



3425 N Dries Lane Peoria IL 61604  
Phone: 1- 800-421-4371 FAX: 309-686-3850  
[www.salccc.org](http://www.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.

#### Information for the Provider:

✓ **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.

#### Payment Info & Child Care Payment Rates

To sign up for direct deposit, please call (217) 557-0930. To view information on issued payments, please visit the Office of the Comptroller website at: [www.ioc.state.il.us](http://www.ioc.state.il.us), click on **Vendors** and follow the instructions listed on the page. You may also call the Provider Info Line at 800-804-3833 to check on the status of a payment.

✓ **New Health, Safety and Child Development Training requirement (required)**

The federal government is now requiring that child care providers 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.

Effective October 1, 2017, any provider that has not already completed the minimum required training must do so **before approval** as a qualified CCAP Provider. See attached handout for more information.

✓ **W-9 Request for Taxpayer Identification Number and Certification (required)**

Complete and sign the form. Be sure to return this form along with a copy of your IRS EIN assignment letter. This information can be faxed.

✓ **IRS EIN assignment letter** – This form is provided to you by the IRS.

✓ **State of Illinois Authorization for Background Check (required)**

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. This applies to all current and conditional employees as well as any individual used as replacement or supplemental staff in the direct care and supervision of children.

✓ **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. **This form must be submitted to DCFS.**



## 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

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

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

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

Provider Social Security Number (SSN) or  
Federal Employer Identification Number (FEIN): \_\_\_\_\_

County in which care is provided: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

DCFS Day Care License Number: \_\_\_\_\_ (Not Foster Care License Number)

License Expiration Date: \_\_\_\_\_ Hours of Operation: From \_\_\_\_\_ To \_\_\_\_\_

License Capacity: Day: \_\_\_\_\_ Night: \_\_\_\_\_ Extended: \_\_\_\_\_

### Daily Rates

Effective Date of Rates Below: \_\_\_\_\_

☐ 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.

|   | <u>Under Age 2</u> | <u>Age 2</u> | <u>Age 3 and Older</u> |
|---|--------------------|--------------|------------------------|
| 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 \_\_\_\_\_



## Child Care Rate Certification Form

### IDHS Child Care Assistance Program - CCR&R List

#### Counties Served & CCR&R

|  |
|--|
| <b>Cook</b><br>Action for Children<br>Child Care Assistance Program<br>1340 S. Damen Ave.<br>Chicago, IL. 60608<br>(312) 823-1100  |
| <b>Boone, Jo Daviess, Stephenson &amp; Winnebago</b><br>YWCA Child Care Solutions<br>Child Care Assistance Program<br>4990 E. State St.<br>Rockford, IL. 61108<br>(815) 484-9448 or (800) 872-9780   |
| <b>Carroll, DeKalb, Lee, McHenry, Ogle &amp; Whiteside</b><br>Community Coordinated Child Care (4-C)<br>155 N. Third St., Suite 300<br>DeKalb, IL. 60115<br>(800) 848-8727 Ex. 225   |
| <b>Lake</b><br>YWCA of Lake County<br>Child Care Resource & Referral Service<br>2133 Belvidere Rd.<br>Waukegan, IL. 60085<br>(847) 662-6129  |
| <b>DuPage &amp; Kane</b><br>YWCA Child Care Resource & Referral<br>Child Care Assistance Program<br>55 E. North Ave.<br>Glendale Heights, IL. 60139<br>(630) 790-8009  |
| <b>Grundy, Kankakee, Kendall &amp; Will</b><br>Child Care Resource & Referral<br>801 N. Larkin, Suite 202<br>Joliet, IL. 60435<br>(800) 641-4622   |
| <b>Bureau, Fulton, LaSalle, Marshall, Peoria, Putnam, Stark, Tazewell &amp; Woodford</b><br>SAL Child Care Connection<br>3425 N. Dries Lane<br>Peoria, IL. 61604<br>(800) 421-4371   |
| <b>Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pulaski, Pope, Saline, Union, White &amp; Williamson</b><br>Child Care Resource & Referral<br>John A. Logan College<br>Carterville, IL. 62918<br>(800) 548-5563 |

