Data Request Form

905 S. Goodwin 314 Bevier Urbana, IL 61801 (217) 333-3252 (800) 325-5516 fax (217) 333-2147

Name ____________________________
Organization ____________________________
Address ____________________________
Telephone __________________ Fax __________________ Email __________________

Best way to contact you  □ Mail □ Telephone □ Fax □ Email □ Other __________________

Date needed by (allow 5-10 business days) __________________________

I am requesting (check one)

□ Electronic Mailing Labels
□ Printed Mailing Labels
□ Data or statistics (please explain) __________________________

Please explain what you will be using the data or mailing for __________________________

________________________________________

Database Selection

□ Customer/Parent
□ Child Care Provider

Region

□ Champaign County
□ Douglas County
□ Iroquois County
□ Macon County
□ Piatt County
□ Vermilion County
□ OR list cities __________

Type of Care

□ Centers
□ Family Childcare
□ Preschool
□ Head Start
□ ISBE Pre-K
□ Other __________

Age of Children

□ Infant
□ Toddler
□ Preschool
□ School Age
□ Other __________

For CCRS Staff Only:
Provider Status

□ Active
□ Temp Off
□ No Referral

Database Selection

□ Community Mailing List

Date Expected at Mailing

Center: __________

Please sign other side

Child care resource and referral services for parents, child care providers, and employers of Champaign, Douglas, Iroquois, Macon, Piatt, and Vermilion counties.

A program of the Department of Human and Community Development and University of Illinois Extension, and the Illinois Department of Human Services
Child Care Resource Service Database Policy

This policy is designed to allow CCRS to serve parents, providers, employers and the community in the fairest and most efficient manner possible. The database will not be made available for commercial use or as a referral tool for use by another agency. CCRS reserves the right to deny any requests for or statistics. Changes are made to our databases on a daily basis, so current data becomes out of date after one month.

GENERAL INFORMATION
Data from both the Provider and Customer databases are reported to the Illinois Department of Human Services (IDHS) on a quarterly and annual basis for statewide statistical purposes. Aggregate customer and provider data is disseminated through the CCRS Annual Supply and Demand Needs Assessment Report.

MAILING LABEL INFORMATION
Please include a copy of materials being sent to providers. A service fee will be charged for labels based on cost of materials according to the following scale: $30.00 per 1,000 labels with a minimum charge of $15.00 for less than 1,000 labels. Professional early care and education associations may request labels up to 2 times per year with no charge. Mailing labels for events co-sponsored by CCRS will be provided free of charge.

CUSTOMER DATABASE
The CCRS customer database includes information on persons seeking child care referrals and is used by CCRS for referral, information and training purposes. Individual data from the customer database is confidential and will not be made available for commercial use or for mailing lists.

PROVIDER DATABASE
The CCRS provider database includes information on legally operating licensed and license-exempt child care providers and is used for parent referrals and for notification of training opportunities. Specific samples of data may be requested by completing the Data Request form.

SUBSIDY DATABASE
The CCRS administers the state child care subsidy program under contract by IDHS. All data collected by the CCRS for the processing of subsidy applications and payments is for internal use only and is confidential. Requests for subsidy information can be made to IDHS. IDHS reserves the right to deny requests for subsidy information.

I understand that if this request is approved, I will only have permission to use the information received from CCRS in the manner I have described. I understand that if the information is used for any other purpose, CCRS reserves the right to reject subsequent requests in the future to protect the confidentiality of the parents and providers who use their services.

Signature ___________________________ Date ___________________________

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