

# 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](http://www.ilgateways.com). Please complete in blue or black ink.

**Application Status:**  New  Renewal

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Hours worked per week: \_\_\_\_\_ Weeks worked per year: \_\_\_\_\_

**What Great START Level and Option are you applying for?**

Level \_\_\_\_\_, Option \_\_\_\_\_ (*see Great START Wage Supplement Scale pg.5*)

**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 \_\_\_/\_\_\_/\_\_\_

**Percentage of time in the classroom working with children**

0%  50%  100%  Other \_\_\_\_\_ %

**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 \_\_\_\_\_

## Additional Program Information (*to be completed by program director*)

Director/Owner Name: \_\_\_\_\_

**Great START Applicant's Job Title/Position:** \_\_\_\_\_

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

**Type of Program Funding:**  Profit  Non-Profit (*check all that apply below*)

- Tuition Based (*parent fees*)  ISBE Preschool For All  Chicago Department of Family Support Services (*DFSS*)  
 Head Start  IDHS Voucher/Certificate  Community College  
 Corporate Sponsored  IDHS Site Contract  Hospital Sponsored  
 Government Sponsored  IDCFS Voucher/Certificate  Religious Affiliation/Faith Based

## EMPLOYER SIGNATURE

I verify that all information provided is accurate. I certify that I will not withhold annual salary increases for the above-named staff member in order to maintain Great START eligibility. I also certify that I will not manipulate wages or job titles in order for an employee to qualify. Illinois Department of Human Services (IDHS) has the right to review my books and records of employers as they pertain to the Great START program. IDHS may ban program participation if an employer has submitted false information.

**Print Name:** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPLICANT SIGNATURE

I verify that all information provided is 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 any misleading statements or false information/documentation may constitute grounds for denial of my participation in any INCCRRA administered programs and may require me to pay back any 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.

**Print Name:** \_\_\_\_\_

**Applicant 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

- |                          |                          | <b>All Applicants</b>  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed and Signed Gateways Registry Membership Form<br>If on file, submit Information Update Form   |
| <input type="checkbox"/> |                          | Completed and Signed Great START Supplement Application  |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of current IDCFS License  |
| <input type="checkbox"/> | <input type="checkbox"/> | Official transcripts or any certificates of degrees or credentials earned<br><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> |

##### Center Staff Applicants

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> |                          | Income Verification Form <i>(4 weeks of most recent pay stubs)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Signed W-9 <i>(IRS Form)</i>                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | W-2 <i>(IRS Form)</i> from previous tax year                       |

##### Family/Group Child Care Home Applicants

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> |                          | Verification of children currently being served <i>(proof of care form, copy of checks paid to provider for child care services, or completed IDHS child care assistance billing certificates/program verification)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Signed W-9 <i>(IRS Form)</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Most recent Schedule C <i>(IRS Form)</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 8829 <i>(IRS Form)</i> from previous tax year  |
| <b>OR</b>                |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.*)

#### Center Staff Applicants

- Income Verification Form (*4 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, copy of checks paid to provider for child care services, or completed IDHS child care assistance billing certificates/program verification*)
  - Signed W-9 (*IRS Form*)
  - 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.

Level	Option	Education	Eligibility <sup>2</sup>	Supp. <sup>3</sup>
1		6 semester (9 qtr) hrs in ECE/CD <sup>1</sup>	A/FCC	\$150
2	A	CDA	A/FCC	\$225
2	B	CCP	A/FCC	\$225
2	C	Montessori Credential (AMS or AMI credentials only) <sup>4</sup>	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

- ECE = Early Childhood Education; CD = Child Development
- 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.
- 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.

### Job Category Key

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

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____  <input type="checkbox"/> 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.

Social security number									

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

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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### 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](http://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.

# 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	
<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 name and application information for research/evaluation purposes only. 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:** \_\_\_\_\_

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