



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 30, 2023 to apply.

This fund is only for individuals who have successfully completed an ICB Accredited Training Program between March 1, 2023 through June 30, 2023 and currently work in an Illinois SUPR licensed substance use treatment facility, 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 substance use treatment facility for at least two years from the date the affidavit is signed. This opportunity is available only while funds last.

CONTACT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	
FIRST NAME	M. INITIAL	LAST NAME	
<input type="text"/>			
DATE OF BIRTH			
<input type="text"/>	<input type="radio"/> HOME <input type="radio"/> CELL	<input type="text"/>	
PHONE		EMAIL	
<input type="text"/>			
ADDRESS			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	COUNTY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	
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 CADC?

☐ YES ☐ NO

DO YOU HAVE AN ACTIVE CADC APPLICATION PENDING?

☐ 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 substance use treatment facility 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.

**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 May 15, 2023 until June 30, 2023 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 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 if all of my required documentation is not received by June 30, 2023, 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.

SIGNATURE

DATE



CADC WORKFORCE ENTRY FUND AFFIDAVIT

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 March 1, 2023, through June 30, 2023; and,
2. That I currently am employed at an Illinois SUPR licensed substance use treatment facility, 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, 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 substance use treatment facility and am in good standing; and,
6. That I agree to continue working in an Illinois SUPR licensed substance use treatment facility for at least two (2) years from the date set forth below.

Affiant's Signature →	X:	Date	
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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