ExceleRate® Illinois | Licensed Family Child Care and Group Home Application

ExceleRate® ILLINOIS | Preparing Children for Success

Illinois licensed family child care providers and group homes throughout the state can use this application to apply for the Bronze, Silver or Gold Circle of Quality. Please print out this document, identify the circle you are applying for, fill in all four sections of this application and complete the appropriate supplement for the Circle of Quality you are targeting. Then scan and email to **info@excelerateillinois.com** or mail the completed application and supplement to:

ExceleRate Illinois
1226 Towanda Plaza
Bloomington, Illinois 61701

Select the Circle of Quality for which you are applying. Be sure to include the appropriate supplement with your application.

- ◯ **Bronze Circle of Quality** (no supplement is needed at Bronze, complete the Licensed Application only)
- ◯ **Silver Circle of Quality**
  - ◯ **Assessment Path** (include Silver Circle of Quality Supplement – Assessment Path)
  - ◯ **Accreditation Path** (include Silver Circle of Quality Supplement – NAFCC Accreditation Path)
- ◯ **Gold Circle of Quality**
  - ◯ **Assessment Path** (include Gold Circle of Quality Supplement – Assessment Path)
  - ◯ **Accreditation Path** (include Gold Circle of Quality Supplement – NAFCC Accreditation Path)

Section 1 - **Contact Information**

SITE NAME _____

SITE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

PHONE NUMBER _____ FAX NUMBER _____

FEIN _____ IDCFS LICENSE NUMBER _____

*Please include a copy of your IDCFS License with your application. *IDCFS License will be checked for violations. A program must have no pending/substantiated violations in the previous 12 months.*

IF SERVING CHILD CARE ASSISTANCE PROGRAM (CCAP) CHILDREN YOU MUST PROVIDE YOUR 15 DIGIT PROVIDER NUMBER(S) YOU RECEIVE PAYMENT UNDER. FAILURE TO PROVIDE THIS WILL RESULT IN MISSED ADD-ONS, IF AVAILABLE.

PROVIDER NUMBER(S) _____

This number can be found directly after your name on the CCAP documentation.

On-Site Contact Person:

NAME _____

REGISTRY MEMBER ID _____ EMAIL _____

IDCFS LICENSE NUMBER _____

Section 2 - **Program Information**

Days and Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Year Schedule: *(check one)*

- ◯ FULL YEAR (serving children at least 47 weeks)
- ◯ SCHOOL YEAR ONLY
- ◯ SUMMER ONLY
- ◯ OTHER PART YEAR (serving children less than 47 weeks, but not School Year Only or Summer Only)

Check the box(es) for each source of funding that the program receives: *(check all that apply)*

- ◯ PARENT TUITION/FEES
- ◯ CHILD CARE ASSISTANCE PROGRAM (CCAP)
- ◯ ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (IDCFS)
- ◯ HEAD START/EARLY HEAD START
- ◯ PREVENTION INITIATIVE (ISBE/CPS)
- ◯ PRESCHOOL FOR ALL (ISBE/CPS)
- ◯ DEPARTMENT OF FAMILY AND SUPPORT SERVICES (DFSS) CITY OF CHICAGO
- ◯ FAMILY CHILD CARE NETWORK

NETWORK NAME _____

Section 3 - **Program Profile**

Please complete a profile, on the next two pages, for the program. All information is required unless noted as optional. Please note the number of children in care for each of the schedules on the next page are needed to help build the understanding of children in various types of care settings.

Definitions/Notes:

- Program or Provider Name should be recognizable as it will be referred to throughout the ExceleRate process, including assessments and annual renewals.
- Highest ratio means most number of children per provider; lowest ratio means least number of children per provider.
- For this section, “Provider” means the Family/Group Child Care Provider at the program.
- Low Income – Eligible for the IDHS Child Care Assistance Program (CCAP), Free/Reduced Lunch, or the USDA Child and Adult Care Food Program.
- Full Time is considered 35 hours per week or more.
- Special Needs – A child with a diagnosed disability that has completed a formal assessment and is receiving (or is eligible for) early intervention services.
- Use the following roles: Family Child Care Provider, Group Family Child Care Provider, Family Child Care Assistant, or Substitute.

IDCFS LICENSE NUMBER _____

ExceleRate® ILLINOIS Preparing Children for Success

Program Profile:

PROGRAM / PROVIDER NAME ____

Day Schedule: *(check all that apply)*

◯ FULL DAY: NUMBER OF CHILDREN_____ ◯ PART DAY: NUMBER OF CHILDREN_____

◯ EVENING CARE: NUMBER OF CHILDREN_____ ◯ OVERNIGHT CARE: NUMBER OF CHILDREN_____

Highest Ratio: ______ : ______ **Lowest Ratio:** ______ : ______

Please list provider, assistant(s) and substitute(s).

REGISTRY ID #______________________ NAME ______________________

HIRE DATE ______________ FT-OR- PT ______________ %OF TIME IN PROGRAM ______________

POSITION START DATE______________ POSITION ROLE ______________________

REGISTRY ID #______________________ NAME ______________________

HIRE DATE ______________ FT-OR- PT ______________ %OF TIME IN PROGRAM ______________

POSITION START DATE______________ POSITION ROLE ______________________

REGISTRY ID #______________________ NAME ______________________

HIRE DATE ______________ FT-OR- PT ______________ %OF TIME IN PROGRAM ______________

POSITION START DATE______________ POSITION ROLE ______________________

REGISTRY ID #______________________ NAME ______________________

HIRE DATE ______________ FT-OR- PT ______________ %OF TIME IN PROGRAM ______________

POSITION START DATE______________ POSITION ROLE ______________________

IDCFS LICENSE NUMBER ______________

Please complete information below on the children served in the program.

PROGRAM / PROVIDER NAME _____

Total enrollment, including number of children that are the providers own _____

Number of children served with a demonstrated high need (includes low income, special needs, and primary language not English—see definitions on page 2):

	Infants 0-14 mos.	Toddlers 15-23 mos.	Twos 24-35 mos.	Preschool Age 3 To K	School-age Kindergarten+
All Children Served (Full-Time + Part-Time = Total Enrolled)					
Enrolled Full-Time					
Enrolled Part-Time					
Children Served by Program/Funding Stream					
Parent Tuition/Fees Only					
CCAP Only					
Other _____					
Children Served with Demonstrated High Need					
Low Income					
Primary Language not English					
Special Needs					
Optional – Demographic Information					
White/Caucasian					
Black/African American					
Hispanic/Latino					
Asian					
Native American/Alaskan					
Multi-Racial					
Other					
Unknown					

Section 4 - **Signature**

I verify that I have read this paragraph and that all information provided herein 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 as part of this application. I understand that any false or misleading statements or subsequent documentation may constitute ground for denial. I understand if awarded an ExceleRate Circle of Quality, that information will be made publicly available and aggregated program information may be used for research/evaluation purposes.

SIGNATURE_____ DATE _____

PRINT NAME_____

IDCFS LICENSE NUMBER _____

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

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.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

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

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

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

Requester's name and address (optional)

City, state, and ZIP code

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 the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number

			–		–				

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 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. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.