACS Call Center	866-338-2944
5	Questions about card or ATM fees	ACS Call Center	866-338-2944
6	ATM and/or bank locations	ACS Call Center	866-338-2944
7	EPICard Website Questions	ACS Call Center	866-338-2944
8	Deposit Confirmations/Monthly statements	ACS Call Center	866-338-2944

To Reach a live person:
Call 1-866-338-2944; do not enter a card number. Remain on the line during the pause.
You will be instructed to press 2 if your card has been lost or stolen. Then Press 8 to speak to a Representative.

CALLS TO SEND TO DHS PROVIDER INFORMATION LINE

9	To inquire about pending payments that have not been received --Child care providers --Personal Assistants	DHS Provider Information Line	800-804-3833
10	DRS PAs that have received a paycheck statement (DRS Personal assistants) but the money has not been deposited to the Debit card Payments will not be deposited until the Scheduled Pay Date. Payments will not be deposited until the Scheduled Pay Date.	800-804-3833	
11	The Comptroller processed my payment. Why isn't it on my card? Call the DHS Provider Information Line to see if payment is pending. Please be aware that the Bank has up to two working days to post payments to your card from the time the Comptroller issues the payment.	800-804-3833 - DHS Provider Information Line	
12	I am a PA and signed up for Direct Deposit (not the Debit Card) and continue to receive paper checks If the payment has been issued, you may call the ACS Service Center to verify the deposit in 2 working days. DHS - Home Services Payroll Processing Unit	866-338-2944 - ACS Customer Service Center	217-557-6479

CALLS TO SEND TO CCR&R or DRS LOCAL OFFICE

<http://www.dhs.state.il.us/page.aspx?item=45466>

- 13 Where can I get a form to sign up for a Debit Card? DRS Website
- Child care providers Contact the office that handles your child care case 800-843-6154 to inquire which office manages your area (CCR&R).
- Personal Assistants Contact the DRS Office handling your client.

- 14 I called the DHS Provider Information line and it indicated that there were no payments pending.

- Child care providers Contact the office that handles your child care case 800-843-6154 to inquire which office manages your area (CCR&R).
- Personal Assistants Contact the DRS Office handling your client.

- 15 My name with my CCR&R is spelled correctly, but the name A new W-9 form may need to be submitted. Contact the office that processes your payments and ask for a new W-9 form.

- 16 My social security number is incorrect when I call the Debit Card System. How do I correct that? Contact the office that processes your payments to confirm the Tax Identification Number (SSN or FEIN) that is being used.

- 17 Questions about payment amounts

- Child care providers Contact the office that handles your child care case 800-843-6154 to inquire which office manages your area CCR&R.

- Personal Assistants Contact the DRS Office handling your client (For Gross Amounts Only).

- 18 I have a debit card and am still receiving a paper check. Some payment were issued as checks instead of on the Debit card due to a system problem, however, there could be other issues with your payment (involuntary withhold, for example).
- DHS Ddebit Card Unit 217-785-7790

- 19 I would like to cancel my Debit Card. Complete the bottom section of the Payment Option form and mail it to the address listed on the form. The form will be available on the DHS website and at your local offices.

- 20 Debit Card Information Line

217-557-0930

CALLS TO SEND TO THE OFFICE OF THE COMPTROLLER

Illinois Office of the Comptroller

- 21 I am a child care provider and signed up for Direct Deposit (not the Debit Card) and continue to receive paper checks.



CHILD CARE TELEPHONE BILLING SYSTEM

(An Easier & Faster Way to get **PAID**)

Welcome to the Illinois Department of Human Services (IDHS) Child Care Telephone Billing System. You can start using the Telephone Billing System to enter your Child Care Certificate(s) as soon as you've received your password. Using the billing system should help you get your payments quicker.

The Child Care Billing System is available:

- thru a toll free phone number (**1-800-787-9316 Voice/1-800-787-9318 TTY**)
- 24 Hours a Day, 7 Days a Week
- for Licensed Home and Group Home Providers
- for License-Exempt Home Providers
- for TTY callers
- in English or Spanish
- using the Phone Key Pad or by Speaking the information

STEP 1 - Complete and sign the enclosed Child Care Telephone Billing Agreement form. Return it to your Child Care Resource & Referral Agency (CCR&R).

