State of Illinois
Department of Human Services

VOID AFTER SIX MONTHS

SAMER SUPPLEMENTAL

Date of Issue: _____

PROVIDER NAME: _____

VENDOR #: _____

TYPE OF CARE: _____

MAIL THE COMPLETED REPORT TO:

PROVIDER CONTRACT ADDRESS:

LOCATION ADDRESS:

HOW MANY DAYS WAS YOUR CENTER OPEN FOR BUSINESS DURING THE MONTH: _____

Child Care Case No./ Client's Name	Child's Name/ Date of Birth	Rate	Full/ Part/ Sch Age	Parent Co-pay	Adjusted Co-pay	Elig	Days Adj Elig	Attd	Adj Days Code*	If You Adjust Days Or Child No Longer Attends, List Date(s)

All Adjusted Days Codes of O-Other Must Be Explained Below

Adjusted Days Codes: If you adjust the number of days for a child, enter one of the reason codes listed below:

Increased Days - E-Extra Work; H-Holiday or Day Off School for School Age Child; Y-Year Round School, O-Other
Decreased Days - B-Behavioral Problems; C-Child No Longer Attends; D-Start Date Changed; I-Illness; N-No Longer Working or in School; S-Out of State; V-Vacation; Y-Year Round School; O-Other

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COMMENTS: _____

_____

_____

_____

_____

_____

I certify that I have verified the daily rates charged for each child. I understand that I cannot charge a parent receiving subsidized child care a higher rate than I charge private paying clients. This includes discounts such as multiple child discounts, staff discounts, full-week discounts, pre-pay discounts, and sliding fee scales.

I certify that I will maintain, for a minimum of 5 years from the date of payment, daily attendance records to fully document the extent of services provided and agree to make all records and supporting documentation relevant to the services billed herein available to any and all authorized department representatives and federal authorities. I understand that failure to maintain adequate records shall establish a presumption in favor of the state for any funds paid by the state for which adequate documentation is not available to support disbursement.

I certify that child care program funds are not and will not be expended for students enrolled in grades kindergarten through 12 for: Any service provided to such students during the regular school day; Any services for which students receive academic credit toward graduation; or Any instructional services that supplant or duplicate the academic program of any public or private school.

I certify that the information submitted above is complete and accurate. I understand that giving false information or failure to provide correct information can result in referral for prosecution for fraud.

PROVIDER'S SIGNATURE: _____ DATE: _____

PRINT PROVIDER'S NAME: _____

PHONE NUMBER: _____ FAX: _____

EMAIL: _____