



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

CHILD CARE REDETERMINATION

Parent/Gaurdian Name:

DATE OF NOTICE:

Return your completed Redetermination to :

Reason for child care:

Provider(s):

CLIENT :

Child Care Case Number:

Caseload Code:

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 SCHOOUGED, 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 you dont needchild care for that job. Photocopy this page and complete a seperate 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

ZipCode

Work Telephone Number

Ext.

Date you started this job.

ZipCode

I earn before deduction (complete one) :

Per Hour

Per Month

Per Month

Amount \$

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:

(Hrs.)

(Mins.)

Do you use public transportation?

YES

NO

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

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM							
TO							

