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 the Frequently Asked Questions and that all information and documentation provided is true and accurate.

An **individual** determined to have submitted fraudulent, altered, or false documentation or information will be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the individual as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the individual as determined by IDEC.

By signing below, I understand that IDEC and INCCRRA will use my signature as authorization to verify any information and documents I have submitted, and that IDEC and INCCRRA 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:_____ # IDEC 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 is true and accurate.

A **site** determined to have submitted fraudulent, altered, or false documentation or information may be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the site as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the site as determined by IDEC.

Staff employed by a site that has submitted fraudulent, altered, or false documentation or information will be unable to participate in INCCRRA administered programs while employed at that site.

By signing below, I understand that IDEC and INCCRRA will use my signature as authorization to verify any information and documents I have submitted, and that IDEC and INCCRRA may use my name and application information for research/evaluation purposes.

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 Avenue• Bloomington, IL 61701*

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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
❍ Family Child Care Home
❍ Group Family Child Care Home
❍ Head Start
❍ School-Age/Youth Development Program Only
❍ Public or Private School
❍ Child Care Resource & Referral *(CCR&R)*
❍ Other _____

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

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This program is: ❍ Illinois Child Care Licensed* ❍ License-Exempt ❍ N/A

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

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

Current Position Title: _____ Position Code: _____ *(refer to below)*

Current Position Start Date: _____

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

Indirect Services

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

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 in this application is true and accurate. Additionally, I verify that I understand the eligibility requirements of the Gateways Scholarship Program and that INCCRRA may verify information submitted including my employment, enrollment, academic standing and credential status through the Gateways Registry, my employer, and my institution of higher education. I understand that INCCRRA and/or IDEC 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 IDEC 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 Avenue • Bloomington, IL 61701*

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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.

Requester's name and address (optional)

6 City, state, and ZIP code

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.*

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 Illinois Child Care 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 IDEC 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.

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

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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.

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	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; 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
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. Courses are evaluated with the Gateways Basic Transcript Review
2. All ECE/CD courses must be passed with a "C" or higher
3. Wage Supplements are paid and shown in 6-month increments
4. Wage Supplements will be pro-rated if you work 15-29 hours per week.
5. *Montessori Credentials from American Montessori Society or Association Montessori International
6. Credentials other than those listed may be evaluated to determine eligibility

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Gateways Great START Program Flowchart

Here is what you can expect when applying for the Great START Program, from beginning to end. Remember, this varies by applicant. The best way to move the process forward is to ensure that you complete the application in its entirety, and that you promptly submit all other required documentation.

1. Research

Suggested Time: 1 week *(varies by applicant)*

Your Role: Research the Great START program on the Gateways to Opportunity website at ***www.ilgateways.com/financial-opportunities/great-start***. Review specific information about applying, eligibility requirements, and the additional documentation and forms you will need to submit.

2. Register

Suggested Time: 1 day

Your Role: Become a Gateways Registry Member. Visit the Gateways Registry for quick and easy access.

- Save the log in page to your bookmarks.

Gateways' Role: You will receive an email that welcomes you to the Gateways Registry.

3. Apply

Suggested Time: 1-2 weeks *(varies by applicant)*

Your Role:

- Download the Great START Supplement Application and Information Update Form at ***www.ilgateways.com/docman-docs/financial-opportunities/great-start/831-great-start-application/file*** or apply online through the Gateways Registry at ***registry.ilgateways.com/component/wsuser/login***.
- Complete the Great START Supplement Application and Information Update Form. ***Note: If applying online, you will need to submit your Online Application Packet, which will appear once you have submitted your online application. Print this packet, sign it, and have your director sign it.***
- Read the list of required documents included in either the Great START Supplement Application or the Online Application Packet.
- Gather and mail or email all required documents (including the Online Application Packet if you applied online) to ***gstart@inccrra.org*** or mail to:

  Gateways/Applications
  1226 Towanda Avenue
  Bloomington, IL 61701

4. Application Processed

Suggested Time: This varies by applicant and the number of pending applications. All applications are processed in the order they are received.

Gateways' Role: After receiving all required application documents, Gateways will begin to process your application.

- Once all documentation and official transcripts have been reviewed, you will receive notification of status.
  - If you are eligible for a Great START supplement, an email will be sent. The status of a Great START application can also be tracked via the Registry portal.
  - If you do not meet Great START requirements, an email that includes the reason for ineligibility will be sent.
  - If additional documentation is needed to process the Great START application, an email will be sent. This email will note what documentation is needed to continue processing, as well as a due date for these items.

5. Supplement Awarded

Suggested Time: Varies by applicant

Your Role: Check your email for notification of your Great START eligibility.

Gateways' Role: A Great START supplement will be awarded once all eligibility requirements have been met. The supplement check is typically mailed the month following an eligibility decision, as funds are available.

For example, if an applicant is eligible for Great START in January, a supplement check will typically be mailed in February.

Tips and things to know:

- Check your Registry membership.
  - Ensure that your email address is accurate and working.
    - Check your email filters. Gateways emails often have attachments, so they can end up in junk or clutter folders. Add Gateways to your approved contact list to ensure that future emails end up in your inbox.
  - Ensure that your phone number and place of employment is current.
  - Ensure that your preferred address is correct. This is where the supplement check will be sent if eligible.
- Great START supplements may be awarded every six months. In order to continue receiving a supplement, applicants must continue to meet all eligibility requirements, and must also submit a renewal application with required documents every six months.
  - If anything changes, update your registry information as soon as possible to ensure that Gateways can continue to help you.

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