

State of Illinois
Department of Children and Family Services

DAY CARE SERVICES - ELIGIBILITY REDETERMINATION APPLICATION

Eligibility Redetermination Application Type:

Foster Care/ Employment-related Foster Care/ Family Maintenance Subsidized Adoption/Legal Guardianship
Teen Parent (school/employment-related) Protective/Intact Family Services/Teen Parent (not employment-related)

DAY CARE FAMILY ID#: _____

APPLICANT INFORMATION *(Please print)*

Co-APPLICANT INFORMATION *(Please print)*

Applicant Name (Last, First)

Co-applicant Name (Last, First)

Residence Address

Co-applicant Daytime phone number

City State Zip Code

Co-applicant cell phone number

Mailing Address (if different than residence)

Email address

Daytime phone number

SSN (last four digits)

Cell phone number

Email address

SSN (last four digits)

Marital Status: Single Married Legal Civil Union Legally Separated Legally Divorced Widowed

Applicant Employment/School/Training Information:

PLEASE NOTE: Refer to the attached letter for required documentation in order to complete the Day Care Services – Eligibility Redetermination Application.

If employed, please provide the following information:

If you attend employment training, list the following information:
(If a teen parent list school or GED Program Information below)

Employer/Company Name/Dept. Phone number (ext)

School/Institution Name Phone Number (ext)

Employment/Office Address

Site Address

City State Zip Code

City State Zip Code

Applicant - List employment/school/training schedule (from – to):

	MONDAY (from – to)	TUESDAY (from – to)	WEDNESDAY (from – to)	THURSDAY (from – to)	FRIDAY (from – to)	SATURDAY (from – to)	SUNDAY (from – to)
WORK							
SCHOOL							

Co-Applicant Employment/School/Training Information

If employed, please provide the following:

If you attend employment training, please provide the following:

(If a teen parent list school or GED Program Information below)

Employer/Company Name/Dept. _____ Phone number (ext) _____

School/Institution Name _____ Phone Number (ext) _____

Employment/Office Address _____

Site Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Co-applicant - List employment/school/training schedule (from – to):

	MONDAY (from – to)	TUESDAY (from – to)	WEDNESDAY (from – to)	THURSDAY (from – to)	FRIDAY (from – to)	SATURDAY (from – to)	SUNDAY (from – to)
WORK							
SCHOOL							

CHILD(REN) FOR WHOM DAY CARE SERVICES ARE BEING REQUESTED

(Please provide the following information for each child considered for day care services)

Child's name (Last, First)	Social Security #	Date of Birth	DCFS Case ID Number	Relationship to Applicant	START DATE (if known)	END DATE (known/requested)

For Day Care for a child 13 years or older: There is appropriate documentation in the child's case file (a copy of which must be submitted with this form by the worker), which supports the need for Day Care.

CURRENT DAY CARE PROVIDER INFORMATION

Facility/Provider's Name: _____ Social Security #: _____

Street address: _____ FEIN: _____

City/State/Zip: _____ County: _____

Telephone number: _____ Email: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip code: _____

Date of Birth: ____/____/____ (If an individual day care provider, must be 18 years old or older)

CURRENT DAY CARE SERVICE ARRANGEMENT:

Day	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Time							

I hereby certify to the above statements and further certify that, to the best of my knowledge and belief, the information provided is true, correct, and complete. I understand that the information provided will be disclosed only for administration purposes and that I may be asked to verify the information I have provided. I understand that I have the right to appeal and to have a fair hearing of a grievance.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

DCFS/POS Caseworker's signature

DATE

DCFS/POS Supervisor's signature

DATE