#### Counties Served & CCR&R

|  |
|--|
| <b>Coles, Clark, Cumberland, Edgar, Moultrie &amp; Shelby</b><br>Child Care Resource & Referral<br>Eastern Illinois University<br>600 Lincoln<br>Charleston, IL. 61920<br>(800) 643-1026                               |
| <b>Adams, Brown, Calhoun, Cass, Greene, Hancock, Jersey, Pike &amp; Schuyler</b><br>West Central Child Care Connection<br>510 Maine, Room 610<br>P.O. Box 610<br>Quincy, IL. 62306<br>(217) 222-2550                   |
| <b>Christian, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon &amp; Scott</b><br>Community Child Care Connection, Inc.<br>919 S. Spring St.<br>Springfield, IL. 62704<br>(217) 525-2805                   |
| <b>Henderson, Henry, McDonough, Mercer, Knox, Rock Island &amp; Warren</b><br>Community Child Care Resource & Referral<br>500 East 59th St.<br>Davenport, IA. 52807<br>(800) 923-7844                                  |
| <b>Bond, Clinton, Madison, Monroe, Randolph, St. Clair &amp; Washington</b><br>CHASI-Child Care Resource & Referral<br>2133 Johnson Rd. Suite 100A<br>Granite City, IL. 62040<br>(800) 847-6770                        |
| <b>Clay, Crawford, Edwards, Effingham, Fayette, Jasper, Jefferson, Lawrence, Marion, Richland, Wabash &amp; Wayne</b><br>Project CHILD<br>Rend Lake College<br>P.O. Box 827<br>Mt. Vernon, IL. 62864<br>(800) 362-7257 |
| <b>DeWitt, Ford, Livingston &amp; McLean</b><br>Child Care Resource & Referral Network<br>207 W. Jefferson, Suite 301<br>Bloomington, IL. 61701<br>(800) 437-8256  |
| <b>Champaign, Douglas, Iroquois, Macon, Piatt &amp; Vermillion</b><br>Child Care Resource Service<br>Child Care Assistance Program<br>314 Bevier Hall, 905 S. Goodwin<br>Urbana, IL. 61801<br>(800) 325-5516           |

**Child Care Homes - Licensed 762, 763****Peoria, Tazewell, Woodford**

| Age of Child    | Part-Day | Full-Day |
|-----------------|----------|----------|
| Under 2         | \$15.79  | \$31.57  |
| Age 2           | \$14.67  | \$29.34  |
| Age 3 and older | \$13.47  | \$26.93  |

**Bureau, Marshall, Stark, LaSalle, Putnam, Fulton**

| Age of Child    | Part-Day | Full-Day |
|-----------------|----------|----------|
| Under Age 2     | \$14.70  | \$29.39  |
| Age 2           | \$13.63  | \$27.25  |
| Age 3 and older | \$12.48  | \$24.96  |

**Child Care Homes - License Exempt All Counties 764, 765, 766, 767**

| Age of Child | Part-Day | Full-Day |
|--------------|----------|----------|
| All Ages     | \$8.11   | \$16.22  |

**Child Care Centers - Licensed 760****Peoria, Tazewell, and Woodford**

| Age of Child    | Part-Day | Full-Day |
|-----------------|----------|----------|
| Under 2         | \$23.25  | \$46.49  |
| Age 2           | \$18.37  | \$36.73  |
| Age 3 and older | \$13.78  | \$27.55  |

**Bureau, Marshall, Stark, LaSalle, Putnam, Fulton**

| Age of Child    | Part-Day | Full-Day |
|-----------------|----------|----------|
| Under Age 2     | \$16.77  | \$33.53  |
| Age 2           | \$14.23  | \$28.46  |
| Age 3 and older | \$11.89  | \$23.77  |

**Child Care Centers - License Exempt 761****Peoria, Tazewell, and Woodford**

| Age of Child    | Part-Day | Full-Day |
|-----------------|----------|----------|
| Under 2         | \$20.25  | \$40.50  |
| Age 2           | \$16.00  | \$32.00  |
| Age 3 and older | \$12.00  | \$24.00  |

**Bureau, Marshall, Stark, LaSalle, Putnam, Fulton**

| Age of Child    | Part-Day            | Full-Day |
|-----------------|---------------------|----------|
| Under Age 2     | \$14.60             | \$29.20  |
| Age 2           | \$12.40             | \$24.80  |
| Age 3 and older | \$ 10.35/(10.74 SA) | \$20.70  |

The rates listed are the maximum rates that the Department will pay per day.

