

# 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](http://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](http://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 <i>(to be used above)</i>	
<b>Direct Services to Children</b>	
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
<b>Indirect Services</b>	
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.)*

- Infant *(6 wks-14 months)*
- Toddler *(15-23 months)*
- Twos *(24-35 months)*
- Preschool *(3-5 years)*
- School-Age *(K-12 years)*
- Youth *(13-21 years)*
- Not Applicable *(N/A)*

### 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](http://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 IDCF, 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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