State of Illinois
Department of Human Services - Bureau of Child Care and Development

APPROVAL OF REQUEST FOR CHILD CARE PAYMENTS

Child Care Case #: **Date of Notice:**

IVR Case #: **Caseload Code:**

Reason for Child Care:

Parent/Guardian: **Provider:**

Your eligibility for child care has been approved beginning through or until there is a change in eligibility, whichever is sooner. We cannot pay for child care provided before the date you were approved. Eligibility will be redetermined near the end of your eligibility period, but may be redetermined sooner if there is a change in income, family size, or at the Department's discretion.

REPORTING CHANGES: You are responsible for notifying within 10 days if you Change Providers, Stop Working or Change Jobs, Stop Attending School or Training, Change Family Size, Change Income, Change Address, Stop Receiving TANF, Have Maternity/Medical Leave, or Have Any Other Changes that may affect your eligibility. Failure to do so in a timely manner may result in pay back of overpayments and/or loss of child care benefits. Also, report these changes to your DHS local office caseworker if you are receiving other benefits from DHS.

PARENT CO-PAYMENT: The parent/guardian is required to help pay for the cost of child care. This is called the parent co-payment. The parent co-payment is based on gross monthly income, family size, and number of children receiving care. The provider is responsible for collecting the parent co-payment. The state will deduct the parent co-payment from the total charges up to the maximum child care rate. If the co-payment is more than the total charges, the parent pays the lesser amount to the provider and no payment is made by the state.

Parent Co-Payment	Monthly Amount	Parent Co-Payment	Monthly Amount
	$		$
	$		$
	$		$

FAMILY SIZE

Eligible Children First	Last	Date of Birth	Rate	Full/Part/ SchAge	Weekly Eligible Days
			$		
			$		
			$		
			$		

COMMENTS:

Please keep this notice. We will need information from this form to help you if you call us.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

At any time within 60 days following the date of this notice, you have the right to appeal this decision and be given a fair hearing. Such an appeal must be filed with the Department in writing or by calling (toll free) 1-800-435-0774. You may represent yourself at this hearing or you may be represented by anyone else, such as a lawyer, relative or friend. Your local office will provide you with an appeal form and will help you fill it out if you wish.