



# CHANGE OF INFORMATION

Case Number: \_\_\_\_\_

Date of Notice: \_\_\_\_\_

Parent/  
Guardian: \_\_\_\_\_

Return to:  
Toddler Town Daycare Too  
5934 W. Diversey  
Chicago, Illinois 60639

EFFECTIVE DATE OF CHANGE(S): \_\_\_\_\_

Provider #1: Kumovi Inc - DBA Toddler Town Daycare Too

Provider #2: \_\_\_\_\_

Address: 5934 W. Diversey, Chicago, Illinois 60639

Address: \_\_\_\_\_

Provider ID#: 723197674033085

Provider ID#: \_\_\_\_\_

Co-pay collected from this Prov.?  Yes  No

Co-pay collected from this Prov.?  Yes  No

My information has changed due to:

(INSTRUCTIONS ON PAGE 8.)

**Gave Birth/Adding Family Member**

- Add Family Member (needs child care)
- Add Family Member (does not need child care)

**Leave of Absence (attach Doctor's & employer letter)**

- Medical Maternity Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Adoption**

- Add Family Member (needs child care)
- Add Family Member (does not need child care)

**Death (Complete Section 1)**

- Delete Family member (other parent/adult)
- Delete Child from Case

**Child over 13 Years of Age (no longer needs child care)**

**Got Married (complete Other Parent/Adult sections)**

New Name: \_\_\_\_\_  
Family Size changed from: \_\_\_\_\_ to \_\_\_\_\_

**Got Divorced (complete Other Parent/Adult sections)**

New Name: \_\_\_\_\_  
Family Size Changed from: \_\_\_\_\_ to \_\_\_\_\_

**Separated (complete Other Parent/Adult sections)**

New Name: \_\_\_\_\_  
Family Size changed from: \_\_\_\_\_ to \_\_\_\_\_

**Widowed (complete other Parent/Adult sections)**

New Name: \_\_\_\_\_  
Family Size changed from: \_\_\_\_\_ to \_\_\_\_\_  
New Phone: \_\_\_\_\_

**Moved:**

Old Phone Number: \_\_\_\_\_

New Address: \_\_\_\_\_

Old Address: \_\_\_\_\_

**My Employment/School/Training**

- Job Change  Job Added
- Job Ended  Added 2nd Job
- Work Schedule  Wages/Income
- Travel Time  School/Training
- \_\_\_\_\_ Graduated
- \_\_\_\_\_ Program Ended
- \_\_\_\_\_ Schedule Change

**Other Parent/Adult Employment/School/Training**

- Job Change  Job Added
- Job Ended  Added 2nd Job
- Work Schedule  Wages/Income
- Travel Time  School/Training
- \_\_\_\_\_ Graduated
- \_\_\_\_\_ Program Ended
- \_\_\_\_\_ Schedule Change

**DO NOT WRITE IN BOX - FOR SITE/CCR&R ONLY**

**Child Care Rate**

From \$ \_\_\_\_\_ Old Rate to \$ \_\_\_\_\_ New Rate

**Child Care Rate**

From \$ \_\_\_\_\_ Old Rate to \$ \_\_\_\_\_ New Rate

**Child Care Schedule (complete Sect. 7)**

Number of Children in Care (from \_\_\_\_\_ to \_\_\_\_\_)

Change in Site Location: \_\_\_\_\_ Old Indicator \_\_\_\_\_ New Indicator

Full Co-Pay Collected at Indicator: \_\_\_\_\_

Fee Changes: \_\_\_\_\_ Registration \_\_\_\_\_ Field Trips \_\_\_\_\_ Crafts/Extra

Other: \_\_\_\_\_



# CHANGE OF INFORMATION

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

Family size changed from \_\_\_\_\_ to \_\_\_\_\_. Reason: \_\_\_\_\_

Family member(s) being deleted - Name & Birth Date: \_\_\_\_\_

Is this member a U.S. Citizen?  Yes  No Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

What is their gender?  Male  Female Relationship to me: \_\_\_\_\_

If recently married, husband's/wife's name: \_\_\_\_\_

My new name is: \_\_\_\_\_ My previous name: \_\_\_\_\_

If recently moved, new address is: \_\_\_\_\_

My previous address was: \_\_\_\_\_

**I am adding a new family member that DOES NOT need care:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN (optional) \_\_\_\_\_ Gender:  Male  Female

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN (optional) \_\_\_\_\_ Gender:  Male  Female

**2. MY EMPLOYMENT**

I currently have:  Same Job  New Job (complete below)  Second Job (complete for both jobs)

If looking for a job, please include the date previous job ended: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employer FEIN/SSN (if known) \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Job Started: \_\_\_\_\_ Date Job Ended: \_\_\_\_\_ Wage Per Hour: \$ \_\_\_\_\_

Number of Hours Worked Per Week: \_\_\_\_\_ Number of Days Worked per Week: \_\_\_\_\_

I get paid:  Weekly  Every 2 Weeks  Twice Per Month  Other, explain: \_\_\_\_\_

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 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. MY SECOND JOB** (If you **DO NOT** have a second job, skip to section 4 - My Education/Training.)

