

CHANGE OF INFORMATION

Case Number:	Date of Notice:
Parent/ Guardian:	Return to:
EFFECTIVE DATE OF CHANGE(S):	_
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	☐ My Employment/School/Training
Add Family Member (needs child care)	☐ Job Change ☐ Job Added
☐ Add Family Member (does not need child care)	☐ Job Ended ☐ Added 2nd Job
☐ Leave of Absence (attach Doctor's & employer letter)	☐ Work Schedule ☐ Wages/Income
Medical Start Date: End Date: End Date:	
Adoption	Program Ended
Add Family Member (needs child care)	Schedule Change
Add Family Member (does not need child care)	☐ Other Parent/Adult Employment/School/Training
Death (Complete Section 1)	☐ Job Change ☐ Job Added
☐ Delete Family member (other parent/adult)	☐ Job Ended ☐ Added 2nd Job
☐ Delete Child from Case	
☐ Child over 13 Years of Age (no longer needs child care)	☐ Work Schedule ☐ Wages/Income ☐ Travel Times ☐ O. H. MT. H. H.
☐ Got Married (complete Other Parent/Adult sections)	☐ Travel Time ☐ School/Training Graduated
New Name:	Program Ended
Family Size changed from: to	Schedule Change
Got Divorced (complete Other Parent/Adult sections) New Name:	DO NOT WRITE IN BOX - FOR SITE/CCR&R ONLY
Family Size Changed from: to	Child Care Rate
☐ Separated (complete Other Parent/Adult sections)	From \$ Old Rate to \$ New RateChild Care Rate
New Name:	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 IndicatorNew IndicatorPull Co-Pay Collected at Indicator:
	Fee Changes:RegistrationField TripsCrafts/Extra
New Address:	Other:
Old Address:	

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. FAMILY INFORMAT	<u>'ION</u> (If addin	g a child that	DOES NEED c	are, please <u>ALS</u>	SO complete S	Sections 8 & 9)
Family size changed to	rom	to	Reasor	n:			
Family member(s) be	ng deleted - N	lame & Birth D	ate:				
Is this member a U.S.	0:4:0	Yes No					
What is their gender?		Female		p to me:			
If recently married, hu							_
				previous name:			
If recently moved, nev							
My previous address							
I am adding a new fa	mily member	that <u>DOES N</u>	OT need care:				
Name:			Birth Date:		Relations	hip:	
SSN (optional)			Gender:	□ Male □	 Female		
				— Walo —	- 1 0111010		
Name:			Birth Date:		Relations	hip:	
SSN (optional)			Gender:	□ Male □	 Female		
. MY EMPLOYMENT				maio	· omaio		
I currently have:	Same Joh	□ New	.lob (complete	below)	Second Job (c	complete for bot	h iohs)
If looking for a job, ple						omproto ioi bot	,000
Employer Name:							
Employer FEIN/SSN (
Date Job Started:							
Number of Hours Wor	ked Per Weel	κ:	Number of	of Days Worked	oer Week:		
Laet paid: □				Month \Box Of			
Total Monthly Gross E	Empl. Income:	\$	Travel Time	e - Provider to Jo	b: H	our(s)	Minutes
Other Monthly Income	e: \$	(unless a cha	ange is noted, previo	ously reported "other	income" will be in	cluded in total mon	thly income)
Type of Other Monthly	Income:	Child Support		SA 🗆 Pensio	on 🗆 Othe	er:	
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
. MY SECOND JOB (If you DO NO	T have a seco	ond job, skip to	section 4 - Mv F	Education/Tra	aining.)	
•	•			ddress:		•	
Employer Name:							
Employer FEIN/SSN (·		Joh Endad:		-	r Hours &	
Date Job Started:			Job Ended:			r Hour: \$	
Number of Hours World I get paid:				of Days Worked _I			
i get paid.	eekly \square E	very 2 Weeks	☐ Twice Per	Month U Ot	her, explain:		

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Total Monthly Gross	Empl. Income:	\$	Travel Time	e - Provider to Jo	b: Ho	our(s)	Minutes
Other Monthly Incom	•	-	e is noted, previous	ly reported "other inc	come" will be inclu	ded in total month	_
Type of Other Monthly	/ Income: —	— Child Support	□ ssı □ ss	SA Pensio	on 🗆 Othe	or:	
My Work Schedule:		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						
Travel Time from Pro	vider to School		_	ation/training, ation/training	skip to Sectio	on 5 - Employr	nent.
0.1				GED □ ESL	□ ARE	☐ Vocation	nal
				rt Date:		ind Date:	
Telephone:				# of Da			
TANF client/other pa	rent must provid	de one of the fo	ollowing: C	ontracted Provid	er's Referral		
☐ IDHS Contract Re	port (Notification	n of Employme	ent) \square R	esponsibility and	l Services Plar	n (RSP)	
Client School Schedu	le: Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
From	ı: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 (If you have a change They currently have:	in employment	t, what type of		ete below)			e for both jobs)
If they are looking for						(11)	, , , , , , , , ,
Employer Name:	-			.ddress:			
Employer FEIN/SSN				Telephone:			
Date Job Started:		Date .	Job Ended:		Wage Pe	r 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 Incom		-		ously reported "other		` ,	_
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 <u>ONLY</u> if the other parent/adult family member has a second job; otherwise skip to Education/Training (Section 7).