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 per 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 per day, use the full-day rate for the first 12 hours and the full-day rate for the remainder.

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.



Bruce Rauner, Governor

Illinois Department of Human Services

James T. Dimas, Secretary

## IMPORTANT ANNOUNCEMENT

September 2017

### **Revised deadlines for completing the Health and Safety required trainings**

To all licensed and license-exempt providers participating in the Child Care Assistance Program (CCAP):

The deadline for completion of the required Health and Safety trainings has been extended. An orientation period for new providers has also been established.

**Current CCAP Providers:** Providers approved for CCAP payments before 10/1/17 will now have an extended period to complete the required Health and Safety trainings in order to remain eligible for CCAP payments. The due date for this training is still to be determined; however, your prompt completion of all required training is appreciated.

**New Providers:** Individuals hired for a licensed or license-exempt center must complete all required trainings within 90 days of hire in order for the center to maintain CCAP eligibility.

\*\*\*If you are a Licensed Home Based Provider, the 90-day orientation period begins on the date you are approved for CCAP payments.

- All Health and Safety trainings must be completed within the 90-day orientation period in order to continue receiving payments from CCAP. This includes any assistants that may be hired per IDCFS parameters.
- To be able to work with children unsupervised, providers and assistants **must complete** the CPR/First Aid and the Child Abuse and Neglect/Mandated Reporter trainings. Providers who have not completed these trainings cannot be approved for CCAP unless they are supervised.
  - Only providers who completed all of the required Health and Safety trainings can supervise new providers and assistants while they complete their trainings, and still receive CCAP payments.

\*\*\*If you are a License-Exempt Home Provider you must complete the CPR/First Aid training and Child Abuse and Neglect/Mandated Reporter before you can receive CCAP approval. You will then

have 90 days from CCAP approval date to complete the remainder of the required trainings or be canceled from all active cases until the trainings have been completed.

**All providers** must complete the additional Child Development training. The due date for this training is still to be determined; however, your prompt completion of all required training is appreciated.

Completion of the mandatory training will **only** be tracked from the Gateways to Opportunity Registry and you **will not** be required to submit any trainings documents to IDHS. IDHS will check the Registry to ensure compliance. Keep copies of your current training documents in your file for 5 years. You must be able to produce a copy when requested by IDHS as proof of training completion.

Please note that for the purposes of the CCAP, a **school age child** is a child ages 5-13 (or through the age of 18 if approved for CCAP due to a special need or court order) who is enrolled in school. A five year old child is considered school age **only when** enrolled in a school based kindergarten. This enrollment does not include a before/after school program. Keep this definition in mind when reviewing the trainings that you are required to complete.

Please visit the IDHS web site for additional information on the training requirements at <http://www.dhs.state.il.us/page.aspx?item=87061>

If you need specific information about the required Health and Safety and the Child Development trainings, or how to register in the Gateways to Opportunity Registry to self-report your training, please contact your local CCR&R.

If you have any questions regarding this notice, please send them to [dhs.ccap-reauth@illinois.gov](mailto:dhs.ccap-reauth@illinois.gov)



Bruce Rauner, Governor

Illinois Department of Human Services

James T. Dimas, Secretary

## IMPORTANT ANNOUNCEMENT

### CCAP Center Providers Must Complete Training

The Illinois Department of Human Services (IDHS) partners with child care providers to serve low income families through the Child Care Assistance Program (CCAP). To help ensure the health and safety of children, the Federal government is now requiring that providers complete specific health, safety and child development training, have current CPR/First Aid certification, and complete annual training hours.

#### **Who is required to complete training?**

In Illinois, all current licensed and license-exempt centers participating in CCAP will have minimum training requirements. In order for a current provider to continue receiving CCAP payments, trainings listed on the back page must be completed by the specified dates.