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employer FEIN/SSN (if known) \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Job Started: \_\_\_\_\_ Date Job Ended: \_\_\_\_\_ Wage Per Hour: \$ \_\_\_\_\_

Number of Hours Worked Per Week: \_\_\_\_\_ Number of Days Worked per Week: \_\_\_\_\_

I get paid:  Weekly  Every 2 Weeks  Twice Per Month  Other, explain: \_\_\_\_\_



## CHANGE OF INFORMATION

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 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

#### 4. MY EDUCATION/TRAINING I am NOT attending education/training, skip to Section 5 - Employment.

Travel Time from Provider to School : \_\_\_\_\_ Hour(s) \_\_\_\_\_ Minute(s)

School Name: \_\_\_\_\_  GED  ESL  ABE  Vocational

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ # of Hours per week: \_\_\_\_\_ # of Days per week: \_\_\_\_\_

TANF client/other parent must provide one of the following:  Contracted Provider's Referral

IDHS Contract Report (Notification of Employment)  Responsibility and Services Plan (RSP)

Client School 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

#### 5. EMPLOYMENT (CHANGES FOR: OTHER PARENT or ADULT FAMILY MEMBER)

If you have a change in employment, what type of change: \_\_\_\_\_

They currently have: \_\_\_\_\_ Same Job \_\_\_\_\_ New Job (complete below) \_\_\_\_\_ Second Job (complete for both jobs)

If they are looking for a job, please include the date previous job ended: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employer FEIN/SSN (if known) \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Job Started: \_\_\_\_\_ Date Job Ended: \_\_\_\_\_ Wage Per Hour: \$ \_\_\_\_\_

Number of Hours Worked Per Week: \_\_\_\_\_ Number of Days Worked per Week: \_\_\_\_\_

They get paid:  Weekly  Every 2 Weeks  Twice Per Month  Other, explain: \_\_\_\_\_

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: \_\_\_\_\_

Other Parent 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 **ONLY** if the other parent/adult family member has a second job;  
otherwise skip to Education/Training (Section 7).



## CHANGE OF INFORMATION

**6. SECOND JOB** (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 Hour: \$ \_\_\_\_\_

Number of Hours Worked Per Week: \_\_\_\_\_ Number of Days Worked per Week: \_\_\_\_\_

They get paid:  Weekly  Every 2 Weeks  Twice Per Month  Other, explain: \_\_\_\_\_

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: \_\_\_\_\_

Other Parent 2nd Job		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/TRAINING** (CHANGES FOR:  OTHER PARENT OR  ADULT FAMILY MEMBER)

Travel Time from Provider to School: \_\_\_\_\_ Hour(s) \_\_\_\_\_ Minutes

School Name: \_\_\_\_\_  GED  ESL  ABE  Vocational

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ # of Hours per week: \_\_\_\_\_ # of Days per week: \_\_\_\_\_

TANF client/other parent must provide one of the following:  Contracted Provider's Referral

IDHS Contract Report (Notification of Employment)  Responsibility and Services Plan (RSP)

Other Parent School		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

**8. CHILD CARE SCHEDULE CHANGES**

This is the actual child care schedule. (If schedule **DOES NOT** vary, list only one time per child; If you use more than one child care provider, **be sure to mark which provider the child is cared by.**)

Child's Name: \_\_\_\_\_  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?  Yes  No Does the schedule vary?  Yes  No

What is the schedule (if it varies): \_\_\_\_\_



## CHANGE OF INFORMATION

Child's Name: \_\_\_\_\_  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?  Yes  No Does the schedule vary?  Yes  No

What is the schedule (if it varies): \_\_\_\_\_

Child's Name: \_\_\_\_\_  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?  Yes  No Does the schedule vary?  Yes  No

What is the schedule (if it varies): \_\_\_\_\_

Child's Name: \_\_\_\_\_  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?  Yes  No Does the schedule vary?  Yes  No

What is the schedule (if it varies): \_\_\_\_\_

Child's Name: \_\_\_\_\_  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?  Yes  No Does the schedule vary?  Yes  No

What is the schedule (if it varies): \_\_\_\_\_



## CHANGE OF INFORMATION

**9. NUMBER OF CHILDREN IN CARE**

I currently have \_\_\_\_\_ children in child care.

Please  add /  delete this child

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN: \_\_\_\_\_ Gender:  Male  Female

U.S. Citizen?  Yes  No

If no, Alien Registration Number: \_\_\_\_\_

Ethnic Origin:  White  Black/African American  Hispanic/Latino  Asian  
 American Indian/Alaskan Native  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 Number: \_\_\_\_\_

Ethnic Origin:  White  Black/African American  Hispanic/Latino  Asian  
 American Indian/Alaskan Native  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 Number: \_\_\_\_\_

Ethnic Origin:  White  Black/African American  Hispanic/Latino  Asian  
 American Indian/Alaskan Native  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 Number: \_\_\_\_\_

Ethnic Origin:  White  Black/African American  Hispanic/Latino  Asian  
 American Indian/Alaskan Native  Native Hawaiian/Pacific Islander



## CHANGE OF INFORMATION

**NOTES:**

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### 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 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 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: \_\_\_\_\_



## CHANGE OF INFORMATION

### 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 employer 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 **signed and dated** prior to sending to the address on the first page (top, right).

**KEEP A COPY FOR YOUR RECORDS** before mailing.