



CADC INITIAL APPLICANT FUND - EXAMINATION 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 March 20, 2024 to apply for this fund.

This fund is for individuals who have submitted their CADC application and have been approved to take the CADC exam. It will cover the cost of the CADC exam fee, while funding lasts. You will be required to take the CADC exam within **90 days** of approval for this grant fund. 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 program is only for the CADC credential and is not available for other ICB-offered credentials at this time.

***Please note: This is only available while funding lasts. If you were approved to receive this fund, but funds are not available when you plan to take the exam, you will be responsible for paying the required fees.*

CONTACT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FIRST NAME

M. INITIAL

LAST NAME

<input type="text"/>

DATE OF BIRTH

<input type="text"/>

HOME
 CELL

<input type="text"/>

PHONE

EMAIL

<input type="text"/>

ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CITY

STATE

COUNTY

ZIP CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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AGE

SEX

RACE

HAVE YOU BEEN APPROVED TO TAKE THE CADC EXAM?

YES NO

WILL YOU BE TAKING THE CADC EXAM WITHIN 90 DAYS OF APPROVAL FOR THIS GRANT FUND?

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?

HAVE YOU COMPLETED YOUR CADC EDUCATIONAL REQUIREMENTS?

YES NO

HAVE YOU COMPLETED YOUR CADC WORK EXPERIENCE REQUIREMENTS?

YES NO

ARE YOU CURRENTLY EMPLOYED?

YES NO

IF NO, HOW LONG HAVE YOU BEEN UNEMPLOYED?

WHERE ARE YOU EMPLOYED?

DO YOU HAVE ANY PRIOR SUBSTANCE ABUSE COUNSELING EXPERIENCE?

HOW LONG HAVE YOU BEEN EMPLOYED?

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE?

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

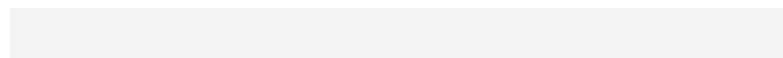
DO YOU HAVE ANY STUDENT LOANS OR ANY OTHER OUTSTANDING EDUCATIONAL EXPENSES?

YES NO

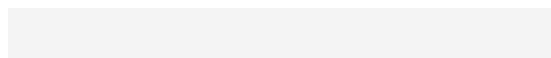
WHAT IS YOUR OUTSTANDING STUDENT LOAN DEBT?

**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 7, 2023 until May 20, 2024 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. I attest that I will take the CADC exam within 90 days of being approved for this grant fund.*

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



SIGNATURE



DATE