



CHILD CARE REDETERMINATION

Child Care Case Number: Client: Caseload Code:	Parent/Guardian Name: Date of Notice: Return your completed Redetermination to: Illinois Action for Children 1340 S Damen Ave, Chicago, IL 60608 Reason for Child Care: Provider(s):
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Your eligibility for CHILD CARE needs to be Redetermined at this time. Please complete and return this form to us at the address listed above. If we do not receive this information within 10 business days, your child care will be CANCELED. If you are having problems filling out this form, please contact us.

IF YOU'RE EMPLOYED, ATTACH COPIES OF YOUR 2 MOST RECENT PAYSTUBS.

IF YOU'RE ATTENDING A TANF REQUIRED ACTIVITY (such as education or training), ATTACH A COPY OF YOUR CURRENT RESPONSIBILITY AND SERVICE PLAN (RSP).

IF YOU'RE ATTENDING SCHOOL BUT NOT ON TANF, ATTACH A COPY OF YOUR SCHOOL SCHEDULE AND MOST RECENT REPORT CARD.

IF YOU'RE A TEEN PARENT ATTENDING HIGH SCHOOL/GED, ONLY A COPY OF YOUR SCHOOL SCHEDULE IS NEEDED.

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM (P. 1).

SECTION 1 - PARENT/GUARDIAN INFORMATION

WORK INFORMATION - If you are working more than one job, you MUST tell us about all your jobs even if don't need child care for that job. Photocopy this page and complete a separate work information and work schedule section for each job you have.	Number of jobs currently working
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List a phone number where we can reach you during the day: _____

Current Employer/Company Name	Job Title
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Address	City	State	Zip Code
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Work Telephone Number Ext.	Date you started this job:
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I earn before deductions (complete one) \$ _____ per hour OR \$ _____ per month OR \$ _____ per year

I get paid (check one) <input type="checkbox"/> every day <input type="checkbox"/> every week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> once per month <input type="checkbox"/> other (please explain)	Number of hours usually worked at this job each week	Number of days usually worked at this job each week
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Travel time from the child care provider to work: _____ Do you use public transportation? _____

WORK SCHEDULE: If your schedule varies, provide an example of your schedule.

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

If your schedule varies, please explain how (you may send additional schedules to show how).



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If any of the information on the previous page is incorrect or has changed, please complete the following section with your current work information.

Parent/Guardian Name: _____

New or Corrected Employer/Company Name (Copy and complete additional sheets as necessary) _____ New or Corrected Job Title _____

New or Corrected Address _____ New or Corrected City _____ State _____ Zip Code _____

New or Corrected Work Telephone Number _____ Ext. _____ Date you started this job: _____

Updated or Corrected Pay Information (complete one) \$ _____ per hour OR \$ _____ per month OR \$ _____ per year

I get paid (check one) every day every week
 every two weeks twice per month
 once per month other (please explain) _____

Number of hours usually worked at this job each week _____

Number of days usually worked at this job each week _____

Travel time from the child care provider to work: _____

Do you use public transportation? _____

NEW OR CORRECTED WORK SCHEDULE: If your schedule varies, provide an example of your schedule.

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

If your schedule varies, please explain how (you may send additional schedules to verify): _____

Is this a new job since your last redetermination? Yes No

If YES, your previous employer's name: _____

Date previous job ended: _____

SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

Are you currently attending school, training or a TANF-Required Activity?
 No (Go to Section 2 - Other Parent/Stepparent Information P. 4) Yes (Verify/Complete the information below.)

TYPE OF EDUCATION/TRAINING CURRENTLY ATTENDING: (Check one)
 High School or GED Below Post - Secondary (e.g., ABE or ESL)
 Occupational/Vocational 2-Year College Degree Internship
 4-Year College Degree Work Experience (TANF only)

Type of Degree Being Earned (GED/High school diploma, trade school certificate, BA degree) _____

What is the highest level of education you have completed (GED/High school diploma, trade school certificate, BA degree)? _____

Do you already have a professional license degree, or certificate? Yes No
 If yes, what type: _____

School Name/Training Program Currently Attending _____ Telephone Number _____ Term Start Date _____ Term End Date _____

