

## **CADC WORKFORCE RETENTION FUND**

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.

Applications for this fund must be submitted by June 20, 2025.

This fund is for current counselors who hold an active ICB CADC credential that is in good standing and are needing assistance with their recertification fees. Retired Emeritus Status is not eligible. This program is not available to other ICB credentials at this time. This fund is available only for those with recertification dates between August 1, 2024 through June 28, 2025. Your full CEUs are required to be approved for this fund. No extension options are available. Your work environment must be related to the substance use services field or you plan to obtain work in the substance use services field. This opportunity is available only while funds last. This fund is first come, first served.

## **CONTACT INFORMATION**

FIRST NAME		M. INITI	AL	LAST NA	ME		
DATE OF BIRTH							
		○ HOI					
PHONE		0 011	-	EMAIL			
ADDRESS							
СІТҮ	STATE		COUNTY	,		ZIP CODE	
AGE	SEX				RACE		

If a certification is set to expire within 24 hours of the date of this application, applications will not be accepted. Please contact ICB at 217-698-8110 or info@iaodapca.org to discuss your situation

DO YOU CURRENTLY HOLD AN ACTIVE ICB CADC CREDENTIAL THAT IS IN GOOD STANDING?	WHAT IS YOUR CADC EXPIRATION DATE?						
○ YES ○ NO							
I WILL SUBMIT MY CEUS NO LATER THAN MY EXPIR	ATION DATE TO BE ELIGIBLE FOR THIS FUND.						
○ YES ○ NO							
ARE YOU CURRENTLY EMPLOYED?	IF NO, HOW LONG HAVE YOU BEEN UNEMPLOYED?						
○ YES ○ NO							
WHERE ARE YOU EMPLOYED AT?	HOW LONG HAVE YOU BEEN EMPLOYED?						
WHAT IS YOUR CURRENT POSITION TITLE?							
ARE YOU WORKING IN AN ILLINOIS SUPR-LICENSED/SUPR-FUNDED PREVENTION, TREATMENT, HARM-REDUCTION, OR RECOVERY ORGANIZATION?							
○ YES ○ NO							
IF NOT WORKING IN AN ILLINOIS SUPR-LICENSED/SUPR-FUNDED PREVENTION, TREATMENT, HARM-REDUCTION, OR RECOVERY ORGANIZATION, HOW DOES YOUR ROLE SUPPORT SUBSTANCE USE SERVICES IN ILLINOIS?							
IF NOT CURRENTLY WORKING IN THE SUBSTANCE UTHE SUBSTANCE USE SERVICES FIELD?	ISE SERVICES FIELD, HOW LONG DID YOU WORK IN						
IF NOT CURRENTLY WORKING IN THE SUBSTANCE UBACK INTO THE FIELD?	ISE SERVICES FIELD, HOW DO YOU PLAN TO GO						

IN PAYING FOR YOUR RECERTIFICATION
Recently Lost Employment
○ Financial Hardship
O Spent finances on CEUs
○ Low Salary
IF YOU ANSWERED FINANCIAL HARDSHIP, PLEASE SELECT THE FOLLOWING HARDSHIPS THAT APPLY TO YOU
Rising Transportation Costs have impacted my budget
Rising Food Costs have impacted my budget
My childcare costs have impacted my budget
Medical Bills for myself or a family member have impacted my budget
ANNUAL INCOME
O under \$24,000
○ \$24,000 to \$50,000
○ \$50,000+
*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 that no monies will be afforded to me. Awards an 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 through June 28, 2025 and that applications are accepted on the condition that funding is still available. I am aware my full CEUs are required to be approved for this fund. I am aware applications for this fund must be submitted by June 20, 2025. No Extension options are available. This fund is first come, first served. 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.
In order to be eligible for this fund, your full CEUs must be submitted by your expiration date. If you are selected for eligibility, you will receive an email with a link to upload your CEUs.
If application is found to not be true and accurate, or incomplete, the application is void.

DATE

SIGNATURE