

Case Number:	Date of Notice:				
Parent/ Guardian:	Return to: Illinois Action For Children Child Care Assistance Program 1340 S. Damen Avenue, 3rd Floor				
EFFECTIVE DATE OF CHANGE(S):	Chicago, IL 60608				
Provider #1:	Provider #2:				
Address:	Address:				
Provider ID#:	Provider ID#:				
Co-pay collected from this Prov.? Yes No My information has changed due to:	Co-pay collected from this Prov.? Yes No (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 Start Date: End Date: End Date: Maternity 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)	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				
Got Married (complete Other Parent/Adult sections) New Name: Family Size changed from: to to	Graduated Program Ended				
Got Divorced (complete Other Parent/Adult sections) New Name:	DO NOT WRITE IN BOX - FOR SITE/CCR&R ONLY Child Care Rate				
Family Size Changed from: to	From \$ Old Rate to \$ New Rate				
Separated (complete Other Parent/Adult sections) New Name:	Child Care Rate From \$ Old Rate to \$ New Rate				
Family Size changed from: to	Child Care Schedule (complete Sect. 7)				
Widowed (complete other Parent/Adult sections) New Name:	Number of Children in Care (from to)				
Family Size changed from: to	Change in Site Location: Old Indicator New Indicator Full Co-Pay Collected at Indicator:				
Moved: Old Phone Number:	Fee Changes: Registration Field Trips Crafts/Extra Other:				
Old Address:					



. FAMILY INFORMATION (If adding a chil					
Family size changed from to	. Reaso	n:			
Family member(s) being deleted - Name & I					
Is this member a U.S. Citizen?	No Birth Date:		SSN:	-11-10-1	
What is their gender? Male Fen		ip to me:			
If recently married, husband's/wife's name:					
My new name is:	M	previous name:			
If recently moved, new address is:					
My previous address was:					
I am adding a new family member that Do	DES NOT need care:				
Name:	Birth Date:		Relations	hip:	
SSN (optional)			Female		
Name:	Birth Date:		Relations	hip:	
SSN (optional)	Gender:	☐ Male [Female		
. MY EMPLOYMENT			Section of the sectio		
I currently have:	New Job (complete	helow)	Second Job (c	complete for bot	h jobs)
	New Job (complete previous job ended:			complete for bot	h jobs)
If looking for a job, please include the date p	orevious job ended: _				
If looking for a job, please include the date p Employer Name:	orevious job ended: _	Address:		***************************************	
If looking for a job, please include the date per Employer Name: Employer FEIN/SSN (if known)	previous job ended:	Address:	»—————————————————————————————————————	4111111111	
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CHANGE OF INFORMATION

Other Monthly Income	Empl. Income: \$			 Provider to Joly reported "other inc 	*****		Minutes y income)
Other Monthly Income Type of Other Monthly	Income:	 Child Support [□ssi □ss				
My Work Schedule:		Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
From:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
То:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
4. MY EDUCATION/	TRAINING			Ai /A 1	din to Cootie	on E. Employer	ont
Travel Time from Prov	ider to School		Hour(s)	ation/training, s Minute(s)	skih to Secri		
School Name:	(d) (Mirror)			SED ESL	ABE	☐ Vocation	
Address:				t Date:		End Date:	
Telephone:		# of Hours		# of Day		1 April Marie	
TANF client/other par	ent must provid	le one of the fo	llowing: Co	ontracted Provide	er's Referral	104/0115,7	A HILL MINES
☐ IDHS Contract Rep	out (Notificatio	n of Employme		esponsibility and			Tuesutor
Client School Schedul		Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
From					am pm	am pm	am pm
To		am pm	am pm	am pm		am pm	am pm
	:am pm	am pm	am pm	am pm	am pm	i	
5. EMPLOYMENT (6 If you have a change		UUTHER		ADULT FAM		R)	pay 68/5 enamina
They currently have:				ete below)		d Job (complete	for both jobs
	A 10 10 10 10 10 10 10 10 10 10 10 10 10						ioi potti joba
If they are looking for	a job, please ir	iclude the date	previous job en	ded:			
							ng the result
Employer Name:	E James	Table 150	Ac	ddress:		A Depth	na di Percent Pertena di Percent
Employer Name: Employer FEIN/SSN (E James		Ac	ddress:	<u></u>		ng dieser publication en 16 de lakeuro Lakeuro espat
Employer Name: Employer FEIN/SSN (Date Job Started:	if known)	Date Jo	ob Ended:	ddress: Telephone:	Wage Pe	er Hour: \$	
Employer Name: Employer FEIN/SSN (Date Job Started: Number of Hours Wor	if known)	Date J	ob Ended: Number of	ddress:Telephone:	Wage Pe	er Hour: \$	
Employer Name: Employer FEIN/SSN (Date Job Started: Number of Hours Wor	if known)	Date Jo	ob Ended:	ddress:Telephone:	Wage Pe	er Hour: \$	
Employer Name: Employer FEIN/SSN (Date Job Started: Number of Hours Woo They get paid: W	if known) ked Per Week	Date Jovery 2 Weeks	Accepted by the property of th	Telephone: Telephone: f Days Worked p Month Ot Provider to Jol	Wage Per Week:	our(s)	Minutes
Employer Name: Employer FEIN/SSN (Date Job Started: Number of Hours Woo They get paid: W Total Monthly Gross E Other Monthly Income	if known) ked Per Week eekly	Date Jovery 2 Weeks	Accepted by the property of th	ddress:Telephone: f Days Worked p Month	Wage Per Week:	our(s)	Minutes
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Complete next section <u>ONLY</u> if the other parent/adult family member has a second job; otherwise skip to Education/Training (Section 7).



