

## DuPage County Human Services

### CHILD CARE ASSISTANCE JOB SEARCH APPLICATION

The Child Care Assistance Job Search Program helps low-income families pay for their child care while they look for a job. To qualify for assistance, you must:

- Be unemployed and actively seeking new employment.
- Meet the income guidelines for your family size.
- For 2 parent families, both parents must be unavailable to care for the children due to employment, school, or a documented disability.
- School age children are not eligible for assistance during the school year.

All applicants must document the fact that they are actively seeking employment either through their enrollment in a job assistance program or through their receipt of unemployment benefits. To obtain a list of approved social service agencies that provide job search assistance, contact 630-790-3030 ext 482.

**IF ANYONE IN YOUR HOUSEHOLD IS EMPLOYED, ATTACH COPIES OF THEIR 2 MOST RECENT PAYSTUBS.**  
**IF ANYONE IN YOUR HOUSEHOLD IS ATTENDING SCHOOL, ATTACH A COPY OF THEIR SCHOOL SCHEDULE.**  
**IF YOU ARE ENROLLED IN JOB SEARCH ACTIVITIES THROUGH AN APPROVED SOCIAL SERVICE, ATTACH A COPY OF YOUR WORKNET DUPAGE CARD AND/OR JOB VERIFICATION FORM.**

<b>SECTION 1 – PARENT/GUARDIAN INFORMATION</b>					
Parent/Guardian First Name:	Parent/Guardian Last Name:	Date of Application:			
Social Security Number:	Telephone (       )	Date of Birth:	Age:		
Street Address:	City:	Zip Code:			
<b>Is the other parent or stepparent of any of the children living in your home?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</b> <b>If no, skip to APPLICANT DEMOGRAPHICS.</b>					
Is the other parent or stepparent working? <input type="checkbox"/> YES <input type="checkbox"/> NO Is the other parent or stepparent attending school? <input type="checkbox"/> YES <input type="checkbox"/> NO If the other parent/stepparent is not working or in school, why can't he/she care for the child(ren)?					
Other Parent/Stepparent First Name:		Last Name:			
Socials Security Number:		Date of Birth:		Age:	
<b>APPLICANT DEMOGRAPHICS – Circle one in each category</b>					
Ethnicity/Race	Education	Marital Status	Health Insurance	Housing Status	Misc
Black/Not Hispanic	0 – 8	Married	Medicare/Medicaid	Renter	Disabled    Y
White	9 – 12/Non H.S. Grad.	Single	None	Owner	Food Stamps    N
Hispanic	H.S. Grad/GED	Divorced	Private	Homeless	Sect 8/sub.    N
Native American	12 + Post Secondary	Widowed	Work Related	Shelter	Veteran    Y
Asian	Unknown	Cohabiting	Unknown	Shared Housing	Other _____    N
Other	College Grad.	Unknown	At Risk		

<b>SECTION 2 – WORK INFORMATION</b>								
Is the other parent or stepparent of any of the children working?    ___ YES    ___ NO If no, skip to SCHOOL INFORMATION.								
WORK INFORMATION FOR ANY MEMBER OF THE HOUSEHOLD CURRENTLY EMPLOYED. If more than 1 parent is working, please copy this page and complete the information for the other parent.								
EMPLOYED INDIVIDUALS NAME:								
Employer/Company Name:				Job Title:				
Address:			City:		State:	Zip Code:		
Phone Number:			Ext.:		Date started this job:			
Earnings (before taxes) COMPLETE ONE								
_____ per hour		_____ per week		_____ per month		_____ per year		
Pay Schedule (check one)	___ Weekly		___ Every 2 Weeks		Number of Hours			
	___ Twice a Month		___ Monthly		Worked Weekly:			
WORK SCHEDULE: Please give a typical work schedule. Indicate am or pm.								
Does your schedule vary?		SUN	MON	TUES	WED	THURS	FRI	SAT
Please explain:	FROM							
_____	TO							
_____								
<b>Please list any other income coming into your home below:</b>								
Child Support Received:		Unemployment Income:			TANF Cash Assistance:			
Other Income:				Total Monthly Income:				
<b>SECTION 3 – SCHOOL INFORMATION</b>								
Is the other parent or stepparent of any of the children enrolled in school?    ___ YES    ___ NO If no, skip to FAMILY INFORMATION.								
SCHOOL INFORMATION FOR ANY MEMBER OF THE HOUSEHOLD CURRENTLY ENROLLED IN SCHOOL. If more than 1 parent is in school, please copy this page and complete the information for the other parent.								
School Name								
Address			City		State	Zip		
Phone Number				Date School Started:				
SCHOOL SCHEDULE: Please give a typical schedule. Indicate am or pm.								
Does your schedule vary?		SUN	MON	TUES	WED	THURS	FRI	SAT
Please explain:	FROM							
_____	TO							
_____								
<b>SECTION 4 – FAMILY INFORMATION</b>								
How many adults are in your family?				How many children are in your family?				
Complete the information below for each child for whom you are seeking child care payments.								
First Name		Last Name		Date of Birth		Social Security Number		

