



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

Co-pay collected from this Prov.? Yes No

My information has changed due to:

(INSTRUCTIONS ON PAGE 7.)

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: _____
- 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)

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 _____

Moved:

New Phone: _____
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:

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.