#### **Who benefits from this training?**

Trainings will give providers important and up-to-date information about the best health, safety and child development practices to be used in a child care setting. All children in a child care setting can benefit from a safer and healthier environment, and parents can feel more confident about their child's care.

#### **Where can providers get the training?**

The chart on the back of this sheet details where centers can access their trainings, who must complete the trainings and when the trainings must be completed. Much of the required training is available online. CPR/First Aid training and re-certification must be completed face-to-face and be provided by an approved training organization. Providers can contact their local Child Care Resource and Referral (CCR&R) Agency for more information.

#### **How is training completion tracked?**

All centers participating in the Child Care Assistance Program must register with the Gateways to Opportunity Registry. This allows required training to be tracked. Go to <https://registry.ilgateways.com/> to become a member.

#### **What if caregivers have already completed some or all of the training?**

Training on specific health, safety and child development topics has already been available in Illinois. You have achieved the ECE Credential Level 1 if you completed all of the trainings on the back side of the page and completion is documented in the Gateways Registry. If you have taken some of the modules on the back side of this notice in the last five years, you will be given credit for those modules and you do not have to take them again as long as all are documented in the Gateways Registry. It's important that all training is completed by the specified dates on the back side of this page.

Several Gateways Credentials align with the required training. If you hold one of the following Credentials, and it is current, you have met the requirements of the ECE Credential Level 1 training: ECE Credential Level 3-6; Infant Toddler Credential Level 3-5; IDC Levels I-III; and FCC Credential Levels 2-5. This list and additional resources can be found at [www.ilgateways.com](http://www.ilgateways.com). Remember, training completion and credential attainment must be recorded in the Gateways Registry in order to get credit.



## IDHS Child Care Assistance Program Training Requirements

**Note:** Licensed child care providers **MUST** be members of the Gateways Registry to track training completion. Providers should register at: <https://registry.ilgateways.com/>.

| <b>Licensed and License-Exempt Child Care Centers</b>   |   |
|---|---|
| <b>Who must complete training?</b> <ul style="list-style-type: none"> <li>Director(s): Individuals who has primary responsibility for the daily operations management of the center</li> <li>Teacher(s): Includes lead teachers, teachers, teacher assistants or teacher aides who are employed by a child care provider for compensation on a regular basis</li> <li>To continue receiving CCAP payments, all center directors and teachers must complete the following modules by <b>September 30, 2017</b>.</li> </ul> |   |
| <b>Must complete</b>  | <b>Where to find the Training</b>   |
| Directors and teachers at child care centers serving children of all ages:<br>1) The following modules of the Illinois ECE Credential Level 1 Tier 1 –<br>a) 1, Child Growth and Development<br>b) 2A, Health Issues in Group Care<br>c) 2B, Nutrition Issues in Group Care<br>d) 2C, Safety Issues in Group Care   | Online training is available through Gateways Registry at <a href="https://registry.ilgateways.com">https://registry.ilgateways.com</a> or contact local CCR&R for face-to-face training. |
| 2) CPR/First Aid Certification  | Contact your local CCR&R for training or a list of organizations that offer approved training.  |
| 3) Child Abuse and Neglect/Mandated Reporter Training (For Licensed Centers, this is monitored by IDCFS.)   | Visit: <a href="https://mr.dcfstraining.org/">https://mr.dcfstraining.org/</a>  |
| 4) What is CCAP? – Directors Only   | Online training is available through Gateways Registry or contact local CCR&R for face-to-face training.  |

| <ul style="list-style-type: none"> <li>To continue receiving CCAP payments, all center directors and teachers must complete the following modules by <b>September 30, 2018</b>.</li> </ul>  |   |
|---|---|
| <b>Must complete</b>  | <b>Where to find the Training</b>   |
| 5) The following modules of the Illinois ECE Credential Level 1: Tiers 2 and 3-<br><b>Tier 2</b><br>e) 3, Observation and Guidance<br>f) 4, Learning Happens in Relationships<br>g) 5, Family and Community Relationships<br>h) 6, Personal and Professional Development<br><b>Tier 3</b><br>i) 7A, Child Growth & Development (Birth-8 months)<br>j) 7B, Child Growth & Development (8-18 months)<br>k) 7C, Child Growth and Development (18-36 months)<br>l) 8A, Preschool Child, Social & Emotional Development<br>m) 8B, Preschool Child, Physical Development<br>n) 8C, Preschool Child, Language Development<br>o) 8D, Preschool Child, Cognitive Development<br>p) 9, School Age Development | Online training is available in English only, through Gateways Registry at <a href="https://registry.ilgateways.com">https://registry.ilgateways.com</a> or contact local CCR&R for face-to-face training in English & Spanish. |

