

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 job search activities through WorkNet DuPage or through their receipt of unemployment benefits. To enroll in **WorkNet DuPage**, contact them at **630-955-2030**.

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 WORKNET DUPAGE, ATTACH A COPY OF YOUR WORKNET DUPAGE CARD.

SECTION 1 – PARENT/GUARDIAN INFORMATION						
Parent/Guardian First Name:	Parent/Guardian Last Name:	Date of Application:				
Social Security Number:	Telephone ()	Date of Birth:	Age:			
Street Address:	City:	Zip Code:				
APPLICANT DEMOGRAPHICS – Circle one in each category						
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		N
Hispanic	H.S. Grad/GED	Divorced	Private	Homeless	Food Stamps	Y
Native American	12 + Post Secondary	Widowed	Work Related	Sect 8/sub.		N
Asian	Unknown	Cohabiting	Unknown	Shelter	Veteran	Y
Other	College Grad.	Unknown	At Risk	Shared Housing		N
Other_____						
Is the other parent or stepparent of any of the children living in your home? ___ YES ___ NO If no, skip to FAMILY INFORMATION and INCOME.						
Is the other parent or stepparent working? ___ YES ___ NO						
Is the other parent or stepparent attending school? ___ YES ___ 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:			
Social Security Number:			Date of Birth:		Age:	

SECTION 2 – WORK INFORMATION

Is the other parent or stepparent of any of the children working? **ATTACH COPIES OF THEIR 2 MOST RECENT PAYSTUBS**
 ___ 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? Please explain:	SUN	MON	TUES	WED	THURS	FRI	SAT
FROM							
TO							

SECTION 3 – SCHOOL INFORMATION

Is the other parent or stepparent of any of the children enrolled in school? **ATTACH A COPY OF THEIR SCHOOL SCHEDULE**
 ___ 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? Please explain:	SUN	MON	TUES	WED	THURS	FRI	SAT
FROM							
TO							

SECTION 4 – FAMILY INFORMATION AND INCOME

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

INCOME: Please list any income coming into your home below:		
Child Support Received:	Unemployment Income	TANF Cash Assistance:
Other Income:	Total Monthly Income:	

SECTION 5 – 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.

<input type="checkbox"/> Licensed Day Care Center <input type="checkbox"/> Licensed Day Care Home <input type="checkbox"/> 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									Daily Rate
			SUN	MON	TUES	WED	THURS	FRI	SAT		
		FROM									
		TO									
		FROM									
		TO									
		FROM									
		TO									
		FROM									
		TO									

SECTION 6 – JOB SEARCH ACTIVITIES

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 WorkNet DuPage.

Are you currently receiving unemployment benefits? Yes No

Are you currently participating in job search activities through WorkNet DuPage? 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 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:

Child Care Provider Signature:

Date:

HOW DID YOU HEAR ABOUT THIS PROGRAM – Circle one

WorkNet Dupage

YWCA Child Care Assistance Program

DHS Office

Child Care Provider

Parent Referral

Other (please specify)

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

