



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CURRENT IDHS RECIPIENTS

- Will you be changing care locations in the fall? New school? Moving from ELA to the S.A.F.E.?
- Is your current approval for a provider other than the Fox Valley Family YMCA
- Do you need to add another family member to your child care case
- Has your employment and/or income changed
- Have you moved
- Any changes in your situation must be submitted to your local CCR&R office through Change of Provider or Change of Information paperwork. As the client, only you can request the required paperwork and it will be sent to you by mail. Call and/or email your county's CCAP office to make the request, include your name and child care case number and CC myself on the request.

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Kendall County: www.childcarehelp.com	(815) 714-1163
DeKalb County: 4CCAP@four-c.org	(815) 758-8149
LaSalle County: CCAPHELP@salccc.org	(309) 686-3750
DuPage & Kane County: ccap@ywcachicago.org	(630) 790-6600
Rhonda Peritore: rperitore@foxvalleyymca.org	(630)-552-4100, ext 227

This process can take up to 7 weeks for processing, please allow ample time for the completion.



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NEW IDHS APPLICANTS

To Print IDHS Child Care Application
(All apps must have a barcode at the bottom of the page)

Child Care Application Instructions:

Page 1: Instruction. Provide ALL necessary documentation along with the application. If documentation is missing the application will be moved to the back of the line.

Page 2: Demographic Information

Page 3 and 4: Employment Information

Page 5 and 6: Other Parent Information-if this is not applicable mark the "NO" box top left of page, otherwise provide necessary information

Page 7 : Family Size Write the number of family members in the home at "My family size is", the names of children needing care and list all other family members in the household at the bottom of the page

Page 8 and 9: Child Care Arrangement- leave blank with the exception of the child/children's names and schedules. I will complete the Provider Information that pertains to your children.

Page 10: Income information. Be sure to put a Total Monthly Income in and check the small box at bottom regarding the family assets.

Pages 11, 12 & 1: Provider Information I will complete and sign. Leave blank

Page 14: Parent/Guardian Signature: Sign and date.

Keep pages 15, 16, 17 for your records.

You may submit the application, along with income documentation, by mail, email or fax OR FVfy will submit it for you once the Provider Information is completed.

Dekalb County:

www.four-c.org

Pay for Child Care

Apply for Child Care

Application will come up immediately

LaSalle County:

www.salccc.org

Along the top click on "Pay for Child Care"

Application will come up immediately

Kendall County:

www.childcarehelp.com

Along the top choose "Family Services"

From the drop down choose "Child Care Assistance for "Providers" NOT "Families"

At the bottom of the page is Child Care Application. Print pages 1-17 only



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