

LE Grant 2024 Health & Safety Improvement Funds
Determination Questionnaire

Name:

Center Name (If applicable):

Address:

What County do you live in:

What County do you provide care in:

Phone Number:

Email:

Do you have at least one child you care for in the CCAP program:

**Are you a member of the Gateway Registry and have you completed your CCCAP required trainings?
(Proof will need to be sent in along with the application):**

Do you have any unpaid financial obligation to 4-C or IDHS:

Do you agree to have at least one scheduled visit by a CCR&R staff member:

**Would you like the application mailed or emailed to you:
(Also, on the website to print)**