SAL CHILD CARE CONNECTION
A program of SAL Family and Community Services

3425 N Dries Ln
Peoria IL 61604
Phone: 1-800-421-4371 FAX: 309-686-3850
Website: www.salccc.org **Email**: ccaphelp@salccc.org

Dear License Exempt Child Care Center Director,

Thank you for your interest in accepting payments from the Child Care Assistance Program (CCAP). Enclosed in this packet are information pieces and forms needed to get started:

- ✓ **Child Care Rate Certification (required):** A license-exempt child care center must notify the Department or its Agents of their published payment rates by completing this form. This form is also required whenever there is a change in rate or a change in licensing status.

- ✓ **Payment rates:** The latest reimbursement rates for providers accepting clients on the CCAP.

- ✓ **W-9 Certification (required):** Complete and sign the W-9 form. If you are seeking payments under an FEIN (TIN) number, be sure to return a copy of your IRS EIN assignment letter.

- ✓ **Payment Info:** Information on how to complete your W-9 form, setting up direct deposit and checking the status of your child care payment. To sign up for direct deposit, please call (217) 557-0930. Please note there is a cost of $2.50 per check if over 30 checks are issued to you per year.

- ✓ **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:** The federal government is now requiring that license exempt child care centers complete specific health, safety and child development training, have current CPR/First Aid certification and complete annual training hours. All providers participating in CCAP will have minimum training requirements as a result of the federal legislation. See insert for more information.

- ✓ **License Exempt Request for School-aged Child Care Programs Form (required):** A child care center not licensed by the State of Illinois has the burden of demonstrating that it meets the criteria for the exemption that it claims (see 89 Ill. Adm. Code 377) and must certify that its facility or program is exempt from licensure, including requesting exemption verification from the Illinois Department of Children and Family Services. Child care centers must complete the CFS 672-6 form and submit to DCFS.

- ✓ **State of Illinois Authorization for Background Check (required): This form will be mailed to you.** All employees of licensed exempt centers must complete this form. Each employee of a license exempt child care center whose duties require the employee to be present during the hours children are present in the facility as well as any person who is permitted to be alone with children receiving care in the facility is subject to the background check requirement.

State of Illinois
Department of Human Services

CHILD CARE RATE CERTIFICATION FORM

Please complete this form and return to your Child Care Resource and Referral Agency (CCR&R). A listing of the counties served by each CCR&R, their address and phone number is on the back of this page.

Child Care Provider Information

CCMS Provider Number: _____

Name: _____

Doing Business As: _____

Service Address: _____

City, State, Zip: _____

County in which care is provided: _____

Payment Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Type of Care:
- ☐ 760 Licensed Center
- ☐ 762 Licensed Home
- ☐ 761 Licensed-Exempt Center
- ☐ 763 Licensed Group Home

Hours of Operation: From _____ To _____

DCFS Day Care License Number:
(Not Foster Care License Number) _____ License Expiration Date: _____

License Capacity: Day: _____ Night: _____ Extended: _____

PROVIDER RATES

Effective Date of Rates Below: _____

☐ Check if you charge a registration fee.

☐ Check if you have a separate rate sheet. A copy of your rate sheet must be attached. This can be done to accommodate different rates.

	DAILY RATES		
	Under Age 2	Age 2	Age 3 and Older
Full-Day Rate (5-12 hours per day)			
Part-Day Rate (less than 5 hours per day)			
School Age Rate (for centers only)			

Do you have any discounts (such as multiple child discounts, staff discounts, full-week discounts, pre-pay discounts, or sliding fee scales)? If yes, list the type and amount of your discounts.

I certify that the information provided is true, correct, and complete. I also certify that the rates charged to the State of Illinois do not exceed the maximum allowed by the State and do not exceed the rates I charge 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. I understand giving false information or failure to provide correct information can result in referral for prosecution for fraud.

Signature: _____ Date: _____

State of Illinois
Department of Human Services

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
$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
$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
$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
				$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
				$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
				$28.00	$14.00

State of Illinois
Department of Human Services

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
$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
$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
$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.

Form **W-9**
(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.

Print or type. See **Specific Instructions** on page 3.