Address _____ City _____ State _____ Zip Code _____

Travel time from the child care provider to school: _____

Do you use public transportation? _____

SCHOOL SCHEDULE: Please complete the following schedule

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM



CHILD CARE REDETERMINATION

<p><i>If any of the information on the previous page is incorrect or has changed, please complete the following section with your current school/training information.</i></p>	<p>Parent/Guardian Name: _____</p>
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NEW OR CORRECTED SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

TYPE OF EDUCATION/TRAINING CURRENTLY ATTENDING: (Check one)		Type of Degree Being Earned (GED/High school diploma, trade school certificate, BA degree)		
<input type="checkbox"/> High School or GED	<input type="checkbox"/> Below Post - Secondary (e.g., ABE or ESL)			
<input type="checkbox"/> Occupational/Vocational	<input type="checkbox"/> 2-Year College Degree			<input type="checkbox"/> Internship
<input type="checkbox"/> 4-Year College Degree	<input type="checkbox"/> Work Experience (TANF only)			
What is the highest level of education you have completed (GED/High school diploma, trade school certificate, BA degree)?		Do you already have a professional license, degree, or certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, what type: _____		
School Name/Training Program Currently Attending		Telephone Number	Term State Date	Term End Date
Address		City	State	Zip Code

Travel time from the child care provider to school: _____ Do you use public transportation? Yes No

NEW OR CORRECTED SCHOOL SCHEDULE: Please complete the following schedule

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

SECTION 2 - OTHER PARENT/GUARDIAN/STEPARENT INFORMATION

Is the other parent or stepparent of any of your children, step children or wards living in your home?

No (Go to Section 3 - Family Information P. 7) Yes (Complete the information below.)

Please note: Information from various agencies' database and internet web sites will be taken into consideration. If the information does not match it may delay your eligibility.

If the other parent or stepparent could be listed on your case for other benefits (TANF, SNAP/Food Stamps, Medical, Child Support Enforcement, Unemployment) but is no longer living with you, you may need to supply additional information to prove he/she is living somewhere else. If you cannot provide this documentation, please contact your local CCR&R or Site Administered child care provider.

OTHER PARENT/GUARDIAN/STEPARENT INFORMATION

Other Parent/Guardian/Stepparent First Name	M.I.	Last Name
Social Security Number (Optional)	Date of Birth (include month/day/year)	Telephone Number
Is the other parent or stepparent working? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the other parent or stepparent attending school or a training program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the other parent or stepparent is not working or in a school/training program, please explain why he/she cannot care for the children.		



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				Parent/Guardian Name:			
WORK INFORMATION - If the other parent/stepparent is working more than one job, you MUST tell us about all their jobs even if you don't need child care for that job. Photocopy this page and complete a separate work information and work schedule section for each job they have.						Number of jobs they are currently working	
First Employer/Company Name					Job Title		
Address				City		State	Zip Code
Work Telephone Number			Ext.	Date they started this job:			
They earn (complete one): \$ _____ per hour OR \$ _____ per month OR \$ _____ per year)							
How often are they paid (check one) <input type="checkbox"/> every day <input type="checkbox"/> every week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> once per month <input type="checkbox"/> other (please explain)				Number of hours usually worked at this job each week		Number of days usually worked at this job each week	
Travel time from the child care provider to work: _____				Do you use public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER PARENT WORK SCHEDULE: If their schedule varies, provide an example of the schedule.							
	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
If other parent/stepparents schedule varies, please explain how (you may send additional schedules to show how.)							

If any information is incorrect or has changed, please complete the following section with the current work information for the other Parent/Guardian.

NEW OR CORRECTED OTHER PARENT/GUARDIAN/STEPPARENT INFORMATION							
Other Parent's New or Corrected Employer/Company Name <i>(Please copy and complete additional sheets as necessary)</i>						New or Corrected Job Title	
New or Corrected Address				New or Corrected City		State	Zip Code
New or Corrected Work Telephone			Ext.	Date they started this job:			
Updated or Corrected Pay Information (complete one) \$ _____ per hour OR \$ _____ per month OR \$ _____ per year							

They get paid (check one): <input type="checkbox"/> every day <input type="checkbox"/> every week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> once per month <input type="checkbox"/> other (please explain)				Number of hours usually worked at this job each week		Number of days usually worked at this job each week	
Travel time from the child care provider to work: _____				Do they use public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			



CHILD CARE REDETERMINATION

Parent/Guardian Name: _____

OTHER PARENT WORK SCHEDULE: If the schedule varies, provide an example of the schedule.