**Questions and Comments should be directed to** [dhs.ccap-reauth@illinois.gov](mailto:dhs.ccap-reauth@illinois.gov).



# Have You Completed Your Trainings?

You must report CPR/First Aid and Mandated Reporter to the Registry!  
Completion isn't recorded unless you report it.

## Reporting CPR and First Aid to the Registry

Current CPR and First Aid Certification should be reported to the Registry. You can report these certifications in the UPDATE section of your Registry.

To report these certifications, log into the Registry Dashboard, 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. Then, select "First Aid" from the drop-down, click "Add", and enter the required information. Click the "Save" button at the bottom of the screen.

## Self-Report DCFS Mandated Reporter to the Registry

This training is available online only through DCFS. Once you complete it, you must self-report it in the Registry.

To self-report trainings log into the Registry Dashboard, 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.

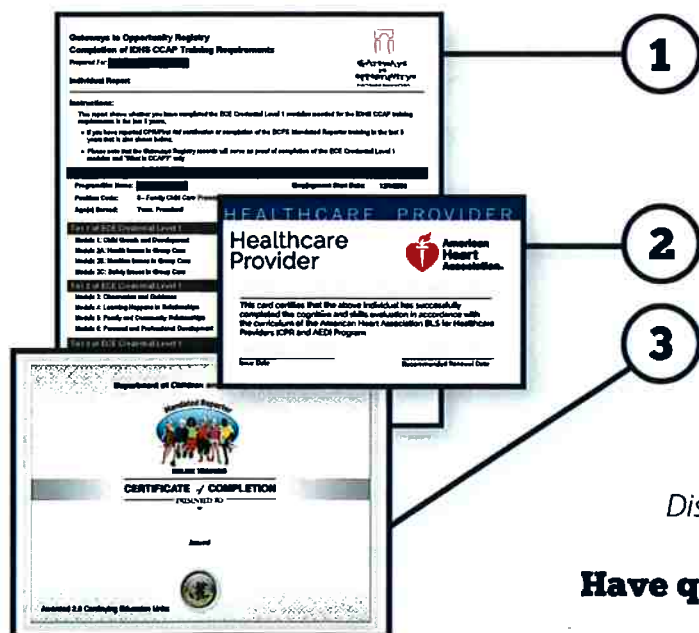
For more detail about how to enter CPR/First Aid and Mandated Reporter visit our help desk at <https://inccrra.zendesk.com>.

Once your trainings have been reported to the Registry, print the Gateways Provider Completion of IDHS CCAP Training Requirements Report.

**Once you complete your trainings and report to the Registry, send the 3 documents listed below to IDHS via:**

**EMAIL:** [dhs.ccap-trainingdocs@illinois.gov](mailto:dhs.ccap-trainingdocs@illinois.gov) **OR**


**MAIL:** IDHS Child Care – Training • 100 South Grand East, 2nd Floor • Springfield, IL 62762



- 1 Gateways Provider Completion of IDHS CCAP Training Requirements Report (printed from your Registry Member Dashboard)
- 2 CPR/First Aid Training Certification
- 3 DCFS Mandated Reporter Training Certification

*Disregard if you do not work in a program serving CCAP children.*

**Have questions, concerns or comments?**  
Email us at [dhs.ccap-reauth@illinois.gov](mailto:dhs.ccap-reauth@illinois.gov)



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**1** Gateways Provider Completion of IDHS CCAP Training Requirements Report (printed from your Registry Member Dashboard)

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**3** DCFS Mandated Reporter Training Certification

*Disregard if you do not work in a program serving CCAP children.*

**Have questions, concerns or comments?**  
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# How to Print your Completion of IDHS CCAP Training Requirements Report

**1** Go to **www.ilgateways.com**. Click the **Registry Member Login** button. Log into the Gateways Registry Dashboard with your **username** and **password**.

