Great START Supplement Application

For questions and additional information about the Great START Wage Supplement Program, please call 866.697.8278 or visit us at www.ilgateways.com. Please complete in blue or black ink.

Name: _____

SSN: ____ ____ ____ - ____ ____ - ____ ____ ____ ____   Registry Member ID: _____

If you have applied for Great START within the past six months, have you completed any additional coursework in that time that may move you up the Great START wage supplement scale?
❍ No   ❍ If yes, please send your official transcript

How did you first learn about Great START? *(check only one)*

❍ Center Director   ❍ Local Child Care Resource & Referral   ❍ Conference/Presentation

❍ Mailing   ❍ Co-Worker   ❍ Professional Development Advisor

❍ Provider Association   ❍ Website/Social Networking   ❍ Other _____

APPLICANT SIGNATURE

I verify that I have read, and understood this paragraph and that all information and documentation provided is true and accurate. I understand that any false or misleading statements, information, documentation, manipulation of wages, refusal of wage increases or bonuses in order to become eligible or maintain eligibility for the Great START Program (GS) may constitute grounds for denial in this and any INCCRRA administered programs, and may require me to pay back any GS funds received. I agree to notify INCCRRA of any leaves of absence beyond a 6-week period. In addition, INCCRRA will report all payments made to individuals over $600 (total) to the Internal Revenue Service.

By signing below I understand that the Illinois Department of Human Services (IDHS) and INCCRRA will use my signature as authorization to verify any information and documents I have submitted, and that IDHS may use my name and application information for research/evaluation purposes.

Print Name: _____

Applicant Signature: _____ **Date:** _____

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ADDITIONAL PROGRAM INFORMATION (TO BE COMPLETED BY PROGRAM DIRECTOR OR OWNER)

Director/Owner Name: _____

Current Enrollment:_____ # IDHS CCAP children currently in care: _____

Program is: *(check all that apply)*

❍ Full Day *(8 or more consecutive hours serving children)*
❍ Full Year *(program must serve children at least 47 weeks)*
❍ School Year Only
❍ Caring for children in programs serving teen mothers *(operating a full school year)*

Hours of Operation: ____:____am/pm ____:____am/pm

Applicant Information *(COMPLETED BY DIRECTOR):*

Great START Applicant's Job Title/Position: _____

Hourly Pay/Salary: $ _____ per hour/per year *(circle one)*

Employee Start Date: _____

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

Percentage of time in the classroom working with children
❍ 0%   ❍ 50 %   ❍ 100%   ❍ Other _____ %

Has the employee taken any unpaid time off in the last year? ❍ No ❍ Yes
If yes, please fill out the following information:

REASON FOR ABSENCE	EXACT DATE OF ABSENCE

EMPLOYER SIGNATURE

I verify that I have read and understood this paragraph and that all employer and employee information, and documentation provided herein is true and accurate. Additionally, I verify that I have not manipulated employee job titles and wages, or withheld, withdrew, or deducted salary increases or bonuses, in order for the named employee to become eligible for or to maintain eligibility in the Great START Program. By signing below, I understand that the Illinois Department of Human Services (IDHS) and INCCRRA will use my signature as authorization to review the employer financial records, employee personnel records and any other applicable files and records. IDHS may ban employer participation and all employees if an employer has submitted false or misleading information and documentation or manipulated employee wages in any manner.

Print Name: _____

Employer Signature: _____**Date:** _____

For questions and additional information about the Great START Wage Supplement Program please call 866.697.8278 or visit us at www.ilgateways.com.

Mail completed application and required documentation to: INCCRRA/Applications • 1226 Towanda Ave • Bloomington, IL 61701

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Great START Supplement Application

Great START Supplement Application Checklist and Required Documentation

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. Gateways staff will verify the status of current program IDCFS license via the Sunshine Project website. **Any missing documentation will delay the application process and could lead to ineligibility to participate in the program.**

Upon review of your application, **additional documentation may be required.**

Required Documentation

Enclosed   **On File at INCCRRA**

All Applicants

○   Completed and signed Gateways Registry Membership Form
○   (*If on file, submit Information Update Form.*)

○   Completed and signed Great START Supplement Application

○   ○   Updated official transcripts and/or any certificates or credentials earned.
(Please include official transcript(s) in a sealed envelope from the college or university, or request official electronic transcripts to be sent from your college or university to transcripts@inccrra.org.)

