

# Information Update Form

## SECTION 1 - CONTACT / PERSONAL INFORMATION

The Information Update form is used to renew your participation in an INCCRRA and/or Gateways to Opportunity Program. You will fill out the Information Update Form and the corresponding supplement each time you renew your program participation. The Information Update form will also be used to update your personal information, such as; change of address, work location, and marital status. For questions and additional information please call (866) 697-8278 or visit us at [www.inccrra.org](http://www.inccrra.org) or [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: \_\_\_\_\_

**Please contact me at my:**  Home Address/Phone (*below*)  Work Address/Phone (*if completing section 2*)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## 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, or Youth Development. **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: \_\_\_\_\_

*(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) | 8. Family Child Care Assistant        |
| 2. Assistant Director                       | 9. Group Family Child Care Provider   |
| 3. Director/Teacher                         | 10. Group Family Child Care Assistant |
| 4. Teacher                                  | 11. School-Age Child Care Teacher     |
| 5. Assistant Teacher                        | 12. School-Age Child Care Assistant   |
| 6. Substitute/Floater                       | 13. Youth Development Practitioner    |
| 7. Family Child Care Provider               | 14. Other Direct Service              |

**Indirect Services**

- |   |                                      |
|---|--------------------------------------|
| 15. Director/Administrator (multi-site) | 19. Education/Curriculum Coordinator |
| 16. CCR&R Staff                         | 20. Consultant                       |
| 17. Higher Education Faculty/Staff      | 21. Other Indirect Services          |
| 18. Trainer                             |                                      |

**Ages of Children You Currently Work With** *(Family Child Care check all that apply, others check only one.)*

- |   |  |
|---|--|
| <input type="radio"/> Infant <i>(6 wks-14 months)</i> | <input type="radio"/> School-Age <i>(K-12 years)</i> |
| <input type="radio"/> Toddler <i>(15-23 months)</i>   | <input type="radio"/> Youth <i>(13-21 years)</i>     |
| <input type="radio"/> Twos <i>(24-35 months)</i>      | <input type="radio"/> Not Applicable <i>(N/A)</i>    |
| <input type="radio"/> Preschool <i>(3-5 years)</i>    |  |

**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.

**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**