REGISTRY MEMBER LOGIN

## Login Credentials

User Name

Password

Remember me

☐

Login

■ [Forgot your password?](#)

■ [Forgot your username?](#)

**2** Click the **My Registry** Portal. Then click the **Plan** section.

## MY REGISTRY

Keep your Registry Membership and related records up to date, as well as apply for Gateways programs!



## PLAN

Access your Professional Development Record and other reports.



**3** Click the **Reports** tab. Then click **Get Report** to download your Completion of IDHS CCAP Training Requirements Report.

## Completion of IDHS CCAP Training Requirements

This report shows whether you have completed the training and certification required for the IDHS Child Care (CCAP). For more information about the requirements, click [here](#).

Get Report

Gateways to Opportunity Registry  
Completion of IDHS CCAP Training Requirements

Presented For: [Redacted]

Individual Report

Instructions:  
This report shows whether you have completed the ECE Credential Level 1 modules needed for the IDHS CCAP training requirements in the last 3 years.  
■ If you have reported CPD/CEs and completion or completion of the IDHS Mandatory Reporter training in the last 3 years that is also shown below.  
■ Please note that the Gateways Registry records will serve as proof of completion of the ECE Credential Level 1 module and "What is CCAP?" only.

Report for Day 1

Professional Name: [Redacted] Employment Start Date: 12/1/2008

Position Code: 8 - Family Child Care Provider Payroll Start Date: [Redacted]

Agency Name: [Redacted]

Report for ECE Credential Level 1

| Module  | Completion Date |
|---|-----------------|
| Module 1: Child Growth & Development            | 12/1/2008       |
| Module 2A: Health Issues in Group Care          | 12/1/2008       |
| Module 2B: Nutrition Issues in Group Care       | 12/1/2008       |
| Module 2C: Safety Issues in Group Care          | 12/1/2008       |
| Module 3: Observation and Guidance              | 12/1/2008       |
| Module 4: Learning Experiences in Relationships | 12/1/2008       |
| Module 5: Family and Community Relationships    | 12/1/2008       |
| Module 6: Personal and Professional Development | 12/1/2008       |

Report for ECE Credential Level 2

| Module   | Completion Date |
|--|-----------------|
| Module 7A: Child Growth & Development (0-18 months)        | 12/1/2008       |
| Module 7B: Child Growth & Development (18-36 months)       | 12/1/2008       |
| Module 7C: Child Growth & Development (36-60 months)       | 12/1/2008       |
| Module 8A: Preschool Child: Social & Emotional Development | 12/1/2008       |
| Module 8B: Preschool Child: Physical Development           | 12/1/2008       |
| Module 8C: Preschool Child: Language Development           | 12/1/2008       |
| Module 8D: Preschool Child: Cognitive Development          | 12/1/2008       |
| Module 9: School Age Development                           | 12/1/2008       |

Page 1 of 2



GATEWAYS TO OPPORTUNITY®  
Illinois Professional Development System



1226 Towanda Plaza | Bloomington, Illinois 61701 | (866) 697-8278 | [www.ilgateways.com](http://www.ilgateways.com)

Gateways to Opportunity is administered through Inccorra and funded by the Illinois Department of Human Services Bureau of Child Care and Development, the McCormick Foundation, and Grand Victoria Foundation. Gateways to Opportunity, the arch logo and Illinois Professional Development System are registered trademarks of Inccorra.

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## Request for Taxpayer Identification Number and Certification

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

|   |  |  |
|---|--|--|
| Print or type<br>See Specific Instructions on page 2. | 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; check only <b>one</b> of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ |  |
|   | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><i>(Applies to accounts maintained outside the U.S.)</i>  |  |
|   | 5 Address (number, street, and apt. or suite no.)  | Requester's name and address (optional)<br><b>SAL CHILD CARE CONNECTION</b><br><b>3425 N DRIES LN</b><br><b>PEORIA, IL 61604</b> |
|   | 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

|           |                            |        |
|-----------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|-----------|----------------------------|--------|

### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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? on page 2.*

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?* on page 2 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 Publication 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 28% 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 Part II instructions on page 3 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* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## 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* on page 3 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, list first, and then circle, the name of the person or entity whose number you entered in Part I of 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 in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in 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 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> 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.