○   Signed W-9 *(IRS Form)* with applicant's personal information
(If this form has been submitted previously, a new one is needed only if something has changed.)

Center Staff and Family/Group Child Care Home Assistant Applicants

○   Four weeks of most recent pay stubs

○   W-2 *(IRS Form)* from previous tax year with final pay stub received in that tax year

Family/Group Child Care Home Owner/Director

○   Most recent verification of children currently being served *(proof of care form* **OR** *completed IDHS child care assistance billing certificates/program verification)*

○   Most recent Schedule C *(IRS Form)*

○   Most recent Form 8829 *(IRS Form)* with line 4 completed

OR

○   Current parent handbook *(must be submitted if Form 8829 is not enclosed)* including hours and days of operation, vacation and holiday time taken.

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Great START Supplement Application

Form **W-9**

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC　☐ C Corporation　☐ S Corporation　☐ Partnership　☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II **Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)

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)*

○ Child Care Center   ○ School-Age/Youth Development Program Only

○ Family Child Care Home   ○ Public or Private School

○ Group Family Child Care Home   ○ Child Care Resource & Referral *(CCR&R)*

○ Head Start   ○ Other _____

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

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.)*

○ Infant *(6 wks-14 months)*   ○ School-Age *(K-12 years)*

○ Toddler *(15-23 months)*   ○ Youth *(13-21 years)*

○ Twos *(24-35 months)*   ○ Not Applicable *(N/A)*

○ 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 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:** _____

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

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Information Update Form

Q. How long does the Great START process take?

A. Once an application is received for the Great START program, a Specialist will be assigned to the application within 20 business days of receipt. Once a Specialist has begun processing the application, they will reach out to you via email if additional information is needed, or regarding the status of your application. The applicant has 30 days to submit all necessary information. If this information is not received within the appropriate amount of time, the applicant will be found ineligible. Applicants should monitor their Gateways Registry dashboard and email for updates.

Q. How do I receive updates regarding my current application?

A. A Great START Specialist will reach out to you through the email address provided online in your Gateways Registry dashboard.

Q. What does "Pending Awaiting Counselor" mean?

A. Once a Great START application is received, your Gateways Registry dashboard will show a pending status of "Awaiting Counselor." This means that a Specialist has not yet been assigned to your application. Once a Specialist has been assigned to your application, they will reach out to your directly. Please monitor your email and Gateways Registry dashboard for updates.

Q. What is a leave of absence?

A. A leave of absence is any unpaid time off that amounts to more than six weeks within the last year. A letter from your employer verifying the reason and duration of your leave of absence will be required.

Q. Why is my Specialist requesting a payroll history and/or final pay stubs from the previous year?

A. A payroll history or final pay stub may be requested when a Specialist is unable to make sense of your W2 from the previous tax year. Great START Specialists will attempt to make sense of the W2 using the most current and consecutive pay stubs submitted. Variation in rate of pay, unpaid time off, and fluctuating work hours can be factors that impact this process. Until this requested documentation is received, the Specialist will be unable to continue processing your application.

Q. What is a W-9 form?

A. The W-9 form is a required document for all Great START applicants. This form is used on behalf of INCCRRA (Illinois Network of Child Care Resource & Referral Agencies) to report to the IRS income paid to you. On the W-9 form, you must provide your full name, current address, and social security number. The address line should reflect the same address as your Great START application packet. The form must also be signed and dated by you in order to be accepted by the Great START program. The Specialist will be unable to continue processing your application without this form.

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Great START Wage Supplement Scale

Great START is available to Assistants, Teachers, Family Child Care Providers, Family Group Child Care Providers, and Directors who work in programs licensed by the Illinois Department of Children and Family Services.

