



A program of SAL Family and Community Services

3425 N Dries Ln

Peoria IL 61604

Phone: 1-800-421-4371

Website: www.salccc.org

FAX: 309-686-3850

Email: ccaphelp@salccc.org

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.

Request for Taxpayer Identification Number and Certification

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

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

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
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.

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: <ul style="list-style-type: none">• 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. You may check the DHS Provider Information Line to see if any payments are pending.	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. If the payment has been issued, you may call the ACS Service Center to verify the deposit in 2 working days.	800-804-3833 - DHS Provider Information Line 866-338-2944 - ACS Customer Service Center
12	I am a PA and signed up for Direct Deposit (not the Debit Card) and continue to receive paper checks	DHS - Home Services Payroll Processing Unit	217-557-6479

CALLS TO SEND TO CCR&R or DRS LOCAL OFFICE

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

DHS Website

13 Where can I get a form to sign up for a Debit Card?

--Child care providers

Contact the office that handles your child care case (CCR&R).

800-843-6154 to inquire which office manages your area

--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 (CCR&R).

800-843-6154 to inquire which office manages your area

--Personal Assistants

Contact the DRS Office handling your client.

15 My name with my CCR&R is spelled correctly, but the name on the card is incorrect. How do I correct the information?

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 CCR&R.

800-843-6154 to inquire which office manages your area

--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

217-785-7790

CALLS TO SEND TO THE 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.

Illinois Office of the Comptroller

217-557-0930



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." Carmallitia 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	0 Full time
		22 Part time	22 Part time
Client Name:	SANDRA WALKER	<u>Days Open</u>	<u>Days Attended</u>
Child Name:	MALIK WALKER	10 Full time	10 Full time
		12 Part 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**



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 Peoria Winnebago	Champaign Rock Island Woodford	Kankakee Sangamon	Madison St. Clair	McLean Tazwell	Monroe Whiteside Ogle Will
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 Peoria Winnebago	Champaign Rock Island Woodford	Kankakee Sangamon	Madison St. Clair	McLean Tazwell	Monroe Whiteside Ogle Will
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



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 Peoria Winnebago	Champaign Rock Island Woodford	Kankakee Sangamon	Madison St. Clair	McLean Tazwell	Monroe Whiteside Ogle Will
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.