



**REQUEST FOR A CHILD CARE PROVIDER CHANGE**

Child Care Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

Client:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List a phone number where we  
can reach you during the day:  
Hm: \_\_\_\_\_  
Wk: \_\_\_\_\_

**ONLY Complete & Return WHEN you CHANGE or ADD Another Provider**

**DO NOT fill this out if you have already sent in a form for your new provider.**

If you change providers or add another provider, you and your new provider must complete and SIGN the attached pages. Be sure to also complete this cover page. Return this cover page with the attached pages to the address listed below. We MUST have this information before we can make payments to your new provider.

You and your provider will be notified within 30 days after we receive the completed information. After your new provider is approved, we will send the new provider a billing form, called a Child Care Certificate.

**If you are CHANGING providers, complete this box.**

- Name of New Provider:  
\_\_\_\_\_
- What was the FIRST DATE this provider began caring for your child(ren)?  
\_\_\_\_\_
- Name of Provider you are replacing:  
\_\_\_\_\_
- What was the LAST DATE this provider cared for your child(ren)?  
\_\_\_\_\_

**If you are ADDING another provider, complete this box.**

- Name of Provider:  
\_\_\_\_\_
- What was the FIRST DATE this provider began caring for your child(ren)?  
\_\_\_\_\_

If your new child care provider is not willing to complete the attached pages, call (630) 790-8137 for a parent counselor at the Child Care Resource and Referral agency. They may be able to help you find a new provider.

The Department reserves the right to require proof of all information in the attached pages.

**YWCA Child Care Resource & Referral  
Attn: Child Care Assistance Program  
739 Roosevelt Road, #8-215  
Glen Ellyn, IL 60137  
(630) 790-8009**

APPLICANT'S NAME:

## SECTION V - PROVIDER INFORMATION

To be completed by the Applicant and the Provider TOGETHER (Please Print In Ink)

Do you have more than one child care provider for this application?  YES  NO  
 If YES, list your other Child Care Provider(s): \_\_\_\_\_  
 If YES, you MUST photocopy pages 5 & 6 and complete a separate child care arrangement section for each provider.  
 Do any of your other children attend Head Start, Pre-K, or Child Care at another provider not on this application?  YES  NO  
 If YES, list your other Child Care Provider(s): \_\_\_\_\_

**Parents or stepparents cannot be paid to provide child care for any children in the home.  
 Providers must be at least 18 years of age and clear a CANTS check every two years.**

Name of Provider \_\_\_\_\_ If you are a Day Care Center, Corporate Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address, if different than above: \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth (Not required for Centers and Licensed Providers) Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Must Complete One: Social Security Number (Individual or Sole Proprietor) \_\_\_\_\_  
 FEIN (Corporation, Partnership or Sole Proprietor) \_\_\_\_\_  
 Gov't Unit Code (Public School or Park District) \_\_\_\_\_

Enter date provider recently began or will begin caring for children: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

### CHILD CARE ARRANGEMENT

List only the children who will be cared for by THIS provider (circle am or pm) If your children go to school, pre-K, or Head Start at another facility during the day, list only the hours that they are in child care with this provider. For school age children, list only the hours they are in child care.

CHILD'S NAME	AGE	TYPICAL SCHEDULE OF HOURS IN CHILD CARE									PROVIDER'S CURRENT DAILY RATE
			MON	TUE	WED	THU	FRI	SAT	SUN		
		FROM	am	am	am	am	am	am	am	am	am
			pm	pm	pm	pm	pm	pm	pm	pm	pm
		TO	am	am	am	am	am	am	am	am	
			pm	pm	pm	pm	pm	pm	pm	pm	
		FROM	am	am	am	am	am	am	am	am	
			pm	pm	pm	pm	pm	pm	pm	pm	
		TO	am	am	am	am	am	am	am	am	
			pm	pm	pm	pm	pm	pm	pm	pm	
		FROM	am	am	am	am	am	am	am	am	
			pm	pm	pm	pm	pm	pm	pm	pm	
		TO	am	am	am	am	am	am	am	am	
			pm	pm	pm	pm	pm	pm	pm	pm	
		FROM	am	am	am	am	am	am	am	am	
			pm	pm	pm	pm	pm	pm	pm	pm	
		TO	am	am	am	am	am	am	am	am	
			pm	pm	pm	pm	pm	pm	pm	pm	

Does this child care schedule vary?  YES  NO  
 If yes, please explain: \_\_\_\_\_

Do you offer a multi-child/family discount?  YES  NO  
 If yes, please explain: \_\_\_\_\_

### CHILD CARE COLLABORATIONS

Are you an IDHS approved Child Care Collaboration?  YES  NO  
 Check all that apply:  Head Start  ISBE Pre-K

How long is your program?  9mo  12mo  other \_\_\_\_\_

APPLICANT'S NAME:

### LEGAL CARE ARRANGEMENT

Check the appropriate type of provider. If licensed, complete Day Care Licensing Information.