STEP 2 – After IDHS has confirmed that you have returned your signed Agreement, IDHS will mail you a letter with your Password for the Child Care Telephone Billing System.

STEP 3 - Keep your Password in a safe place so that you can remember it when you call the billing line. Please do not share or give your password to anyone. If you have questions or need help, please contact your CCR&R.

Comments from providers who use the Telephone Billing System:

"I love the fast service. I can enter my information even on weekends, while other providers are limited to Monday through Friday." Vanessa Sims, Tilton, IL

"Love it, love it, love it. The system is convenient, fast and reliable. The automated telephone billing system, combined with direct deposit, is the best payment option the State offers." Carmallita Clemons, Hazel Crest, IL

"You really can control the timing of payments. Don't be afraid to try the system because the glitches are gone." Nancy Williams, Champaign, IL

"Would not trade the system for anything. It is efficient and fast." Merle Coleman, Zion, IL

"Wonderful, wonderful! I receive my check much quicker than the providers who mail their certificates."

Gloria Brown, Chicago, IL

Child Care Resource & Referral Agency:

SAL Child Care Connection

3425 N Dries Lane

Peoria IL 61604-1208

Phone: 800-421-4371

www.salccc.org

CHILD CARE TELEPHONE BILLING AGREEMENT

Please complete this form and **return to your Child Care Resource and Referral Agency (CCR&R).**

Your CCR&R's address is located at the bottom of your Approval letter or Child Care Certificate.

Provider Name and Address:

Provider Social Security Number (SSN) or

Federal Employer Identification Number (FEIN):

I agree that when I use the Child Care Telephone Billing System to enter a Child Care Certificate:

- * I am filing a legally binding request for child care payment.
- * I have completed and signed the Child Care Certificate.
- * The client has signed the completed Child Care Certificate.
- * My address is correct on the Child Care Certificate.
- * The information that I enter on the Child Care Telephone Billing System will be exactly the same information that is on the signed Child Care Certificate.
- * The information that I enter will be complete and accurate.
- * 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 will keep the Child Care Certificate on file for 5 years.
- * I will make each Child Care Certificate that I enter on the Child Care Telephone Billing System available for 5 years to any and all authorized Illinois Department of Human Services representative and Federal authorities.
- * I understand that failure to keep each Child Care Certificate on file for 5 years 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 payment.

**Child Care Provider
Signature:**

Date:

Illinois Department of Human Services
Child Care Telephone Billing Line
1-800-787-9316 Voice
1-800-787-9318 TTY

Available: 24 hours a day, 7 days a week
English or Spanish

Practice Session

Completing the practice session is not required in order to get a password.

Practice ID /Password:	License Exempt Home Provider	Licensed Home Provider
	Provider Number: 301-12-1234	Provider Number: 601-12-1234
	Password: 12345	Password: 12345

You may answer the questions in one of two ways:

- **You may speak your answer into the phone. Some hints for using this method.**
 - **Speak in a slow, clear voice.**
 - **The system works best if you call from a quiet room.**
 - **Use the phone handset instead of a speakerphone or hands-free headset.**
 - **Use a landline phone instead of a cell phone.**
 - **Speak only the requested information.**
 - **You may answer by touching keys on your telephone keypad. If you are calling from a noisy location or you don't have a good connection, use the touch-tone keys on the phone.**
-

- **When the system asks if the address on your certificate is correct, say "YES" or press "1".**
 - **When the system asks if you are still providing care for this family, say "YES" or press "1".**
 - **You will be entering information for the month of January.**
-

Billing information:

Client Name:	THERESA CAMPBELL	<u>Days Open</u>	<u>Days Attended</u>
Child Name:	DESHAWN KNIGHT	0 Full time 22 Part time	0 Full time 22 Part time
Client Name:	SANDRA WALKER	<u>Days Open</u>	<u>Days Attended</u>
Child Name:	MALIK WALKER	10 Full time 12 Part time	10 Full time 12 Part time

You may complete the practice session as many times as you'd like. If you have questions or need help, please contact: SAL Child Care Connection 1-800-421-4371

August 2005



CHILD CARE PAYMENT RATES FOR CHILD CARE PROVIDERS

Effective July 1, 2021

The rates listed below are the maximum rates that the Department will pay per day, listed in order by provider type.

