

The Illinois Department of Human Services (IDHS) through the Child Care Resource and Referral (CCR&R) System is offering funds to assist child care programs that opt to open and provide child care for the children of Essential Workers. *We want to stress that these services should be provided only when Essential Workers have no other options available. The goal is to practice social distancing and for children to stay at home whenever possible.* Please carefully read the frequently asked questions for more information.

### Frequently Asked Questions

#### 1. WHAT TYPE OF FUNDING IS BEING OFFERED?

- One-time stipend for formerly licensed family child care homes\* and child care centers opting to provide care for Essential Workers.

#### 2. WHAT ARE THE ELIGIBILITY CRITERIA?

- Child care programs operating under the COVID Executive Order No 8, including licensed child care centers, license-exempt child care centers, and formerly licensed family child care homes.\*
- Licensed child care centers operating under the COVID Executive Order No 8 must have applied for and received Emergency License from the Illinois Department of Children & Family Services <https://www2.illinois.gov/sites/OECD/Pages/COVID-19.aspx> under Resources for Providers (please submit a copy of this emergency license with this application).
- Child Care programs **must** be registered on the Early Learning Helpline through the online [Emergency Operations Form](#).

#### 3. WHAT IS THE APPLICATION PROCESS?

- Eligible child care programs (see #2) complete and submit the Stipend Application along with a W-9 for Emergency Child Care to [ecgrants@inccrra.org](mailto:ecgrants@inccrra.org).

#### 4. CAN AN AGENCY SUBMIT ONE APPLICATION FOR ALL SITES IF THEY HAVE MORE THAN ONE SITE?

- No. Each site (physical location) is considered a different program. One emergency license = one site = one program = one application.

#### 5. WHAT IS THE DEADLINE FOR SUBMITTING AN APPLICATION?

- This is a one-time stipend. There is a rolling deadline and applications should be submitted as soon as possible. The Emergency Child Care Stipend Program is contingent on available funding.

#### 6. WHAT ARE THE EXPECTATIONS FOR CHILD CARE PROGRAMS?

- Provide care for children of [Essential Workers](#) only. Again, we want to stress that these services should be provided only when Essential Workers have no other options available. The goal is to practice social distancing and stay at home whenever possible.
- The group of children must be the same children with the same staff each day, with no combining of groups.
- The following classifications of care will operate under the Governor's Executive Order and Emergency Rule 407 Subpart J: Emergency Day Care Program (EDC). Stipends are only available to programs that comply to the child capacity limits below.
  - Emergency Child Care Center - Limit of 10 children per classroom/50 children per site
  - Formerly licensed Family Child Care\* - Limit of 6 children (including their own)
- All centers operating under an emergency license must comply with rules for emergency child care centers: <https://www2.illinois.gov/sites/OECD/Documents/Quick%20Reference%20of%20Rules%20for%20Emergency%20Child%20Care%20Centers.pdf>

\*For the purposes of this document/program "formerly licensed family child care homes" refers to those programs that were licensed and actively providing care prior to the COVID Executive Order No 8.

## 7. WHAT IS THE DEFINITION OF “ESSENTIAL WORKER?”

- The definition of [Essential Workers](https://www2.illinois.gov/sites/OECD/Documents/Definition%20of%20Essential%20Workers%20from%20Executive%20Order.pdf) can be found in the Governors' Executive Order No. 8. <https://www2.illinois.gov/sites/OECD/Documents/Definition%20of%20Essential%20Workers%20from%20Executive%20Order.pdf>

## 8. DO FAMILIES SERVED IN EMERGENCY CHILD CARE NEED TO BE RECEIVING PAYMENT THROUGH THE IDHS CHILD CARE ASSISTANCE PROGRAM?

- No
- New families who are income eligible for CCAP may apply for assistance through their local CCR&R.
- Families who were already on CCAP but using a different provider for emergency child care will need to add a provider to their CCAP by contacting their local CCR&R in order for the emergency child care provider to be paid for additional children in care.

## 9. WHAT ARE THE FUNDING AMOUNTS?

- |  |            |
|--|------------|
| • Formerly Licensed Family/Group child care homes* OR  | \$ 750.00  |
| • Formerly Licensed Family/Group child care homes* providing 2 <sup>nd</sup> and/or 3 <sup>rd</sup> shift child care | \$1,000.00 |
| • Child care centers with up to two (2) classrooms   | \$2,000.00 |
| • Child care centers with 3-5 classrooms   | \$3,000.00 |

## 10. HOW IS PAYMENT MADE?

- Payment will come from the Illinois Network of Child Care Resource & Referral Agencies (INCCRRA). Payment is based on receipt of the required documentation.

## 11. DO STIPENDS NEED TO BE REPORTED AS INCOME?

- Funds may need to be reported as income. A completed W-9 will be required. Please consult an accountant or tax preparer for further information.

## 12. WHERE ARE APPLICATIONS SUBMITTED?

- Applications are to be submitted electronically to [eccgrants@inccrra.org](mailto:eccgrants@inccrra.org)

## 13. FOR MORE INFORMATION OR TO ASK FURTHER QUESTIONS, PLEASE CONTACT:

- Your local Child Care Resource and Referral Agency (CCR&R) <https://www.inccrra.org/about/sdasearch>

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# Emergency Child Care Stipend Program

FY

## Attendance Form: Child Care Center

The Care Program is to complete all required fields and submit with the Stipend Application.  
 Information is based on the children in care at the time of application.

Center Name: \_\_\_\_\_

Date of application: \_\_\_\_\_

Location of facility: \_\_\_\_\_

Effective week of: \_\_\_\_\_ Days open: \_\_\_\_\_

Classroom #: \_\_\_\_\_

Child's Name	Child's Age	Child's Gender	Ethnic Orientation*	Hours of Care	# of Days Attended	Parent's Occupation	Current CCAP Recipient? If Yes, 15 Child Care Management Client ID
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No

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

I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
 Director/Administrator's Written Name

\_\_\_\_\_  
 Director/Administrator's Signature

\_\_\_\_\_  
 Date

\*For purposes of this document/program "formerly licensed family child care homes" refers to those programs that were licensed and actively providing care prior to the COVID Executive Order N

# Emergency Child Care Stipend Program

FY2

## Attendance Form: Formerly Licensed Family Child Care\*

The Care Program is to complete all required fields and submit with the Stipend Application.

Information is based on the children in care at the time of application.

Program Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Location of facility: \_\_\_\_\_

Week of: \_\_\_\_\_ Days open: \_\_\_\_\_

Shift:  Shift day am  Shift night pm  Shift overnight

Child's Name	Child's Age	Child's Gender	Ethnic Orientation*	Hours of Care	# of Days Attended	Parent's Occupation	Current CCAP Recipient? If Yes, 15 Child Care Management Client ID
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes <input type="checkbox"/> No

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

I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Program Director's Written Name

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date

\*For purposes of this document/program "formerly licensed family child care homes" refers to those programs that were licensed and actively providing care prior to the COVID Executive Order No. 2020-001



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><b>Note:</b> 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 <b>not</b> 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.</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## 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.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

## 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.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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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](http://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.*