

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.

Application Status: New Renewal

Name: _____

SSN: _____ - _____ - _____

Registry Member ID: _____

If this is a renewal, have you completed any additional coursework within the past six months that will move you up the Great START wage supplement scale? No If yes, please send your official transcript

Have you taken any leave of absence of more than 6 weeks in the last year?

No Yes, from ___/___/___ to ___/___/___

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:** _____

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)
- 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)

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

Percentage of time in the classroom working with children

- 0%
- 50%
- 100%
- Other _____ %

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:** _____

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

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. **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.

NEW Applicants

Required Documentation

Enclosed On File at INCCRRA

All Applicants

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Completed and Signed Gateways Registry Membership Form If on file, submit Information Update Form |
| <input type="radio"/> | | Completed and Signed Great START Supplement Application |
| <input type="radio"/> | <input type="radio"/> | Copy of current IDCFS License |
| <input type="radio"/> | <input type="radio"/> | Official transcripts or any certificates of degrees or credentials earned <i>(Please include official college 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.)</i> |
| <input type="radio"/> | <input type="radio"/> | Signed W-9 (IRS Form) with applicant's personal information |

Center Staff Applicants

- | | | |
|-----------------------|-----------------------|---------------------------------------|
| <input type="radio"/> | | Four weeks of most recent pay stubs |
| <input type="radio"/> | <input type="radio"/> | W-2 (IRS Form) from previous tax year |

Family/Group Child Care Home Applicants

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | | Verification of children currently being served (<i>proof of care form OR completed IDHS child care assistance billing certificates/program verification</i>) |
| <input type="radio"/> | <input type="radio"/> | Most recent Schedule C (IRS Form) |
| <input type="radio"/> | <input type="radio"/> | Form 8829 (IRS Form) from previous tax year |
| | | OR |
| <input type="radio"/> | <input type="radio"/> | Updated parent handbook (<i>must be submitted if Form 8829 is not enclosed</i>) |

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RENEWAL Applicants

Required Documentation

Enclosed On File at INCCRRA

All Applicants

- Completed and Signed Information Update Form
- Completed and Signed Great START Supplement Application
- If expired - copy of current IDCFS License
- If you have obtained additional coursework, submit a copy of an official transcript (*Please include official college 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*) - updated form needed if changes occurred since previous eligible application (*ex. name change, move/change of address, etc.*)

Center Staff Applicants

- Four weeks of most recent pay stubs
- W-2 (*IRS Form*) - for applications received February–July from previous tax year

Family/Group Child Care Home Applicants

- 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*)
- Form 8829 (*IRS Form*) from previous tax year
- OR**
- Updated parent handbook (*must be submitted if Form 8829 is not enclosed*)

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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.

Job Category Key

A = Assistant
 FCC = Family Child Care Provider
 G = Family Group Provider
 T = Teacher
 D = Director

| Level | Option | Education | Eligibility ¹ | Supp. ² |
|-------|--------|--|--------------------------|--------------------|
| 1 | | 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 |
| 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 |
| 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 |
| 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 qtr) 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 |
| 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 ECE or related field (15 sem hrs ECE/CD; 21 sem hrs for Dir) | 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 |
| 6 | E | Illinois Director Credential I | 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 |
| 8 | A | 90 sem (134 qtr) hrs toward a Bachelors Degree in ECE/CD | A/FCC/G/T/D | \$1,200 |
| 8 | B | Bachelors Degree in related field (24 sem hrs (36 qtr) in ECE/CD) | A/FCC/G/T/D | \$1,200 |
| 8 | C | Bachelors Degree in unrelated field (30 sem hrs (45qtr) in ECE/CD) | A/FCC/G/T/D | \$1,200 |
| 8 | D | Illinois Director Credential II | A/FCC/G/T/D | \$1,200 |
| 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 |
| 10 | A | Masters Degree in ECE/CD | A/FCC/G/T/D | \$1,950 |
| 10 | B | Illinois Director Credential III | 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.



Request for Taxpayer Identification Number and Certification

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

| | | |
|---|---|---|
| Print or type See Specific Instructions on page 2. | 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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | INCCRRA 1226 Towanda Ave Bloomington, IL 61701 |
| | 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|---|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| | | | | - | | | - | | |
| OR | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |
| | | | | - | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

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

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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.)

- 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. 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: _____

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