

Case Number:	Date of Notice:
Parent/	Return to:
Guardian:	

EFFECTIVE DATE OF CHANGE(S):

Provider #1:	Provider #2:						
Address:	Address:						
Provider ID#:	Provider ID#:						
Co-pay collected from this Prov.?	Co-pay collected from this Prov.? Yes No						
My information has changed due to:	(INSTRUCTIONS ON PAGE 8.)						
\Box Gave Birth/Adding Family Member	My Employment/School/Training						
\Box Add Family Member (needs child care)	□ Job Change □ Job Added						
\Box Add Family Member (does not need child care)	□ Job Ended □ Added 2nd Job						
\Box Leave of Absence (attach Doctor's & employer letter)	Work Schedule Wages/Income						
Medical Start Date: End Date: End Date:	Travel Time School/Training						
Adoption	Graduated						
Add Family Member (needs child care)	Program Ended						
\square Add Family Member (does not need child care)	Schedule Change						
□ Death (Complete Section 1)	Other Parent/Adult Employment/School/Training						
Delete Family member (other parent/adult)	☐ Job Change ☐ Job Added						
Delete Child from Case	Job Ended Added 2nd Job						
\square Child over 13 Years of Age (no longer needs child care)	Work Schedule Wages/Income						
Got Married (complete Other Parent/Adult sections)	☐ Travel Time ☐ School/Training						
New Name:	Graduated						
Family Size changed from: to	Program Ended						
□ Got Divorced (complete Other Parent/Adult sections)	Schedule Change DO NOT WRITE IN BOX - FOR SITE/CCR&R ONLY						
New Name:							
Family Size Changed from: to	Child Care Rate From \$ Old Rate to \$ New Rate						
Separated (complete Other Parent/Adult sections)	Child Care Rate						
New Name:	From \$ Old Rate to \$ New Rate						
Family Size changed from: to	Child Care Schedule (complete Sect. 7)						
\Box Widowed (complete other Parent/Adult sections)							
New Name:	Number of Children in Care (fromto) Change in Site Location:						
Family Size changed from: to New Phone:	Full Co-Pay Collected at Indicator						
Moved: Old Phone Number:	Fee Changes: Registration Field Trips Crafts/Extra						
New Address:	Other:						
Old Address:							



1. FAMILY INFORMATION (If adding a child that DOES NEED care, please ALSO complete Sections 8 & 9)

Family size changed f	rom	to	Reason:				
Family member(s) bei	ng deleted - N	ame & Birth D	ate:				
Is this member a U.S.	011-0	Yes 🗆 No					
What is their gender?			Relationship				
If recently married, hu							
My new name is:							
If recently moved, new							
My previous address v							
I am adding a new fa	mily member	that <u>DOES N</u>	<u>OT</u> need care:				
Name:			Birth Date:		Relations	hip:	
SSN (optional)			Gender:] Female		
Name:			Birth Date:		Relations	hip:	
SSN (optional)			Gender:	Male	Female		
2. <u>MY EMPLOYMENT</u>					- i onicio		
I currently have:			/ Job (complete b	elow)	Second Job (c	omplete for bo	th ions)
If looking for a job, ple							un jobo)
Employer Name:							
Employer FEIN/SSN (if known)			Telephone:			
Date Job Started:							
Number of Hours Wor							
Lastasid. —							
Total Monthly Gross E	mpl. Income:	\$	Travel Time	- Provider to Jol	o: He	our(s)	Minutes
Other Monthly Income	: \$	(unless a cha	ange is noted, previou	sly reported "other i	ncome" will be in		
Type of Other Monthly	Income:	 Child Support			n 🗌 Othe	or.	
My Work Schedule:	Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
From:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm
To:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm
3. <u>MY SECOND JOB</u> (I	f you <u>DO NO</u>	<u>T</u> have a secc	ond job, skip to s	ection 4 - My E	ducation/Tra	aining.)	
Employer Name:			Ac	ldress:			
Employer FEIN/SSN (if known)			Telephone:			
Date Job Started:			Job Ended:				
Number of Hours Wor	ked Per Week			Days Worked p			
l aet naid: 🛛 🗖	_		Twice Per N	_			
VV0							