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

If their schedule varies, please explain how (you may send additional schedules to show how.)

OTHER PARENT SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

Is the other parent/guardian/stepparent currently attending school, training or a TANF-Required Activity?

NO (Go to Section 3 - Family Information P. 7) YES (Complete the information below)

TYPE OF EDUCATION/TRAINING CURRENTLY ATTENDING: (Check one)

- High School or GED Below Post - Secondary (e.g., ABE or ESL)
 Occupational/Vocational 2-Year College Degree Internship
 4-Year College Degree Work Experience (TANF only)

Type of Degree Being Earned (GED/High school diploma, trade school certificate, BA degree)

What is the highest level of education they have completed (GED/High school diploma, trade school certificate, BA degree)?

Do they already have a professional license, degree, or certificate? Yes No
If yes, what type: _____

School Name/Training Program Currently Attending	Telephone Number	Term Start Date	Term End Date
Address	City	State	Zip Code

Travel time from the child care provider to school: _____ Do they use public transportation? Yes No

OTHER PARENT SCHOOL SCHEDULE: Please complete the following schedule

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

NEW OR CORRECTED OTHER PARENT SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

If any of the information above is incorrect or has changed, please complete the following section with your current school/training information.

TYPE OF EDUCATION/TRAINING CURRENTLY ATTENDING: (Check one) <input type="checkbox"/> High School or GED <input type="checkbox"/> Below Post - Secondary (e.g., ABE or ESL) <input type="checkbox"/> Occupational/Vocational <input type="checkbox"/> 2-Year College Degree <input type="checkbox"/> Internship <input type="checkbox"/> 4-Year College Degree <input type="checkbox"/> Work Experience (TANF only)	Type of Degree Being Earned (GED/High school diploma, trade school certificate, BA degree)
What is the highest level of education they have completed (GED/High school diploma, trade school certificate, BA degree)?	Do they already have a professional license, degree, or certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type: _____



CHILD CARE REDETERMINATION

NEW OR CORRECTED OTHER PARENT SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION			Parent/Guardian Name: _____		
School Name/Training Program Currently Attending		Telephone Number	Term Start Date	Term End Date	
Address		City	State	Zip Code	
Travel time from the child care provider to school. _____			Do they use public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SCHOOL SCHEDULE: Please complete the following schedule

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

SECTION 3 - FAMILY INFORMATION

Family size includes these people **LIVING IN YOUR HOME**:

- * You,
- * Your biological or adopted children under age 21.
- * The biological, step or adoptive parent of any of your children must be included.
- * Any other person related to you by blood or law for whom you provide more than 50% of their support (if you choose to include them and can verify their income) - for example an elderly parent or disabled person.

My family size: _____

If any information is no longer correct, please cross out and write in correct information.

I need child care assistance for the following children:

FIRST NAME	LAST NAME	DATE OF BIRTH	M/F	ETHNIC ORIGIN*	U.S. CITIZEN YES/NO**	SOCIAL SECURITY NUMBER (Optional)	WARD OF THE STATE
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

*For each child's Ethnic Origin, list all numbers below that apply: (Required for Federal Reporting) 1 - White 2 - Black or African American 3 - Hispanic or Latino (Persons declaring Hispanic ethnicity should also list their race, for example, "3-1", "3-2", "3-5") 4 - Asian 5 - American Indian or Alaskan Native 6 - Native Hawaiian or Pacific Islander

** If any of the children are not citizens, provide alien registration documentation if you have it.

List all **other family members** (not already listed in the Redetermination) counted in your family size:

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER (Optional)



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SECTION 4 - CHILD CARE ARRANGEMENT	Parent/Guardian Name: _____
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If any of the information below has changed, please cross out the wrong information and NEATLY write in the correct information. Use an extra piece of paper or the bottom of this page, if necessary.