**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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), 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 the chart on page 4 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](http://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](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

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 items 1, 4, or 5 below indicate 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), 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)  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)  | The minor <sup>2</sup>  |
| 4. a. The usual revocable savings trust (grantor is also trustee)   | The grantor-trustee <sup>1</sup>  |
| b. So-called trust account that is not a legal or valid trust under state law   | The actual owner <sup>1</sup>   |
| 5. Sole proprietorship or disregarded entity owned by an individual   | The owner <sup>1</sup>  |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))  | The grantor <sup>1</sup>  |
| For this type of account:   | Give name and EIN of:   |
| 7. Disregarded entity not owned by an individual  | The owner   |
| 8. A valid trust, estate, or pension trust  | Legal entity <sup>1</sup>   |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553   | The corporation   |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization   | The organization  |
| 11. Partnership or multi-member LLC   | The partnership   |
| 12. A broker or registered nominee  | The broker or nominee   |
| 13. 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   |
| 14. 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   |

<sup>3</sup> 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.

<sup>4</sup> 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* on page 2.

<sup>5</sup> Note. 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 Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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](mailto: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](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) 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.

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.





Bruce Rauner, Governor

Illinois Department of Human Services

James T. Dimas, Secretary

**IMPORTANT NOTICE TO  
LICENSE EXEMPT CHILD CARE CENTERS  
REGARDING CHANGES TO THE CHILD CARE ASSISTANCE PROGRAM**

License Exempt Care Centers,

Thank you for the hard work and dedication that you provide for the families of Illinois. At the Illinois Department of Human Services our goal is to ensure that children are safe and in stimulating environments that support their learning and healthy development. We appreciate your support in achieving that goal and we thank you for your continued patience as we implement changes that may affect you.

These changes are in accordance with Public Act 099-0699 that amended the Child Care Act and signed into law effective July 29, 2016.

A child care center not licensed by the Illinois Department of Children and Family Services (DCFS) must identify the exemption under which it operates. In addition, all license exempt centers are required to comply with the regulations for the particular category of exemption the entity claims.

You will now be required to get written verification of the exemption from your local Illinois Department of Children and Family Services (DCFS) Day Care Licensing Office. In other cases, your program or facility may now require licensure by DCFS in order to be approved for payment from the Child Care Assistance Program (CCAP).

**Existing License Exempt Center Providers Currently Approved**

A facility, entity, or agency that has been previously approved as License Exempt Child Care Center will need to have its exemption confirmed in writing by DCFS. You will need to complete Form CFS 672-6 and submit an Exemption Packet to DCFS for confirmation of your exemption in writing.

**Any Agency, Entity, or Child Care Center Requesting Exemption from Licensure**

All agencies, entities or Child Care Center not currently approved for exemption must complete Form CFS 672-6 and submit an Exemption Packet to DCFS for confirmation of your exemption in writing prior to approval by CCAP.

**Current Licensed Child Care Centers Surrendering or Not Renewing an Expiring License**

A child care center with a current DCFS license that intends to surrender or not renew an expiring license should notify DCFS in writing, and submit an Exemption Packet to DCFS for confirmation of your exemption for continued approval by CCAP. Such programs must also consider the DHS payment rate differential for license exempt centers applicable to the county where service occurs. Please refer to the DHS CCAP Policy Manual Section 06.05.01 - Payment Rates.

For online access to the fillable Form CFS672-6, please go to the CCAP Policy Manual on the DHS Website and search for: **Policy 05.02.03 – License Exempt Center Certification.**

If you have questions regarding this notice, please contact your CCR&R. Please refer to the listing below for the CCR&R Agency serving your area.