Total Monthly Gross Empl. Income: \$ Travel Time - Provider to Job: Hour(s) Minutes									
Other Monthly Income: \$(unless a change is noted, previously reported "other income" will be included in total monthly income)									
Type of Other Monthly Income: Child Support SSI SSA Pension Other:									
My Work So	chedule:		Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday	
	From:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	
	To:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	
4. <u>MY EDU</u>	CATION/	TRAINING	\Box I am NOT a	attending educ	ation/training,	skip to Sectio	n 5 - Employr	nent.	
Travel Time	from Prov	vider to School				·			
School Nam	ie:						Vocation	al	
Address:					rt Date:		nd Date:		
Telephone:			# of Hours	s per week:	# of Da	ys per week:			
TANF client	other par	ent must provic	le one of the fo	ollowing:	ontracted Provid	er's Referral			
	ntract Rep	oort (Notificatio	n of Employme	ent) 🗌 R	esponsibility and	l Services Plar	n (RSP)		
Client Schoo	Schedul	e: Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday	
	From	:am pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	
	То	:am pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	
	a change	CHANGES FO	, what type of	change:					
-	-				ete below)	Second	I JOD (COMPIET	e for doth jobs)	
-	-			e previous job er					
Employer Na				A	ddress:				
Employer Fl		(IT KNOWN)	Data	lah Fradadi	Telephone:		r Llaure (†		
Date Job St				Job Ended:		Wage Pe	r Hour: \$		
Number of H	Hours Wor	ked Per Week	:	Number o	of Days Worked	per Week:			
They get paid: Weekly Every 2 Weeks Twice Per Month Other, explain:									
Total Month	ly Gross E	Empl. Income: S	\$	Travel Time	e - Provider to Jo	b: He	our(s)	Minutes	
Other Month	nly Income	e: \$	(unless a cha	nge is noted, previo	usly reported "other	income" will be in	cluded in total mor	thly income)	
Type of Othe	er Monthly		hild Support	🗆 ssi 🗆 ss	SA 🗌 Pensio	on 🗌 Othe	er:		
Other Pare	nt Work	Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday	
Schedule:	From:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	
	To:	am pm	am pm	am pm	am pm	am pm	am pm	am pm	

Complete next section <u>ONLY</u> if the other parent/adult family member has a second job; otherwise skip to Education/Training (Section 7).



6. <u>SECOND JOB</u> (CHANGES FOR: OTHER PARENT OR ADULT FAMILY MEMBER)									
Employer Name: Address:									
Employer FEIN/SSN (if known) Telephone:									
Date Job Started:		Date Job	Ended:		Wage Per H	Hour: \$			
Number of Hours Wor	ked Per Week:		_ Number of Da	ays Worked pe	r Week:				
They get paid: 🗌 W	eekly 🗌 Eve	ery 2 Weeks	Twice Per Mor	nth 🗌 Othe	er, explain: _				
Total Monthly Gross E	mpl. Income: \$		Travel Time - P	rovider to Job:	Ηοι	ır(s)M	inutes		
Other Monthly Income	: \$		is noted, previously	reported "other inc	come" will be inclu	ided in total month	ly income)		
Type of Other Monthly	Income: Ch	nild Support	SSI 🗆 SSA	Pension	Other:				
Other Parent 2nd Jo	b Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday		
Schedule: From:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm		
To:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm		
7. EDUCATION/TRA	NING (CHAN	GES FOR:	OTHER PAREN			(MEMBER)			
Travel Time from Prov	ider to School:	Hour(s)Minut	es					
School Name:				ESL	🗆 ABE	U Vocational			
Address:			Start Da	ate:	End	d Date:			
Telephone:				# of Days	per week:				
TANF client/other pare	ent must provide	e one of the follow	wing: Contra	acted Provider	's Referral				
IDHS Contract Rep	`	· · · · ·	· · ·	onsibility and S		· · · · · · · · · · · · · · · · · · ·			
Other Parent Schoo	-	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday		
Schedule: From:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm		
To:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm		
8. <u>CHILD CARE SCHEDULE CHANGES</u> This is the actual child care schedule. (If schedule <u>DOES NOT</u> vary, list only one time per child; If you use more than one child care provider, <u>be sure to mark which provider the child is cared by.)</u>									