#### CENTERS AND LICENSED PROVIDERS

- Licensed Day Care Center (760)\*
- Day Care Center Exempt from Licensing (761)
- Licensed Day Care Home (762)\*
- Licensed Group Day Care Home (763)\*

#### \* DAY CARE LICENSING INFORMATION (DO NOT enter a Foster Care License Number)

License Number \_\_\_\_\_  
 License Capacity: Day \_\_\_\_ Night \_\_\_\_  
 License Expiration \_\_\_\_\_  
 Hours of Operation: From \_\_\_\_\_ To \_\_\_\_\_

#### CARE BY A RELATIVE (LICENSE NOT REQUIRED)

- In the Child Care Provider's Home (765)
- In the Child's Home (767)

My relationship to the child(ren) is:

#### CARE BY A NON-RELATIVE (LICENSE NOT REQUIRED)

- In the Child Care Provider's Home (764)
- In the Child's Home (766)

### SECTION VI - PROVIDER CERTIFICATION

After reading each of the following statements, I certify that:

- Parents will have unrestricted access to their children at all times.
- All state and local fire, health and safety codes have been followed.
- All child care providers/staff will have a physical examination no more than two years old and a TB skin test documented and on file in the facility/home within 90 days of the signature date on this form. The TB skin test is to be no earlier than the date the provider/staff began providing child care services.
- All cleaning agents, poisons and other hazardous materials are stored in an area inaccessible to the child(ren).
- There are no firearms or ammunition in the home OR any firearms or ammunition in the home are stored in a locked cabinet or locked storage at all times.
- First aid supplies are readily available.
- There will be no corporal punishment.
- The children will be provided developmentally appropriate play activities.
- The children will be supervised (indoors and outdoors) at all times.
- I have not been responsible for the abuse or neglect of children in the past five (5) years or been responsible for acts of sexual molestation or sexual exploitation of children for the past twenty (20) years. I authorize the Dept. of Children and Family Services to check the Child Abuse and Neglect Tracking System (CANTS) to confirm this information for the Department of Human Services.
- **Have you ever been convicted of anything other than a minor traffic violation?**  YES  NO

If yes, please explain: \_\_\_\_\_

- All of the statements listed above are true.
- The information provided about myself is true, correct and complete.
- I understand the information provided will be checked using State databases.
- I understand that the information provided will be disclosed only for administrative purposes and that I may be required to verify the information.
- I understand that I cannot be paid until I complete a W-9 form and I am certified by the Office of the Comptroller.
- I understand that I am responsible for collecting a co-payment from each family.
- I understand that the rates charged to the State of Illinois do not exceed those charged to the general public for similar services and do not exceed the maximum allowed by the State.
- I certify that if I am a center provider, licensed home, or group home, I will maintain, for a minimum of 5 years from the date of payment, daily attendance records to fully document the extent of services provided and agree to make all records and supporting documentation relevant to the services billed herein available to any and all authorized Department representatives and Federal authorities. I understand that failure to maintain adequate records 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 disbursement.
- 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 understand that deliberately providing an incorrect/fictitious Social Security number in order to defraud the State of Illinois will cause me to be prosecuted to the fullest extent of the law.

Child Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT'S NAME:

## SECTION VII - APPLICANT CERTIFICATION

After reading each of the following statements, I certify that:

- I understand that I am responsible for paying a share of my child care costs (parent co-payment) to my provider and that failure to do so may result in the loss of my child care provider.
- I understand that my eligibility will be redetermined every 6 months or as needed.
- The child(ren) is/are current on all immunizations and verification is on file with the provider.
- A review of each facility/home has been completed and I agree that it is a safe environment.
- I have given written notification to each provider if I want anyone other than myself to pick up the child(ren).
- An emergency phone number and written consent for medical care and for dispensing prescription medication has been given to each provider.
- The name of the family physician is on file with each provider.
- I am responsible for the selection of the child care providers for my child(ren).
- I will report any change in child care arrangements or employment within **5 days**. Failure to report changes in a timely manner may result in pay back of overpayments and/or loss of child care benefits.
- I understand that I must be working or attending an IDHS approved education, training, or other work related activity in order to be eligible to receive child care benefits.
- I understand the information provided will be checked using State databases, and if inconsistencies are discovered, the processing of my application may be delayed or denied.
  
