

Gateways to Opportunity® Credentials

Supplement Application

Family Child Care Credential

For questions and additional information about the Gateways Credential Program please call 866.697.8278 or visit us at www.ilgateways.com. **Please read through the Frequently Asked Questions before completing this application.** Please complete in blue or black ink.

Family Child Care Credential

Level 2–5 Credential (\$65 application fee required)

☐ New ☐ Renewal ☐ Level Advancement

How did you first learn about Gateways to Opportunity Credentials? (check only one)

☐ Center Director ☐ Local Child Care Resource & Referral ☐ Conference/Presentation
☐ Mailing ☐ Co-Worker ☐ Provider Association
☐ Website/Social Networking ☐ Professional Development Advisor (PDA) ☐ Other _____

APPLICANT SIGNATURE

I verify that I have read this paragraph and that all information provided is true and accurate. By signing below I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that the Illinois Department of Human Services may use my name and application information for research/evaluation purposes. I understand that any false or misleading statements or subsequent documentation may constitute grounds for denial or subsequent withdrawal of any Gateways to Opportunity Credential. *Additional information may be required.*

Print Name: _____

Applicant Signature: _____ Date: _____

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701



Gateways Family Child Care Credential

Work & Practical Experience—Verification Form

Complete this form to verify experience as a family child care provider for the Gateways to Opportunity Family Child Care Credential.

Step 1: Personal Information

Name: _____ Registry Member ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please indicate age groups served (*mark all that apply*):

☐ Infants/Toddlers (0–36 months) ☐ Preschool (3–5) ☐ School-Age (5–12)

Position (*mark all that apply*):

☐ Family Child Care Provider/Owner Start Date: _____ End Date: _____

☐ Family Child Care Provider Assistant Start Date: _____ End Date: _____

☐ Other _____ Start Date: _____ End Date: _____

Total hours worked in family child care: _____

(Hours Per Week x By Weeks Per Year x By Number Of Years)

Step 2: Family Child Care Experience Verification

Please provide the names and contact information for two people that could verify your experience as a family child care provider. (Examples include: Employer (if a FCC Assistant), Current or past family child care clients, professional colleagues and neighbors you collaborate with.) Please note: we may contact to verify.

Contact 1: Name: _____

Email: _____ Phone: _____

Affiliation to applicant (*How is this contact knowledgeable about your experience in family child care?*):

Contact 2: Name: _____

Email: _____ Phone: _____

Affiliation to applicant (*How is this contact knowledgeable about your experience in family child care?*):

Note: Please include a copy of your current Illinois Department of Children and Family Services (IDCFS) license (optional).

Participant Signature: _____ Date: _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge. I understand false or misleading statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity Credential.

Information Update Form

SECTION 1 - CONTACT / PERSONAL INFORMATION

The Information Update form is used to update your information. Please fill out the Information Update Form and the corresponding program supplement to participate in a Gateways program. For questions and additional information please call (866) 697-8278 or visit us at www.ilgateways.com.

First Name: _____ Middle Initial: _____

Last Name: _____

Has your name changed in the last 12 months? ☐ Yes ☐ No If yes, list previous name: _____

Person ID/Registry Member ID: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Please contact me at my: ☐ Home Address/Phone ☐ Work Address/Phone (if completing section 2)

SECTION 2 – CURRENT EMPLOYMENT

Please complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, Youth Development, or Early Childhood Family Support. **If this does not apply to you, please skip this section.**

Employer Business Name: _____

Work Site Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Work Phone: _____ Work Fax: _____

Type of Program: (check only one)

- | | |
|--|---|
| <input type="radio"/> Child Care Center | <input type="radio"/> School-Age/Youth Development Program Only |
| <input type="radio"/> Family Child Care Home | <input type="radio"/> Public or Private School |
| <input type="radio"/> Group Family Child Care Home | <input type="radio"/> Child Care Resource & Referral (CCR&R) |
| <input type="radio"/> Head Start | <input type="radio"/> Other _____ |

This program is: ☐ Licensed by Illinois Department of Children and Family Services* ☐ License-Exempt ☐ N/A

*If Licensed, License ID number: _____ Licensed Capacity: _____

Date Employment Began: *(with this employer)* _____

Current Position Title: _____ Position Code: _____

Current Position Start Date: _____ *(refer to below)*

Hours worked per week: _____ Weeks worked per year: _____

Position Codes *(to be used above)*

Direct Services to Children

- | | |
|---|---|
| 1. Director and/or Administrator (one-site) | 10. Group Family Child Care Provider |
| 2. Assistant Director | 11. Group Family Child Care Assistant |
| 3. Director/Teacher | 12. School-Age Child Care Teacher |
| 4. Teacher | 13. School-Age Child Care Assistant |
| 5. Assistant Teacher | 14. Youth Development Practitioner |
| 6. Teacher Aide (Preschool for All) | 15. Other Direct Service |
| 7. Substitute/Floater | 23. Home Visitors |
| 8. Family Child Care Provider | 24. Home Visitor Supervisor |
| 9. Family Child Care Assistant | 25. Family, Friend, or Neighbor Caregiver |

Indirect Services

- | | |
|---|--------------------------------------|
| 16. Director/Administrator (multi-site) | 20. Education/Curriculum Coordinator |
| 17. CCR&R Staff | 21. Consultant |
| 18. Higher Education Faculty/Staff | 22. Other Indirect Services |
| 19. Trainer | |

Ages of Children You Currently Work With *(Family Child Care check all that apply, others check only one.)*

- | | |
|--|---|
| <input type="radio"/> Infant (6 wks-14 months) | <input type="radio"/> School-Age (K-12 years) |
| <input type="radio"/> Toddler (15-23 months) | <input type="radio"/> Youth (13-21 years) |
| <input type="radio"/> Twos (24-35 months) | <input type="radio"/> Not Applicable (N/A) |
| <input type="radio"/> Preschool (3-5 years) | |

SECTION 3 – APPLICANT SIGNATURE

I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a **limited** amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.

Print Name: _____

Applicant Signature: _____ **Date:** _____

If applicant is under the age of 18, a parent or legal guardian signature is required below.

Print Name: _____

Parent/Legal Guardian: _____ **Date:** _____

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