Child's Nar	ne:			Provider #1	Provider #	2		
NEW Child	Care	Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
Schedule:	From:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm
	To:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm
Does this child attend school? Yes No Year round What hours is the child in school:								
Is the school at the same location as the provider? \Box Yes \Box No Does the schedule vary? \Box Yes \Box No								
What is the schedule (if it varies):								



Child's Nar	ne:			Provider #1	Provider #	2		
NEW Child	Care	Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
Schedule:	From:	am_pm	am_pm	am_pm	am_pm	am_pm	am pm	am_pm
	To:	am_pm	am_pm	am_pm	am_pm	am_pm	am pm	am_pm
Does this ch	ild attend so	hool?	es 🗌 No	Year round	d What hou	irs is the child	in school:	
Is the school What is the		e location as th it varies):	ne provider?	Yes 🗆 No	Does the s	schedule vary'	? 🗆 Yes 🛛	□ No
Child's Nar	ne.		Г	Drovidor #1		2		
NEW Child		Monday	Tuesday	Provider #1 Wednes .	└── Provider #: │ Thursday	∠ Friday	Saturday	Sunday
Schedule:	From:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
	To:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Does this ch		I ·		Year round	·	rs is the child	· · ·	ann pnn
What is the	·	it varies):						
Child's Nar		Monday	Tuesday	☐ Provider #1 Wednes.	└── Provider #: │ Thursday	2 Friday	Saturday	Sunday
Schedule:		wonday	Tuesuay	weunes.	Thursday	ГПЦАУ	Saturuay	Sunuay
Schedule.	From:	am_pm	am_pm	am pm	am_pm	am_pm	am_pm	am_pm
Daga thia ah	To:	am_pm	am_pm	am pm	am_pm	am_pm	am_pm	am_pm
Does this ch	lid attend so	nool? 🗌 Ye	es 🗌 No	🗌 Year roun	d What hou	irs is the child	in school:	
		e location as th	ne provider?	Yes No	Does the s	schedule vary'	? 🗆 Yes 🛛	No
What is the	Schedule (II							
Child's Nar	ne:			Provider #1	Provider #	2		
NEW Child	Care	Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
Schedule:	From:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm
	To:	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm	am_pm
Does this ch	ild attend so	hool? 🗌 Ye	es 🗆 No	Year roun	d What hou	irs is the child	in school:	
	at the same schedule (if	e location as th	ne provider?	Yes No	Does the s	schedule vary	? 🗆 Yes 🛛	No



9. NUMBER OF CHILDREN IN CARE	I currently hav	echildren in child care.
Please 🗌 add / 🗌 delete this child		
Name:	Birth Date:	Relationship:
SSN: U.S. Citizen?		Female
Ethnic Origin: Uhite E	Black/African American	
Please 🗌 add / 🗌 delete this child		
Name:	Birth Date:	Relationship:
	If no, Alien Registration Numl Black/African American	Female Female Hispanic/Latino Native Hawaiian/Pacific Islander
Please 🗌 add / 🗌 delete this child		
Name:	Birth Date:	Relationship:
SSN: U.S. Citizen? 🗌 Yes 🗌 No	Gender: Male	Female
Ethnic Origin: Uhite E	Black/African American askan Native	 Hispanic/Latino Asian Native Hawaiian/Pacific Islander
Please 🗌 add / 🗌 delete this child		
Name:	Birth Date:	Relationship:
SSN:	Gender: 🗌 Male	Female
U.S. Citizen? Yes No	If no, Alien Registration Num	ber:
Ethnic Origin: Uhite E	Black/African American askan Native	 Hispanic/Latino Asian Native Hawaiian/Pacific Islander



NOTES:			

PARENT/GUARDIAN SIGNATURE

I understand that I am responsible for the selection of the child care providers for my child(ren).

I will report any change in child care arrangements, employment or family size, within 10 days. Failure to report changes in a timely manner may result in an overpayment which I will have to pay back and/or loss of child care benefits.

I undertand that I must be working or attending an IDHS approved education, training, or other work related activity in order to be eligile to receive child care benefits.

I understand the information provided will be checked using State and other databases, and if inconsistencies are discovered, the processing of my Redetermination may be delayed or denied.