LIST THE CHILDREN CARED FOR BY EACH PROVIDER. If your children go to school, preschool, or Headstart during the day, list only the hours that they are with the child care provider. (This is not a Provider Change Form.)

1) Provider Name: Kumovi Inc - DBA Toddler Town Daycare

Child's Name	Age	MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:	FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____
Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age	MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:	FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____
Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age	MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:	FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____
Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age	MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:	FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____
Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age	MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:	FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____
Does the child care schedule vary? Yes No If yes, please explain: _____



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Parent/Guardian Name: _____

2) Provider Name: _____

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____

Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____

Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____

Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____

Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____

Does the child care schedule vary? Yes No If yes, please explain: _____



CHILD CARE REDETERMINATION

Parent/Guardian Name: _____

3) Provider Name: _____

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____
Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Does the child attend school? Yes No Year Round What hours is the child in school? _____
Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____
Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____
Does the child care schedule vary? Yes No If yes, please explain: _____

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
Relationship to Client:		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Does the child attend school? Yes No Year Round What hours is the child in school? _____
Does the child care schedule vary? Yes No If yes, please explain: _____



CHILD CARE REDETERMINATION

Parent/Guardian Name:

SECTION 5 - MONTHLY INCOME INFORMATION

Enter the average MONTHLY income in each box for yourself and each member you have counted in your family size. Information from various agencies' databases and web sites will be taken into consideration when determining eligibility. If the Type of Monthly Income does not apply, write N/A.

Type of Monthly Income	Applicant (YOU)	Other Family Members
1. Employment Income for both parents and all family members age 19 and older (including tips from pay stubs before deductions). Attach copies of 2 most recent and consecutive pay stubs for each person. If you (or a family member) are self employed, complete #2.	\$	\$
2. Self Employment Income for you and family member age 19 and older. Attach verification such as, most recent Federal tax return (IRS 1040 and all attachments), or a copy of quarterly estimated taxes, or a listing of all business income expenses for the last 30 days. This can be reported on your own form or a Self Employment form which can be downloaded at: http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL444-2790.pdf or requested from your local CCR&R. Receipts, invoices or other documentation must be attached.	\$	\$
3. Child Support Received for all family members	\$	\$
4. TANF Cash Assistance for all family members	\$	\$
5. Other Federal Cash Income: for example, Social Security payments for ALL family members and railroad benefits.	\$	\$
6. Other Monthly Income for all family members; for example - unemployment compensation, ongoing monthly adoption assistance payments from DCFS, permanent disability payments (SSI), alimony, interest income, royalties, pension, annuities, veteran's pension, survivor's benefits, and living expenses portion of educational grants.	\$	\$
SUBTOTAL (add lines 1 - 6)	\$	\$
SUBTRACT Child Support Paid by you or another family member	- \$	- \$
TOTAL MONTHLY INCOME	\$	\$
If you receive any Housing Cash Assistance, including vouchers with a specific cash value, please report the amount here. This is required for Federal reporting only, and it DOES NOT COUNT IN TOTAL FAMILY INCOME.		\$



CHILD CARE REDETERMINATION

Parent/Guardian Name: _____

SECTION 6 - PARENT/GUARDIAN CERTIFICATION

After reading each of the following statements, I certify that:

- * I understand that I am responsible for paying a share of my child care costs (parent co-payment) to my child care provider and that failure to do so may result in the loss of my child care provider.
- * I understand that my eligibility will be redetermined every six (6) months or as needed.
- * The child(ren) is/are current on all immunizations and verification is on file with the child care provider.
- * A review of each facility/home has been completed and I agree that it is a safe environment.
- * I have given written notification to each child care provider if I want anyone other than myself to pick up the child(ren).
- * I am responsible for the selection of the child care provider(s) 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 understand that I must be working or attending an IDHS approved education, training, or other work related activity in order to be eligible 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 for 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's
Signature: _____

Date: _____

Other Parent/Guardian Signature: _____

Date: _____



Illinois Action for Children
1340 S Damen Ave,
Chicago, IL 60608