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) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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** ▶

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 • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • 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.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• 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] The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	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
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)(i)(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

JB Pritzker, *Governor*

Illinois Department of Human Services

Grace B. Hou, *Secretary*

100 South Grand Avenue, East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

CHILD CARE ASSISTANCE PROGRAM (CCAP) HEALTH, AND SAFETY TRAINING REQUIREMENTS FOR LICENSE EXEMPT CENTERS

Date: July 1, 2021

From: Kisha D. Davis
Bureau Chief of Subsidy Management

To: License-exempt Child Care Centers

Re: Health & Safety Training Requirements for License-exempt Child Care Centers

This letter is an important reminder regarding the health and safety orientation training requirements for license-exempt child care center 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

JB Pritzker, *Governor*

Illinois Department of Human Services

Grace B. Hou, *Secretary*

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Health and Safety Training Checklist
License-exempt Centers

The Illinois Department of Human Services (IDHS) requires staff at license exempt centers that receive payment from the Child Care Assistance Program (CCAP) 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. If you are already a member of the Gateways Registry, log in to ensure your membership is current and skip to Step 2.

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 Step 2 – Employment, select "Yes" under paid to care for children
    b. Click Search for Employer
    c. Enter the name of your program and hit Search – if not found, check with your director or site coordinator to make sure you are searching under the correct program name. If still not found, click "Add a new place of employment"
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
Child Abuse and Neglect/Mandated Reporter Training	This training is available online.	http://mr.dcfstraining.org

Sample yearly training	Format	How to Access
Some examples of training that will count toward the yearly 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.

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.

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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 from 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.

CFS 672-6
6/2017

State of Illinois
Department of Children and Family Services

License Exemption Request for School-aged Child Care Programs Seeking Child Care Assistance Program (CCAP) Approval

Complete this form if you are currently receiving CCAP funding and wish to continue or are not currently receiving CCAP funding and wish to apply.

Name of Program:_____

Sponsoring Agency or Institution:_____

Program Operational Dates:_____

Physical Address of Program:_____

Mailing Address (if different):_____

Telephone:_____

Federal or State Funding Source(s):_____

Is the program operated within a public school building? ☐ Yes ☐ No

Reason for Submitting this Form (check one)

☐ New Exemption
☐ Existing Exemption
☐ Request to Renew Exemption (2 year renewal)
☐ Change of Location (List previous address) _____
☐ Change in months, days or hours of operation; ages served; program name (specify)_____

_____

By completing this request, you are certifying that your program provides care only for school-age children (defined as "full time kindergartener or older") during hours that school is not typically in session—before/after school, school holidays, summer vacation, etc.) and that you are requesting the Illinois Department of Children and Family Services to review the documents you have submitted as part of this packet to determine compliance with the Illinois Child Care Act Section 2.09(j) in order to apply for or maintain eligibility for Child Care Assistance Program (CCAP) through IDHS. You also agree that if requested, you will submit additional documentation to further support compliance with any or all of the requirements.

_____ _____
Program Manager/Operator/Director Signature Date

INSTRUCTIONS:

Please attach the following items and submit to the Illinois Department of Children and Family Services Day Care Licensing Office nearest the location of the facility. You will find a list of the DCFS Licensing Offices in your information packet. Address the packet "Attention: Day Care Licensing Supervisor."

- ☐ A copy of the Employee/volunteer Emergency Preparedness manual or written procedures and a copy of required drill logs.

- ☐ A document that details where first aid kits are located in your facility, their minimum contents, how they are inventoried and how staff are informed/trained on their availability, location and contents and procedures for reporting refilling needs.

- ☐ A copy of verification of minimum liability insurance coverage for your facility (at the location listed above) of no less than $300,000 single limit per occurrence.

- ☐ Information regarding the availability of a working telephone on site and accessible at all times. If different than that above, provide the number. If not a landline, provide a description of your facility's plan to insure that the phone is in working order at all times.

- ☐ Description of where emergency phone numbers are posted and which numbers are available.

- ☐ Description of the locations of the Illinois State Police "No Firearms" sign posted at all entrances and a copy of the policy or document that is provided to parents notifying them in writing that firearms are prohibited on the premises.

- ☐ A written statement that the facility engages and complies with the background check and clearance procedure through Illinois Department of Human Services CCAP currently available for license exempt CCAP providers.