IL444-3527 (N-3-11)

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

CHANGE OF INFORMATION

6. <u>SECOND JOB</u> (C	HANGES FO	R: OTHER	PARENT OR	☐ ADULT FA	MILY MEMB	ER)	
Employer Name:	autiete		Addre	ess:			
Employer FEIN/SSN (if	known)			Telephone: _			
Date Job Started:		Date Job	Ended:		Wage Per l	Hour: \$	
Number of Hours Works	ed Per Week:		_ Number of Da	ays Worked per	Week:		
They get paid: Wee	ekly 🗆 Eve	ry 2 Weeks	Twice Per Mor	nth Othe	r, explain: _		
Total Monthly Gross Em	pl. Income: \$		Travel Time - P	rovider to Job:	Hou	r(s)M	inutes
Other Monthly Income:	\$	(unless a change	is noted, previously	reported "other inco	me" will be inclu	ded in total month	y income)
Type of Other Monthly Ir	ncome: Ch	ild Support 🔲	SSI SSA	Pension			
Other Parent 2nd Job		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
Travel Time from Provide School Name: Address: Telephone: TANF client/other parent DIDHS Contract Repo Other Parent School Schedule: From:	t must provide rt (Notification Monday	# of Hours pe	Start Downward GEI	ESL ete:	per week: s Referral ervices Plan (d Date:	Sunday am pm
To:		am pm		112-11-11-11	am pm	am pm	am pm
8. CHILD CARE SCHE	DULE CHANG	GES	(If schedule <u>DOI</u>	ES NOT vary, limark which pro	vider the child	ne per child; I is cared by.)	
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	anı pm	am pm	am pm	am pm	am pm	am pm
Does this child attend so Is the school at the same What is the schedule (if	e location as th		☐ Year roun]Yes ☐ No	d	rs is the child	•	□ No

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	ne:			Provider #1	Provider #			100000000000000000000000000000000000000
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	anı pm
Does this chi s the school		thool? $\square_{Y_{f}}$		☐ Year roun ☐ Yes ☐ No	M POLICE CO.	rs is the child schedule vary	990 0	No
What is the s	schedule (if	it varies):		III AZAGAMININGS				
	,		Strong D.		a 5/0 7/5	tradition.		
Child's Nam	ne:			Provider #1	Provider #			
IEW Child (Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
chedule:	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
		e location as th		☐Yes ☐ No	Does the s	schedule vary	L_J Yes L	□No
Child's Nam		Monday	Tuesday	Provider #1 Wednes.	Provider #2	2 Friday	Saturday	Sunday
chedule:	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
oes this chi	ld attend so	hool? Ye	es 🗆 No	☐ Year roun	d What hou	rs is the child	in school:	
the school		e location as th]Yes □ No		schedule vary	? □ Yes □	No
What is the s								
	10'			703444	[] D			
Child's Nam		Monday	Tuesday	Provider #1 Wednes.	Provider #2	Friday	Saturday	Sunday
Child's Nam EW Child C	Care	Monday am pm		Wednes.	Thursday	Friday		
Child's Nam EW Child C	Care From:	am pm	am pm	Wednes.	Thursday am pm	Friday am pm	am pm	am pm
What is the s Child's Nam IEW Child C Ichedule:	Care From: To:	am pm	am pm	Wednes.	Thursday am pm am pm	Friday	am pm	Sundayam pm



9. NUMBER OF CHILDREN IN CARE	I currently have	children in child ca	лге.
Please add / delete this child			
Name:	Birth Date:	Relationshi	p:
SSN: Gender: U.S. Citizen?	Registration Number:	emale Hispanic/Latino Native Hawaiian/Pacific	☐ Asian
Please add / delete this child			
Name:	Birth Date:	Relationshi	o:
File 1 O 2 1	Registration Number:	emale Hispanic/Latino Native Hawaiian/Pacific	Asian
Please add / delete this child			
Name:	Birth Date:	Relationship):
Ethnic Origin:	Registration Number:	emale Hispanic/Latino	Asian
☐ American Indian/Alaskan Native	, L	Native Hawaiian/Pacific	Islander
Name;	Birth Date:	Relationship);



CHANGE OF INFORMATION

NOTES:	
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university of produce of the contract of the partition of the production of the prod	
a lief andress meteories danne provide the sould seem to be later grant and the later of the lat	
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 change in a timely manner may result in an overpayment which I will have to pay back and/or loss of child care benefits.	S
I undertand that I must be working or attending an IDHS approved education, training, or other work related activity in or to be eligile to receive child care benefits.	der
I understand the information provided will be checked using State and other databases, and if inconsistencies are discounted the processing of my Redetermination may be delayed or denied.	vered
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, a complete to the best of my knowledge.	₃nd
I understand that giving false information or failing to provide correct information can also result in an overpayment whic will have to pay back and could result in my prosecution of fraud.	h I
My signature is my consent and authorization for information to be released to the Illinois Department of Huma Services or its agents that may establish my eligibility, or my continued eligibility for the child care.	ап
Parent/Guardian Signature: Date:	

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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 empolyer OR an income verification form. If you are self-employed, please include tax returns, self-employment records, etc.

Section 3 - MY SECOND JOB

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

Section 4 - MY EDUCATION/TRAINING

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

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

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

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

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

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

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

Section 8 - CHILD CARE SCHEDULE

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

Section 9 - NUMBER OF CHILDREN IN CARE

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

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

Be sure the paper is <u>signed and dated</u> prior to sending to the address on the first page (top, right).

<u>KEEP A COPY FOR YOUR RECORDS</u> before mailing.

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