Level	Option	Education	Eligibility[1]	Supp.[2]
1	A	6 semester (9 qtr) hrs in Early Childhood Education (ECE)/Child Development (CD)	A/FCC	$150
2	A	Child Development Associate (CDA)	A/FCC	$225
2	B	Certified Childcare Professional (CCP)	A/FCC	$225
2	C	Montessori Credential (AMS or AMI credentials only)*	A/FCC	$225
2	D	12 sem hrs (18 qtr) hrs toward a degree (9 sem hrs in ECE/CD)	A/FCC	$225
2	E	FCC Level 2, SAYD Level 2	A/FCC	$225
3	A	24 sem (36 qtr) hrs toward an Associates Degree in ECE/CD	A/FCC/G	$375
3	B	24 sem (36 qtr) hrs related field (9 sem hrs ECE/CD)	A/FCC/G	$375
3	C	CDA/CCP/Montessori Credential + 12 sem (18 qtr) hrs toward a degree	A/FCC/G/T	$375
3	D	ECE Level 2, FCC Level 3, SAYD Level 3	A/FCC/G	$375
4	A	Approved Community College Early Childhood Certificate	A/FCC/G	$525
4	B	36 sem (54 qtr) hrs toward Associates Degree in ECE/CD	A/FCC/G	$525
4	C	36 sem (54 qtr) hrs toward a degree in related field (12 sem hrs in ECE/CD)	A/FCC/G	$525
4	D	ECE Level 3, ITC Level 2, SAYD Level 4, ESL/B 2	A/FCC/G	$525
5	A	48 sem (72 qtr) hrs toward Associates Degree in ECE/CD	A/FCC/G	$675
5	B	48 sem (72 qtr) hrs toward a degree in related field (15 sem hrs in ECE/CD)	A/FCC/G	$675
5	C	Associates Degree with non ECE/CD major (15 sem (22 qrt) hrs in ECE/CD)	A/FCC/G/T	$675
5	D	60 sem (90 qtr) hrs toward a degree in unrelated field (15 sem hrs in ECE/CD)	A/FCC/G/T	$675
5	E	ITC Level 3, FCC Level 4, ESL/B 3	A/FCC/G/T	$675
6	A	Associates Degree in ECE/CD	A/FCC/G/T/D	$825
6	B	Associates Degree in any field with 18 sem (27 qtr) hrs in ECE/CD (21 sem hrs for Dir)	A/FCC/G/T/D	$825
6	C	60 sem (90 qtr) hrs toward a degree in unrelated field (15 sem hrs in ECE/CD)	A/FCC/G/T/D	$825
6	D	90 sem (134 qtr) hrs toward a degree in an unrelated field (15 sem hrs in ECE/CD; 21 sem hrs for Dir)	A/FCC/G/T/D	$825
7	A	72 sem (107 qtr) hrs toward Bachelors Degree in ECE/CD	A/FCC/G/T/D	$975
7	B	90 sem (134 qtr) hrs toward Bachelors Degree in related field (18 sem hrs in ECE/CD; 21 sem hrs for Dir)	A/FCC/G/T/D	$975
7	C	Bachelors Degree in unrelated field (18 sem (27 qtr) hrs in ECE/CD; 21 sem hrs for Dir)	A/FCC/G/T/D	$975
7	D	ECE Level 4	A/FCC/G/T/D	$975
8	A	90 sem (134 qtr) hrs toward a Bachelors Degree in ECE/CD	A/FCC/G/T/D	$1200
8	B	Bachelors Degree in related field (24 sem hrs (36 qtr) in ECE/CD)	A/FCC/G/T/D	$1200
8	C	Bachelors Degree in unrelated field (30 sem hrs (45qtr) in ECE/CD)	A/FCC/G/T/D	$1200
8	D	ITC Level 4, SAYD Level 5, IDC Level I, ESL/B 4	A/FCC/G/T/D	$1200
9	A	Bachelors Degree in ECE/CD	A/FCC/G/T/D	$1,575
9	B	Masters Degree in unrelated field (30 sem (45 qtr) hrs in ECE/CD)	A/FCC/G/T/D	$1,575
9	C	FCC Level 5	A/FCC/G/T/D	$1,575
10	A	Masters Degree in ECE/CD, ECE Level 5, IDC Level II, ITC Level 5	A/FCC/G/T/D	$1,950
10	B	IDC III, ECE Level 6, ITC Level 6	A/FCC/G/T/D	$1,950

1. A person is only eligible at a level if their job category is shown in the "Eligibility" column. A person will only be eligible at a level if they meet the educational requirements listed at that level.

2. Wage supplements are paid and shown in 6-month increments. Wage Supplements will be pro-rated if you work 15-29 hours per week. Practitioner must remain employed at same child care program to receive 6-month renewal supplement.

*Montessori credentials from American Montessori Society or Association Montessori International.
 All ECE/CD courses must be passed with a "C" or higher.
 Credentials other than those listed may be evaluated to determine eligibility as it applies to your current position.
 Foreign transcripts must be evaluated by an evaluation service. The Great START office can assist you in locating one of these services.