



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, 2024.

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 January 16, 2024 through June 28, 2024. 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

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

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

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?

- YES
- NO

WHAT IS YOUR CADC EXPIRATION DATE?

I WILL SUBMIT MY CEUS NO LATER THAN MY EXPIRATION DATE TO BE ELIGIBLE FOR THIS FUND.

- YES
- NO

ARE YOU CURRENTLY EMPLOYED?

- YES
- NO

IF NO, HOW LONG HAVE YOU BEEN UNEMPLOYED?

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 USE SERVICES FIELD, HOW LONG DID YOU WORK IN THE SUBSTANCE USE SERVICES FIELD?

IF NOT CURRENTLY WORKING IN THE SUBSTANCE USE SERVICES FIELD, HOW DO YOU PLAN TO GO BACK INTO THE FIELD?

PLEASE SELECT ANY OF THE FOLLOWING REASONS AS TO WHY YOU HAVE REQUESTED ASSISTANCE IN PAYING FOR YOUR RECERTIFICATION

- Recently Lost Employment
- Financial Hardship
- 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

- 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 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 January 16, 2024 through June 28, 2024 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, 2024. 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.

SIGNATURE

DATE