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6. SECONE	JOB (C	HANGES FO	R: 🗆 other	PARENT OR	☐ ADULT F	AMILY MEMB	ER)	
Employer N	ame:			Addre	ess:			
Employer F	EIN/SSN (if	known)						
Date Job St	arted:		Date Job	Ended:		_ Wage Per H	Hour: \$	
Number of I	Hours Worke	ed Per Week:		_ Number of Da	ays Worked pe	r Week:		
They get pa	id: 🗌 Wee	ekly 🗆 Eve	ry 2 Weeks	Twice Per Mor	nth 🗆 Othe	er, explain: _		
Total Month	ly Gross Em	pl. Income: \$		Travel Time - P	rovider to Job:	Hou	r(s)M	inutes
		\$		is noted, previously	·	come" will be inclu	ded in total month	ly income)
Type of Othe	er Monthly In	ncome: Ch	ild Support 🔲	SSI SSA	Pension	Other:		
Other Pare	nt 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. EDUCAT	ION/TRAIN	ING (CHANC	GES FOR:	OTHER PAREN	IT OR A	OULT FAMILY	MEMBER)	
Travel Time	from Provid	ler to School:	Hour(s	s)Minut	es			
School Nam	ne:			GE[o □ ESL	\square ABE	☐ Vocational	
Address: _				Start Da	ate:	End	d Date:	
Telephone:			_ # of Hours pe	r week:	# of Days	per week:		
	·	·	one of the follow of Employment)	□ Contr	acted Provider		PSP)	
Other Pare			Tuesday		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 C	8. CHILD CARE SCHEDULE CHANGES							
This is the actual child care schedule. (If schedule <u>DOES NOT</u> vary, list only one time per child; If you use more than one child care provider, <u>be sure to mark which provider the child is cared by.)</u>								
Child's Nar				Provider #1	Provider #2	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
	То:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Does this child attend school?								
Is the school	Is the school at the same location as the provider?							
What is the	What is the schedule (if it varies):							



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Child's Nar	ne:			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 ch	ild attend so	hool? \square Ye	es 🗆 No	Year round	d What hou	irs is the child	in school:	
		e location as th	ne provider?	☐ Yes ☐ No	Does the	schedule vary´	? □ Yes □	□No
What is the	schedule (if	it varies):						
Child's Nar	ne:			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 ch	ild attend so	hool? 🗆 Ye	es 🗆 No	Year round	d What hou	irs is the child	in school:	
Is the schoo What is the		e location as th	ne provider?	Yes No	Does the	schedule vary'	? □ Yes □	□ No
Child's Nar	ne:			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 ch	ild attend so	hool?	es 🗆 No	☐ Year round	d What hou	irs is the child	in school:	
Is the schoo	l at the same	e location as th	ne provider?	☐ Yes ☐ No	Does the	schedule vary´	? 🗆 Yes 🗆	□ No
What is the	schedule (if	it varies):						
Child's Nar	ne:		Γ	Provider #1	☐ Provider #	2		
NEW Child	•	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 ch	ild attend so	chool?	es 🗆 No	Year round	What hou	rs is the child	in school:	
		e location as th	ne provider?	☐ Yes ☐ No		schedule vary´	? 🗆 Yes 🗆	□No
What is the	schedule (if	it varies):						



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9. NUMBER OF CHILDREN IN CARE	I currently have	children in child care.
Please add / delete this child	ı	
Name:	Birth Date:	Relationship:
SSN:	Gender: Male	Female
U.S. Citizen? Yes No	If no, Alien Registration Numbe	r:
Ethnic Origin: White	Black/African American	Hispanic/Latino Asian
☐ American Indian/Al	askan Native	☐ Native Hawaiian/Pacific Islander
Please add / delete this child	I	
Name:	Birth Date:	Relationship:
SSN:	Gender: Male	Female
U.S. Citizen? Yes No	If no, Alien Registration Numbe	r:
Ethnic Origin: White	Black/African American	Hispanic/Latino Asian
☐ American Indian/Al	askan Native	☐ Native Hawaiian/Pacific Islander
Please add / delete this child	I	
Name:	Birth Date:	Relationship:
SSN:	Gender: Male	Female
U.S. Citizen? Yes No	If no, Alien Registration Numbe	r:
Ethnic Origin: White	Black/African American	Hispanic/Latino Asian
American Indian/Al	askan Native	Native Hawaiian/Pacific Islander
Please ☐ add / ☐ delete this child	ı	
Name:	Birth Date:	Relationship:
SSN:	Gender: Male	Female
U.S. Citizen? Yes No	If no, Alien Registration Numbe	r:
Ethnic Origin: White	Black/African American	Hispanic/Latino Asian
☐ American Indian/Al	askan Native	☐ Native Hawaiian/Pacific Islander



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NOTES:			
	PARENT/GUARDIAN SIGN	NATURE	
I understand that I am responsible for the	e selection of the child care provide	ders for my child(ren).	
I will report any change in child care arra in a timely manner may result in an over		size, within 10 days. Failure to report change back and/or loss of child care benefits.	es
I undertand that I must be working or atte to be eligile to receive child care benefits		ion, training, or other work related activity in o	rder
I understand the information provided wi the processing of my Redetermination m		er databases, and if inconsistencies are disco	vered,
		ity number or withholding the Social Security of the prosecuted to the fullest extent of the law	<i>1</i> .
The information provided will be disclose information that I have provided.	d only for administrative purposes	s and that I may be required to verify the	
I understand that I have the right to appe	al and to have a fair hearing or gri	rievance.	
I declare under penalty of perjury that I h complete to the best of my knowledge.	ave read all statements on this for	orm and the information I give is true, correct, a	and
I understand that giving false information will have to pay back and could result in		mation can also result in an overpayment whic	ch I
My signature is my consent and autho Services or its agents that may estab		released to the Illinois Department of Hum ued eligibility for the child care.	an
Parent/Guardian Signature:		Date:	

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.