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

CHILD CARE REDETERMINATION

Child Care Case Number:

Client:

Parent/Guardian Name:

Date of Notice:

Return your completed Redetermination to:

Toddler Town Daycare
1501 Howard Street
Evanston, Illinois 60202
(847) 475-1467 Ext. 11

Reason for Child Care: Employment / School

Caseload Code:

Provider(s): Kume Inc - DBA Toddler Town Daycare

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

List a phone number where we can reach you during the day: _____

Current Employer/Company Name

Job Title

Address

City

State

Zip Code

Work Telephone Number Ext.

Date you started this job:

I earn before deductions (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? _____

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

	MON	TUES	WED	THURS	FRI	SAT	SUN
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

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	☐ 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

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	☐ 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

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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 school/training information.	Parent/Guardian Name:

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

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 State Date	Term End Date

Address	City	State	Zip Code

Travel time from the child care provider to school: _____ Do you use public transportation? _____

NEW OR CORRECTED SCHOOL SCHEDULE: Please complete the following schedule

	MON	TUES	WED	THURS	FRI	SAT	SUN
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

SECTION 2 - OTHER PARENT/GUARDIAN/STEPPARENT 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/STEPPARENT 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? ☐ Yes ☐ No

Is the other parent or stepparent attending school or a training program? ☐ Yes ☐ 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) ☐ 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? ☐ Yes ☐ No

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

	MON	TUES	WED	THURS	FRI	SAT	SUN
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

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 *(Please 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	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): ☐ 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 they use public transportation? ☐ Yes ☐ No

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	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	☐ 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

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	☐ 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

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)

☐ 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: _____

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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? ☐ Yes ☐ No

SCHOOL SCHEDULE: Please complete the following schedule

	MON	TUES	WED	THURS	FRI	SAT	SUN
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

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
					☐ Yes ☐ No		☐ Yes ☐ No
					☐ Yes ☐ No		☐ Yes ☐ No
					☐ Yes ☐ No		☐ Yes ☐ No
					☐ Yes ☐ No		☐ Yes ☐ No
					☐ Yes ☐ No		☐ Yes ☐ 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:

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:

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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:

3) Provider Name:

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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
		FROM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM
Relationship to Client:		TO	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐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: ____________

State of Illinois
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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.**		$

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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:** _____

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

CHILD CARE REDETERMINATION

Client:	Parent/Guardian Name:
	Date of Notice:

KEEP FOR YOUR RECORDS

The State of Illinois helps income eligible families pay for their child care services while they work or go to school, training and other work-related activities. To apply please read the following pages carefully and then submit your completed Redetermination to your local Child Care Resource and Referral (CCR&R) or child care center/home if they have a contract with IDHS to provide child care assistance. If you have any questions about your eligibility or if you need help completing this form, call your local CCR&R. To find your local CCR&R go to http://www.inccrra.org/find-your-local-ccrr-other or call 1-877-202-4453 (toll-free).

Please be sure that all of the information is complete before sending in your Redetermination:

* The Redetermination is filled out clearly in blue or black ink.
* All questions on the Redetermination are complete. If the section or question does not apply, write "n/a in the box to show that the question was not missed.
* This information is for your current job/education activity. You will inform the CCR&R or Site provider if any information changes in the future.
* The parent/guardian's name is listed at the top of each page of the Redetermination.
* Both you and the other parent/adult have signed the Redetermination (page 12).
* All social security numbers are listed clearly or "n/a" is listed in the box. Social security numbers are not required for parents or children but they are used to gather information to help determine your eligibility for child care assistance. All information is confidential and will not be shared with anyone else.
* All Family Information is complete in Section 3 (page 7) including information about your children's immigration status. Children can get assistance regardless of their immigration status, but IDHS is required to ask for this information. This information will not be shared with anyone. Your child's alien registration number must be listed if they have one.
* All persons living in your household are listed in Section 3 (page 7).
* If working, at least one of the following is attached to verify your employment and the employment of everyone listed in your family size that is 19 years of age or older:
    ** Copies of your last (2) paycheck stubs, or if you have not been working long enough to get two paychecks:
        -- A letter from your employer or an employment verification form listing the following:
            - The date you started working.
            - The amount of money you are paid.
            - Your typical work schedule, including the total number of hours you work per week.
            - Your employer's address and phone number.
            - Your employer's signature, or
    ** Verification of your self-employment. This can include:
        -- A copy of your most recent Federal income tax return (IRS 1040) and all schedules and attachments.
        -- A copy of your quarterly estimated taxes.
        -- A listing of all business income and expenses for the last 30 days. This can be reported on your own form or on 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. When reporting income and expenses, receipts, invoices, or other documentation must be attached to verify all information.
* If in school, ALL of the following are attached:
    ** Copies of your official school schedule.
    ** Copies of your most recent report card showing your cumulative grade point average (GPA).
* You have made a copy of your Redetermination for your records. You understand if you send original check stubs or other documents that they will not be returned.
* All jobs and income information for BOTH parents have been reported on pages 3 through 6 and documentation is attached.
* **You understand that if any questions are left blank or if any attachments are missing, your redetermination form will be returned to you as incomplete. This may cause a delay in approval for Child Care Assistance Program payments.**
* **You also understand that all of the information you submit will be verified using State and/or local databases and the internet. If any inconsistencies are discovered, your redetermination may be delayed or your participation in the Child Care Assistance Program may be cancelled.**