For care provided less than 5 hours per day, use the part-day rate.

For care provided from 5 through 12 hours per day, use the full-day rate.

For care provided more than 12 hours but less than 17 hours in a day, use the full -day rate for the first 12 hours and the part-day rate for the remainder.

For care provided from 17 through 24 hours in a day, use the full-day rate for the first 12 hours and the full-day rate for the remainder.

Licensed Day Care Center 760

GROUP 1A COUNTIES									
Cook	DeKalb	DuPage	Kane	Kendall	Lake	McHenry			
Under Age 2		Age 2		Age 3 and Older					
Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Part - Day	Part - Day
\$58.00	\$29.00	\$47.00	\$24.00	\$40.00		\$20.00			
GROUP 1B COUNTIES									
Boone	Champaign	Kankakee	Madison	McLean	Monroe	Ogle			
Peoria	Rock Island	Sangamon	St. Clair	Tazwell	Whiteside	Will			
Winnebago	Woodford								
Under Age 2		Age 2		Age 3 and Older					
Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Part - Day	Part - Day
\$56.00	\$28.00	\$44.00	\$22.00	\$37.00		\$19.00			
GROUP 2 COUNTIES									
All other counties not listed above									
Under Age 2		Age 2		Age 3 and Older					
Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Part - Day	Part - Day
\$50.00	\$25.00	\$40.00	\$20.00	\$34.00		\$17.00			
LICENSED-EXEMPT DAY CARE CENTER (761)									
GROUP 1A COUNTIES									
Cook	DeKalb	DuPage	Kane	Kendall	Lake	McHenry			
Under Age 2		Age 2		Age 3 and Older					
Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Part - Day	Part - Day
				\$35.00		\$18.00			
GROUP 1B COUNTIES									
Boone	Champaign	Kankakee	Madison	McLean	Monroe	Ogle			
Peoria	Rock Island	Sangamon	St. Clair	Tazwell	Whiteside	Will			
Winnebago	Woodford								
Under Age 2		Age 2		Age 3 and Older					
Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Part - Day	Part - Day
				\$29.00		\$15.00			
GROUP 2 COUNTIES									
All other counties not listed above									
Under Age 2		Age 2		Age 3 and Older					
Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Part - Day	Part - Day
				\$28.00		\$14.00			



CHILD CARE PAYMENT RATES FOR CHILD CARE PROVIDERS

LICENSED DAY CARE HOME or LICENSED GROUP DAY CARE HOME (762-763)

GROUP 1A COUNTIES							
Cook	DeKalb	DuPage	Kane	Kendall	Lake	McHenry	
Under Age 2		Age 2		Age 3 and Older			
Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day
\$42.84	\$21.42	\$39.92	\$19.96	\$36.31		\$18.15	
GROUP 1B COUNTIES							
Boone	Champaign	Kankakee	Madison	McLean	Monroe	Ogle	
Peoria	Rock Island	Sangamon	St. Clair	Tazwell	Whiteside	Will	
Winnebago	Woodford						
Under Age 2		Age 2		Age 3 and Older			
Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day
\$38.31	\$19.16	\$35.61	\$17.81	\$32.69		\$16.34	
GROUP 2 COUNTIES							
All other counties not listed above							
Under Age 2		Age 2		Age 3 and Older			
Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day	Full - Day	Part - Day
\$35.67	\$17.83	\$33.07	\$16.54	\$30.29		\$15.15	

LICENSE-EXEMPT DAY CARE HOME, NON-RELATIVE IN CHILD'S HOME, or RELATIVE (764, 765, 766, or 767)

ALL COUNTIES	
All Children	
Full - Day	Part - Day
\$19.69	\$9.84

Providers cannot charge the State of Illinois rates that exceed the maximum allowed by the State and rates that are higher than those charged by the provider to the general public for similar services. This includes discounts such as multiple child discounts, staff discounts, full-week discounts, pre-pay discounts, and sliding fee scales.