



CADC INITIAL APPLICANT FUND - INITIAL CERTIFICATION FEE

These funds are part of a grant from the Illinois Department of Human Services / Division of Substance Use, Prevention and Recovery (SUPR) as part of the CADC Workforce Expansion Program.

Applicants have until noon on June 20, 2025 to apply.

This fund is for individuals who have completed the CADC application, passed the CADC exam, and have been approved for their initial certification. It will cover the cost of the CADC initial certification fee, while funding lasts. Your work environment must be related to the substance use services field or you plan to obtain work in the substance use services field. If you are approved for the CADC Initial Certification fund, your initial certification fee will be covered and your certificate will be mailed to you within 7 - 10 business days.

This program is only for the CADC credential and is not available for other ICB-offered credentials at this time.

CONTACT INFORMATION

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FIRST NAME

M. INITIAL

LAST NAME

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DATE OF BIRTH

--

HOME
 CELL

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PHONE

EMAIL

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ADDRESS

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CITY

STATE

COUNTY

ZIP CODE

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AGE

SEX

RACE

HAS YOUR CADC APPLICATION BEEN APPROVED?

- YES NO

HAVE YOU PASSED THE CADC EXAM?

- YES NO

HAVE YOU ENROLLED IN OR COMPLETED AN ICB ACCREDITED TRAINING PROGRAM (ATP)?

- YES NO UNSURE

WHAT ATP PROGRAM?

WHEN DID YOU COMPLETE THE ATP PROGRAM?

ARE YOU CURRENTLY OR PREVIOUSLY A PARTICIPATING STUDENT OF THE CADC WORKFORCE EXPANSION PHASE 2 PROGRAM? *(Please note; verification from the participating Accredited Training Program will be obtained to confirm your response.)*

- YES NO

ARE YOU CURRENTLY EMPLOYED?

- YES NO

IF NO, HOW LONG HAVE YOU BEEN UNEMPLOYED?

WHERE ARE YOU EMPLOYED?

HOW LONG HAVE YOU BEEN EMPLOYED?

DO YOU HAVE ANY PRIOR SUBSTANCE ABUSE COUNSELING EXPERIENCE?

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE IN THE SUBSTANCE USE COUNSELING FIELD?

ARE YOU CURRENTLY WORKING IN AN ILLINOIS SUPR-LICENSED/SUPR-FUNDED PREVENTION, TREATMENT, HARM-REDUCTION, OR RECOVERY ORGANIZATION?

- YES NO

IF NOT, HOW DOES YOUR ROLE SUPPORT OR RELATE TO THE SUBSTANCE USE SERVICES IN ILLINOIS?

WHY ARE YOU IN NEED OF THIS FUNDING?

- I currently have no source of income
- Paying for testing, application fees and educational cost are unattainable
- I needed to buy technology for educational purposes and now need assistance
- My income is needed for food, shelter, transportation, and education and I have no other expendable income

DO YOU HAVE ANY STUDENT LOANS OR ANY OTHER OUTSTANDING EDUCATIONAL EXPENSES?

YES **NO**

WHAT IS YOUR OUTSTANDING STUDENT LOAN DEBT?

**I attest, under penalty of perjury, that the above information is true to the best of my knowledge. I am aware that by applying I am seeking a waiver of fees and that no monies will be afforded to me. Awards are not given entirely based on need but on available funding at the time. I am also aware that I may only apply one time between August 1, 2024 until June 20, 2025 and that applications are accepted on the condition that funding is still available. I am aware that the demographic information is collected for data purposes only and that is not factored into an application status. ICB does not discriminate based on age, sex, sexual orientation, gender identity, race, national origin, religion, parental or marital status, or economical status. I also attest that my work environment is related to the substance use services field or I plan to obtain work in the substance use services field.*

If application is found to not be true and accurate, or incomplete, the application is void.

SIGNATURE

DATE