- All of the statements listed above are true.
- The information provided about my case is true, correct and complete.
- I understand that I am not required to provide my Social Security Number and that if I deliberately provide an incorrect or fictitious Social Security Number I may be prosecuted for fraud.
- The information provided will be disclosed only for administrative purposes and that I may be required to verify the information that I have provided.
- I understand that I have the right to appeal and to have a fair hearing of a grievance.
- I understand that giving false information or failure to provide correct information can result in pay back of overpayments and/or referral for prosecution for fraud.
- My signature is my consent and authorization for information to be released to the Illinois Department of Human Services or its agents that may establish my eligibility or my continued eligibility for the Child Care Program.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Form **W-9**  
(Rev. December 2000)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

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

Please print or type

Name (See Specific Instructions on page 2.)

Business name, if different from above. (See Specific Instructions on page 2.)

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other ▶

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

City, state, and ZIP code

Requester's name and address (optional)

Client Name

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. 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 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number  
| | | + | | |

or

Employer identification number  
| | + | | | | |

List account number(s) here (optional)

Client Case #

**Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)**

**Part III 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. person (including a U.S. resident alien).

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 2.)

Sign Here Signature of U.S. person ▶

Date ▶

**Purpose of Form**

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- 2. Certify you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If 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.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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 not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester, or
- 2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- 3. The IRS tells the requester that you furnished an incorrect TIN, or
- 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 the Part II instructions and the separate Instructions for the Requester of Form W-9.

**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

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

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

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. 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 the "Business name" line.

### 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 an LLC that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page 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 Social Security Administration office. Get 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 get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you do not have a TIN, 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:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

### Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

### Part III—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, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

**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 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 state tuition program payments, IRA or MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## 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>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>3</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

<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.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal 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.)

**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.



**RETURN THE TOP HALF OF THIS FORM WITH YOUR NEW PROVIDER INFORMATION**

**Please complete and return all forms before you begin using your new child care provider.**

**PLEASE CHECK WHEN THE FOLLOWING HAVE BEEN COMPLETED:**

- The parent has notified their current provider and given two weeks notice of the change.
- The parent has paid, in full, any past monies due to their current provider.
- The parent has completed the provider change form with:
  - current provider last day of care
  - new provider first date of care -- or --
  - if adding provider, list first date of care
- The provider has signed page 6 and the parent has signed page 7 of the new provider information.
- The provider has completed and signed the W-9 form. The W-9 form allows the Comptroller for the State of Illinois to verify the provider's social security number. The new provider will not receive any payments unless the original W-9 is returned to the YWCA and certified by the Comptroller's office.
- Licensed-exempt home child care providers, must include a copy of the front and back of their picture id - current driver license, state ID *or* military ID is acceptable.
- Licensed-exempt home child care providers also must include a copy of their social security card.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**KEEP THIS PORTION FOR YOUR REFERENCE**

**DO YOU NEED HELP FINDING A CHILD CARE PROVIDER?**

The YWCA Child Care Resource & Referral (CCR&R) has counselors trained in child development who can talk to you about finding child care that meets your family's needs, recognizing quality in child care settings and parenting issues.

**Call (630) 790-8137 for help finding a new child care provider.**

**THE QUICKEST WAY TO CHILD CARE PAYMENTS**

If your family is approved for the Child Care Assistance Program (CCAP), please read the information below for an explanation of what happens from the time you are approved to the time when your child care provider receives their first check. It is very important that you share this information with your provider.

- Your provider must complete and return all required forms listed above before they can be approved.
- Licensed-exempt providers will also need to complete a form authorizing us to do a background check through the Child Abuse and Neglect Tracking System (CANTS) to ensure they have no history of child abuse or neglect. These forms will be sent directly to your child care provider under a separate mailing.
- Your child care provider will begin receiving monthly billing forms (called a "Child Care Certificate") *after* all required forms have been received and *after* your provider's social security number is verified by the State of Illinois Comptroller's Office, which takes approximately month from the time we receive your provider's W9 form.
- At the end of every month, your provider must complete the billing form and either return it to the YWCA CC&RR CCAP office or enter their billing information themselves over the telephone. If your provider mails their Child Care Certificate, they should receive their payment directly from the Comptroller's office 2-3 weeks from the date we receive their certificate. If they enter their billing information over the phone, they should receive their payment in 5-7 days. To receive their payment even faster, they can sign up for direct deposit by calling (217) 557-0930.
- To verify that payments have been processed, please call (800) 804-3833.

For questions about the Child Care Assistance Program call (630) 790-8009

**ywca child care  
resource and referral**

Impacting the supply and quality of child care in  
DuPage and Kane counties Funded by the Statewide  
Child Care Resource and Referral System of  
The Illinois Department of Human Services

**YWCA CCR&R CCAP  
739 Roosevelt Rd. #8-215  
Glen Ellyn, IL 60137**

[www.ywcachicago.org](http://www.ywcachicago.org)

**eliminating racism  
empowering women**

**ywca  
metropolitan chicago**