| <b>Child Care Resource and Referral Agencies</b>   |  |
|--|--|
| <b>Boone, JoDavies, Stephenson, Winnebago</b><br>YWCA Child Care Solutions<br>Child Care Resource & Referral<br>4990 East State Street, Rockford, IL 61108<br>888-225-7072 (voice) or 815-484-9442 (voice)<br>815-484-9442 (TTY)       | <b>DeWitt, Ford, Livingston, McLean</b><br>Child Care Resource & Referral Network<br>207 W. Jefferson, Suite 301, Bloomington, IL 61701<br>800-437-8256 (voice) or 309-828-1892 (voice)  |
| <b>Carroll, DeKalb, Lee, McHenry, Ogle, Whiteside</b><br>Community Coordinated Child Care (4-C)<br>Child Care Resource & Referral<br>155 N. Third, Suite 300, DeKalb, IL 60115<br>800-848-8727 (voice) or 815-758-8149 (voice)         | <b>Champaign, Douglas, Iroquois, Macon, Piatt, Vermillion</b><br>Child Care Resource Service<br>University of Illinois, 314 Bevier Hall<br>905 S. Goodwin Avenue, Urbana, IL 61801<br>800-325-5516 (voice) or 217-333-3252 (voice)<br>217-244-9666 (TTY)                               |
| <b>Lake</b><br>YWCA Child Care Resource & Referral<br>YWCA Lake County<br>1425 Tri-State Parkway, Suite 180, Gurnee, IL 60031<br>847-662-4247 (voice)  | <b>Clark, Coles, Cumberland, Edgar, Moultrie, Shelby</b><br>School of Family & Consumer Sciences<br>Child Care Resource & Referral<br>Eastern Illinois University, Klehm Hall<br>600 Lincoln Avenue, Charleston, IL 61920<br>800-643-1026 (voice) or 217-581-7081 (voice)              |
| <b>DuPage, Kane</b><br>YWCA Child Care Resource & Referral<br>2055 Army Trail Road, Suite 140, Addison, IL 60101<br>630-790-6600 (voice)   | <b>Adams, Brown, Calhoun, Cass, Greene, Hancock, Jersey, Pike, Schuyler</b><br>West Central Child Care Connection<br>WCU Building, Room 610<br>510 Maine Street, Quincy, IL 62301<br>800-782-7318 (voice) or 217-222-2550 (voice)  |
| <b>Grundy, Kankakee, Kendall, Will</b><br>Child Care Resource & Referral<br>801 N. Larkin, Suite 202, Joliet, IL 60435<br>800-641-4622 (voice) or 815-741-4622 (voice)   | <b>Christian, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, Scott</b><br>Community Connection Point,<br>901 South Spring Street, Suite B, Springfield, IL 62704<br>800-676-2805 or 217-525-2805 (voice & TTY)  |
| <b>Cook</b><br>Illinois Action for Children Child Care Resource & Referral<br>1340 South Damen Avenue, 3rd Floor, Chicago, IL 60608<br>312-823-1100 (voice)  | <b>Bond, Clinton, Madison, Monroe, Randolph, St. Clair, Washington</b><br>Children's Home and Aid Child Care Resource & Referral Program<br>2133 Johnson Road, Suite 100A<br>Granite City, IL 62040<br>800-647-9200 (voice) or 618-425-9136 (voice)                                    |
| <b>Henderson, Henry, Knox, McDonough, Mercer, Rock Island, Warren</b><br>Child Care Resource & Referral of Midwestern Illinois<br>4508 41st Street, Moline, IL 61265<br>309-205-3070 (voice) or 866-370-4566 (voice)                   | <b>Clay, Crawford, Edwards, Effingham, Fayette, Jasper, Jefferson, Lawrence, Marion, Richland, Wabash, Wayne</b><br>Project CHILD — Child Care Resource & Referral<br>327 Potomac Blvd., Suite C, P.O. Box 827<br>Mt. Vernon, IL 62864<br>800-362-7257 (voice) or 618-244-2210 (voice) |
| <b>Bureau, Fulton, LaSalle, Marshall, Peoria, Putnam, Stark, Tazewell, Woodford</b><br>SAL Family and Community Services Child Care Connection<br>3425 N. Dries Lane, Peoria, IL 61604<br>800-421-4371 (voice) or 309-686-3750 (voice) | <b>Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, White, Williamson</b><br>Child Care Resource & Referral<br>John A. Logan College, 700 Logan College Road<br>Carterville, IL 62918<br>800-548-5563 (voice)           |

**Your Exemption Confirmation Letter from DCFS must be received by January 1, 2018**

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.