**SECTION 5 – JOB SEARCH ACTIVITY INFORMATION**

In order to be eligible for assistance you must be actively seeking employment **and** either be collecting unemployment benefits or participating in job search activities through an approved social service.

Are you currently receiving unemployment benefits?  Yes  No

Are you currently participating in job search activities through and approved social service agency?  Yes  No

**This section MUST be completed in order to determine eligibility.**

Please list the job search activities that you plan on participating in and include a statement indicating why you need child care assistance payments to enable you to participate in those activities. Please attach a separate sheet if needed.

**SECTION 6 – CHILD CARE ARRANGEMENT**

To qualify for child care payments, child care providers must be licensed through the Illinois Department of Children and Family Services (IDCFS) and must complete the enclosed W9 form to verify their tax identification number.

**For help finding a child care provider, call the YWCA CCR&R at (630) 790-8137.**

**LEGAL CARE ARRANGEMENT**

Check the appropriate type of provider and complete the Day Care Licensing Information.

- Licensed Day Care Center
- Licensed Day Care Home
- Licensed Group Day Care Home

**Day Care Licensing Information (Do not enter a Foster Care License)**

License Number: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Hours of Operation: \_\_\_\_\_  
 License Expiration: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Corporate Name For Centers: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security or FEIN# \_\_\_\_\_ Date Children Began Care: \_\_\_\_\_

If you have a school age child please list the date that school starts and ends for the school year. \_\_\_\_\_

**Please indicate the days and hours that you are requesting child care payments.**

Child's Name	Age	Typical Schedule Of Hours In Child Care								
			SUN	MON	TUES	WED	THURS	FRI	SAT	Daily Rate
		FROM								
		TO								
		FROM								
		TO								
		FROM								
		TO								

**SECTION 7 – READ AND SIGN**

All clients who qualify and who are approved for the DuPage County Human Services Job Search Child Care Program will be eligible for a maximum of 3 full-time days of child care per week for a maximum of 8 weeks. If approved, the client and the child care provider will receive a notice in the mail detailing their eligibility. **All parents participating in the program are responsible for paying \$5 a week directly to their child care provider.**

Payments from DuPage County will be made directly to the child care provider on a monthly basis. To initiate payment, the child care provider must complete the DuPage County Human Services Job Search Billing Form verifying the number of days that the child(ren) were in attendance. No payment will be made until after the completed form is received by the YWCA CCR&R.

It is the parent’s responsibility to notify the YWCA CCR&R if they receive a job, change their child care provider, have a change in family size, or any other changes that may affect their eligibility.

By signing below you are certifying the fact that you are actively seeking employment and are agreeing to accept the guidelines of the program if approved for assistance. You are also giving the YWCA CCR&R permission to share information regarding your application with DuPage County Human Services.

I understand that giving false information or failure to provide correct information can result in referral for prosecution for fraud.

Client Signature:	Date:
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Child Care Provider Signature:	Date:
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<p style="text-align: center;"><b>HOW DID YOU HEAR ABOUT THIS PROGRAM – Circle one</b></p> <p>WorkNet DuPage</p> <p>YWCA Child Care Assistance Program</p> <p>DHS Office</p> <p>Child Care Provider</p> <p>Parent Referral</p> <p>Other (please specify) _____</p>	
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**\*\*\*\*Before you send in application, please make sure you have completed ALL sections and have included a copy of your unemployment check stubs and/or job verification form from approved social service agency.\*\*\*\***

**Return to:**

**YWCA Child Care Resource and Referral  
Job Search Program  
739 Roosevelt Road, #8-215  
Glen Ellyn, IL 60137**

**Phone: (630) 790-3030 x 482  
Fax: (630) 790-0722**