



STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES

REQUEST FOR REDETERMINATION INFORMATION

Child Care Case #:

Date of Notice:

Approval Ending Date:

Reason for Child Care:

Caseload Code:

Client:

Provider(s):

A REMINDER! Before mailing:

- Did you attach copies of your 2 most recent & consecutive pay stubs? (If you just started working & don't have pay stubs, attach a letter from your employer.)

Your eligibility for CHILD CARE needs to be redetermined at this time. Please complete and return this form to us at the address listed below. 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, ATTACH A COPY OF YOUR CURRENT RSP.

IF YOU'RE ATTENDING SCHOOL, ATTACH A COPY OF YOUR SCHOOL SCHEDULE AND MOST RECENT REPORT CARD.

List a phone number where we can reach you during the day:			
FOR OFFICE USE: ___ 1) Work/On-the-job Training for TANF and Non-TANF			
REASON FOR ___ 2) TANF Education/Training Activity or Teen Parent in High School/GED			
CHILD CARE ___ 3) TANF Work & Education/Training Activity or Teen Parent Work & High School/GED			
___ 4) Non-TANF Education & Training			
TYPE OF EDUCATION/TRAINING ___ 1) High School or GED ___ 4) 2 Year College Degree			
CURRENTLY ATTENDING ___ 2) Other Below Post-Secondary ___ 5) 4 Year College Degree (Check One)			
___ 3) Occupational/Vocational			
WORK INFORMATION			
Employer/Company Name		Job Title	
Address	City	State	Zip Code
Phone Number	Ext.	Date you started this job:	
Is this a new job since your last application/redetermination? ___ YES ___ NO			
If YES, your previous employer's name:		Date previous job ended:	
I earn (before taxes): COMPLETE ONE			
_____ per hour	_____ per week	_____ per month	_____ per year
I get paid (check one): ___ 1) Weekly ___ 2) Every 2 Weeks			Number of Hours Worked Weekly:
___ 3) Twice a Month ___ 4) Monthly			

Be sure to complete the information on pages 2, 3 & 4 and MAIL OR HAND DELIVER (DO NOT FAX) to:

Case Name:

WORK SCHEDULE: Please give a typical work schedule (circle am or pm)

Does your schedule vary? Please Explain: _____ _____		MON	TUE	WED	THU	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

Do you receive health insurance from your employer? YES NO

How long does it take to travel from the child care provider to work?

SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

School Name/Training Program				Phone Number			
Address			City		State		ZipCode

How long does it take to travel from the child care provider to school?

SCHOOL SCHEDULE: Please complete the following schedule (circle am or pm)

Does your schedule vary? Please Explain: _____ _____		MON	TUE	WED	THU	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

Is the other parent or stepparent of any of the children living in your home?
 NO (Go to Family Information on page 3) YES (Complete the section below)

OTHER PARENT/STEPARENT INFORMATION

Is the other parent or stepparent working? YES NO
 Is the other parent or stepparent attending school? YES NO
 If the other parent/stepparent is not working or in school, why can't he/she care for the child(ren)?

Other Parent/Stepparent Last Name	First Name
Social Security Number	Date of Birth

WORK INFORMATION

Employer/Company Name			Job Title			
Address		City		State		Zip Code
Phone Number Ext.			Date they started this job:			

Is this a new job since the last application/redetermination? YES NO

If YES, previous employer's name: _____ Date previous job ended: _____

They earn (before taxes): COMPLETE ONE
 _____ per hour _____ per week _____ per month _____ per year

They get paid (check one): <input type="checkbox"/> 1) Weekly <input type="checkbox"/> 2) Every 2 Weeks <input type="checkbox"/> 3) Twice a Month <input type="checkbox"/> 4) Monthly	Number of Hours Worked Weekly:
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Case Name:

WORK SCHEDULE: Please give a typical work schedule (circle am or pm)

Does their schedule vary? Please Explain: _____ _____		MON	TUE	WED	THU	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

Do they receive health insurance from their employer? YES NO

How long does it take to travel from the child care provider to work?

SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

School Name/Training Program			Phone Number		
Address		City	State		Zip Code

How long does it take to travel from the child care provider to school?

SCHOOL SCHEDULE: Please complete the following schedule (circle am or pm)

Does their schedule vary? Please Explain: _____ _____		MON	TUE	WED	THU	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

FAMILY INFORMATION

What is your family size? _____ How many adults are in your family? _____
 How many children are in your family? _____ How many children are receiving child care? _____
 Family means the applicant (you); the biological, step or adoptive parent of any children requiring child care who are living in your household; and your biological or adoptive children living in the same household. Other persons who are related to you by blood or law may also be counted if they rely on you for 50% or more of their support.

INCOME INFORMATION: Enter the MONTHLY income for all family members counted in family size. If the income does not apply, write "NA".

TYPE OF INCOME	CLIENT	FAMILY MEMBERS	FOR OFFICE USE
Gross Employment Income: including tips. Enter any self-employment income below. Attach copies of 2 most recent pay stubs for each person.			
Self-Employment Income			
Child Support Received			
TANF Cash Assistance			
Other Federal Cash Income: For example, Social Security payments and railroad benefits.			
Other Monthly Income: For example, interest income, royalties, pensions, annuities, alimony, ongoing monthly adoption assistance, unemployment compensation, DCFS payments, veteran's pension, survivor's benefits, and permanent disability payments.			
SUBTOTAL			
MINUS: Child Support Paid by Applicant's Family			
TOTAL			

Case Name:

Housing Cash Assistance Including Vouchers With Specific Cash Value:

(For Federal reporting, does not count when totaling Monthly Family Income)

FOR OFFICE USE: PARENT CO-PAYMENT

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	8am	8am	8am	8am	8am	8am	8am
		TO	am pm	am pm	am pm	am pm	am pm	am pm	am pm
		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
		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
		FROM	am pm	am pm	am pm	am pm	am pm	am pm	am pm
		TO	8am	8am	8am	8am	8am	8am	8am

#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
		TO	8am	8am	8am	8am	8am	8am	8am
		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
		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
		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 Provider Name:

CHILD'S NAME	AGE		MON	TUE	WED	THU	FRI	SAT	SUN
		FROM	8am	8am	8am	8am	8am	8am	8am
		TO	am pm	am pm	am pm	am pm	am pm	am pm	am pm
		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
		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
		FROM	am pm	am pm	am pm	am pm	am pm	am pm	am pm
		TO	8am	8am	8am	8am	8am	8am	8am

I certify that:

- All of the above statements are true;
- The information provided is true, correct and accurate;
- The information provided will be disclosed only for administrative purposes and that I may be required to verify the information I have provided;
- I understand that I am responsible for paying a share of my child care costs (parent co-payment) to my provider and that failure to do so may result in the loss of child care benefits;
- I understand that I have the right to appeal and to have a fair hearing of a grievance;
- I understand that giving false information or failure to correct information can result in referral for prosecution for fraud.

Client's Signature: _____ Date: _____