- ☐ A copy of the facility's written procedure or policy which addresses a staff or volunteer who does not receive a clearance following the IDHS background check.

- ☐ A copy of the written notification to parents or guardians indicating the parent or guardian has been advised and understands that the facility and program is not licensed or regulated by DCFS.

- ☐ A copy of the parent/guardian form which gathers information on each child enrolled, and details on how and when the information is gathered and used and a description of how records are maintained and disposed of in a manner that protects privacy and confidentiality. At a minimum, the information on each child should include: first and last name of the child, date of birth, name address and phone number of each parent, emergency contact information, and written authorization for medical care.

- ☐ A Notarized Statement that the facility complies with:

    a. The Standards of the Illinois Department of Public Health or local health department
    b. Fire Safety Standards of the Illinois State Fire Marshal
    c. If operated in a public school building, the health and safety standards of the Illinois State Board of Education.

Upon verification of all required items, DCFS will forward a letter which confirms your compliance with the exemption requirements and your status as an exempt facility. This letter is valid for two (2) years.

If you plan to make changes to your program or your program no longer meets any of the requirements as listed above, you must contact the DCFS office issuing your exemption letter to discuss these proposed changes prior to implementation. Changes in program such as, but not limited to include: change in physical location, a change in operating months, days, and/or hours or a change in the ages served. Failure to notify the DCFS office may result in a determination that your facility is no longer exempt or eligible for CCAP.

If you have any questions, please phone the DCFS Licensing office nearest you and ask to speak with a Day Care Licensing Supervisor.

Day Care Licensing Office Contact List

Northern Region

AURORA	630-801-3400	8 E GALENA BLVD, SUITE 300, AURORA 60506
DEKALB	815-787-5300	760 PEACE RD, DEKALB 60115
ELGIN	847-888-7620	595 S STATE ST, ELGIN 60123
FREEPORT	815-235-7878	1826 S WEST AVE, FREEPORT 61032
GLEN ELLYN	630-790-6800	800 ROOSEVELT RD, BLDG D-10, GLEN ELLYN 60137
JOLIET	815-730-4000	1619 W JEFFERSON, JOLIET 60435
KANKAKEE	815-939-8140	505 S SCHUYLER, KANKAKEE 60901
ROCKFORD	815-987-7640	200 S WYMAN ST, 2ND FL, ROCKFORD 61101
STERLING	815-625-7594	2607 WOODLAWN RD, SUITE 3, STERLING 61081
WAUKEGAN	847-249-7800	2133 BELVIDERE ROAD, WAUKEGAN 60085
WOODSTOCK	815-338-1068	113 NEWELL ST, WOODSTOCK 60098

Central Region

BLOOMINGTON	309-828-0022	401 BROWN ST, BLOOMINGTON 61701
CHAMPAIGN	217-278-5500	2125 S 1ST ST, CHAMPAIGN 61820
CHARLESTON	217-348-7661	825 18TH ST, CHARLESTON 61920
DANVILLE	217-443-3200	401 N FRANKLIN, DANVILLE 61832
DECATUR	217-875-6750	2900 N OAKLAND AVE, B, DECATUR 62526
GALESBURG	309-342-3154	467 E MAIN, GALESBURG 61401
JACKSONVILLE	217-479-4800	46 N CENTRAL PARK PLAZA, JACKSONVILLE 62650
LINCOLN	217-735-4402	405 N LIMIT ST, LINCOLN 62656
OTTAWA	815-433-4371	1580 FIRST AVE, OTTAWA 61350
SPRINGFIELD	217-782-4000	1124 N WALNUT, SPRINGFIELD 62702
PEORIA	309-693-5400	5415 N UNIVERSITY ST, PEORIA 61614
QUINCY	217-221-2525	107 N 3RD ST, QUINCY 62301
ROCK ISLAND	309-794-3500	500 42ND ST, SUITE 5, ROCK ISLAND 61201

Southern Region

BELLEVILLE	618-257-7500	1220 CENTREVILLE AVE, BELLEVILLE 62220
MARION	618-993-7100	2309 W MAIN, MARION 62959
MOUNT VERNON	618-244-8400	321A WITHERS DR, MOUNT VERNON 62864

Chicago City and Cook County

CHICAGO	312-808-5000	1911 S INDIANA, CHICAGO 60616