



CADC WORKFORCE ENTRY 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.

Applicants have until noon on June 20, 2024 to apply.

This fund will provide \$1,000.00 stipends only to individuals who have successfully completed an ICB Accredited Training Program between July 1, 2023 through June 28, 2024 and currently work in an Illinois SUPR-licensed/SUPR-funded prevention, treatment, harm reduction, or recovery organization, not in the capacity of a paid or unpaid internship. You must either have a CADC or have an active CADC application. To be eligible you must provide a letter (on official company letterhead) from human resources or your direct supervisor verifying that you are currently employed and in good standing. You must also sign an affidavit stating that you agree to continue working in an Illinois SUPR-licensed / SUPR-funded prevention, treatment, harm-reduction, or recovery organization for at least two years from the date the affidavit is signed. This opportunity is available only while funds last.

CONTACT INFORMATION

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

M. INITIAL

LAST NAME

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| <input type="text"/> |
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DATE OF BIRTH

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| <input type="text"/> |
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HOME
 CELL

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| <input type="text"/> |
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PHONE

EMAIL

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| <input type="text"/> |
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ADDRESS

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CITY

STATE

COUNTY

ZIP CODE

| | | |
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AGE

SEX

RACE

EDUCATION

Please note if you have not completed an ICB Accredited Training Program your application will be denied.

DID YOU SUCCESSFULLY COMPLETE AN ICB ACCREDITED TRAINING PROGRAM (ATP)?

YES NO

ATP NAME

DATE OF COMPLETION/GRADUATION

ARE YOU CURRENTLY A CADDC?

DO YOU HAVE AN ACTIVE CADDC APPLICATION PENDING?

YES NO

YES NO

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

YES NO

EMPLOYMENT DETAILS

NAME OF EMPLOYER

EMPLOYER ADDRESS

EMPLOYER CITY

EMPLOYER STATE

EMPLOYER ZIP CODE

EMPLOYER PHONE NUMBER

DIRECT SUPERVISOR NAME

YOUR OFFICIAL WORK TITLE

START DATE

You are required to submit an affidavit in which you agree to continue working in an Illinois SUPR-licensed/SUPR-funded prevention, treatment, harm-reduction, or recovery organization for at least two years from the date the affidavit is signed as well as a letter, on official company letterhead, from human resources or your direct supervisor verifying that you are currently employed and in good standing in order to be approved to receive the \$1,000.00 stipend.

**I attest, under penalty of perjury, that the above information is true to the best of my knowledge. 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 July 1, 2023 through June 28, 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 martial status, or economical status. I also understand that by submitting this application, I give ICB permission to contact my employer and the Accredited Training Program that I attended in order to verify the information supplied in this application.*

If application is found to not be true and accurate, or incomplete the application is void. I understand that my CADW Workforce Entry Fund application must be received by noon on June 20, 2024. I understand that all of my required documentation, including the mailed affidavit, letter verifying employment, and verification of my graduation date from an ICB Accredited Training Program is not received by noon on June 28, 2024, this application will be considered void and I will not be able to reapply.

Please mail the affidavit and the letter verifying employment with your application to the Illinois Certification Board, 401 E. Sangamon Ave., Springfield, IL 62702. Your application will not be complete until all documents (this application, the affidavit and the letter verifying employment) are received. These documents must be received by noon on June 28th, 2024 otherwise your application will be void.

SIGNATURE

DATE



CADC WORKFORCE ENTRY FUND AFFIDAVIT

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| Affiant Name (The Person Making the Affidavit) | |
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I, the above-named Affiant, being first duly sworn, upon oath and under the penalty of perjury, by signing below, represents the following:

1. That I have successfully completed an ICB Accredited Training Program between July 1, 2023, through June 28, 2024; and,
2. That I currently am employed at an Illinois SUPR-licensed/SUPR-funded prevention, treatment, harm-reduction, or recovery organization, not in the capacity of a paid or unpaid internship; and,
3. That I have either a CADC or an active CADC application, and,
4. That if I have an active CADC application, that I am committed to following through to get a CADC credential.
5. That I have provided a letter from my human resources or direct supervisor verifying that I am currently employed at an Illinois SUPR-licensed/SUPR-funded prevention, treatment, harm-reduction, or recovery organization and am in good standing; and,
6. That I agree to continue working in an Illinois SUPR-licensed/SUPR-funded prevention, treatment, harm-reduction, or recovery organization for at least two (2) years from the date set forth below.

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|---------------------------------|-----------|-------------|--|
| Affiant's Signature → | X: | Date | |
|---------------------------------|-----------|-------------|--|

STATE OF ILLINOIS

COUNTY OF _____

The undersigned, a Notary Public in and for the County and State aforesaid, do hereby certify that _____ [name of Affiant], personally known to me to be the person whose name is subscribed to the foregoing instrument, appeared before me this day and signed, sealed and delivered the foregoing instrument as his or her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this ____ day of _____ [date], 20 ____ [year]

{Seal}

By: _____
Notary Public