I understand that deliberately providing an incorrect/fictitious Social Security number or withholding the Social Security number information in order to defraud the State of Illinois will cause me to be prosecuted to the fullest extent of the law.

The information provided will be disclosed only for administrative purposes and that I may be required to verify the information that I have provided.

I understand that I have the right to appeal and to have a fair hearing or grievance.

I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct, and complete to the best of my knowledge.

I understand that giving false information or failing to provide correct information can also result in an overpayment which I will have to pay back and could result in my prosecution of fraud.

My signature is my consent and authorization for information to be released to the Illinois Department of Human Services or its agents that may establish my eligibility, or my continued eligibility for the child care.

Parent/Guardian Signature: _____

Date:



INSTRUCTIONS

Please mark the effective date of change. This is the date the changes will take place.

If you have **MORE THAN ONE** provider, please complete information for BOTH providers.

If you are **CHANGING** providers, please use a Change of Provider form (3455G) from your local CCR&R or Site. If your **provider has a DIFFERENT address**, please use a Provider Address Change form (4339) from your local CCR&R or Site.

Be sure to indicate if changes are for yourself (Parent/Guardian) **OR** the Other Parent/Adult Family Member in the home. **Do not mark anything in the SITE/CCR&R ONLY box, unless you are a provider/site/CCR&R.**

Section 1 - MY FAMILY INFORMATION

- * Write the number of your family size whether it increases or decreases. **Example:** From 2 to 3, or From 3 to 2.
- * If adding new family members, include a birth certificate for each. If you need more space, please use additional paper.
- * If adding a new family member that is NOT a child or spouse (such as a brother, parent, grandparent, etc.), please provide proof that you provide over 50% of support for this person, as well as proof of relationship and proof of residency.
- * If an adoption occurred, please provide the adoption record or court record.
- * If a divorce occurred, please provide the Divorce Decree AND the Parenting Agreement.
- * If separated, please provide two (2) forms of ID showing separate addresses OR legal separation papers.

Section 2 - MY EMPLOYMENT

Complete information for your current job and work schedule. Please attach two (2) current, consecutive paystubs, OR a letter from your empolyer OR an income verification form. If you are self-employed, please include tax returns, self-employment records, etc.

Section 3 - MY SECOND JOB

Complete only if you have more than one job. Follow instructions for "MY EMPLOYMENT" above. If not, skip to Section 4.

Section 4 - MY EDUCATION/TRAINING

Complete if you had any changes to your education/training. Please attach the official school schedule, as well as grades from the previous semester, if applicable. If the changes are for the other parent/adult in the home, skip to section 7.

Section 5 - EMPLOYMENT (OTHER PARENT or ADULT FAMILY MEMBER)

Be sure to indicate if the change is for the Other Parent or Adult Family Member. Be sure to include ALL jobs that the other parent or adult family member have, if they have more than one. Complete the work schedule. Attach two (2) current, consecutive pay stubs, and a letter from their employer or an income verification form. If they are self-employed, please include tax returns, self-employment records, etc.

Section 6 - SECOND JOB (OTHER PARENT or ADULT FAMILY MEMBER

Be sure to indicate if the change is for the Other Parent or Adult Family Member. Please follow same instructions for the "EMPLOYMENT (OTHER PARENT or ADULT FAMILY MEMBER)" above.

Section 7 - EDUCATION/TRAINING (OTHER PARENT or ADULT FAMILY MEMBER)

Be sure to indicate if the change is for the Other Parent or Adult Family Member. Be sure to include ALL education/training that the other parent or adult family member is attending, as well as grades from the previous semester, if applicable.

Section 8 - CHILD CARE SCHEDULE

If the child(ren) have NOT changed schedules, please skip to Section 9. Otherwise, complete changes in the schedule for EACH child that has changed. Use additional paper if needed.

Section 9 - NUMBER OF CHILDREN IN CARE

Please complete the number of children in care even if the number has not changed. If you are adding or deleting a child to or from care, please indicate which and complete the information about the child. Use additional paper if needed.

Use the Notes Section (on page 7) if you need to help explain a situation.

Be sure the paper is <u>signed and dated</u> prior to sending to the address on the first page (top, right). <u>KEEP A COPY FOR YOUR RECORDS</u> before mailing.