

# **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	☐ 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: End Date:	
Adoption	Program Ended
Add Family Member (needs child care)	Schedule Change
Add Family Member (does not need child care)	
☐ Death (Complete Section 1)	Under Parent/Adult Employment/School/Training
☐ Delete Family member (other parent/adult)	☐ Job Change ☐ Job Added
☐ Delete Child from Case	☐ Job Ended ☐ Added 2nd Job
☐ Child over 13 Years of Age (no longer needs child care)	☐ Work Schedule ☐ Wages/Income
Got Married (complete Other Parent/Adult sections)  New Name:	☐ Travel Time ☐ School/Training ☐ Graduated
	Program Ended
	Schedule Change
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
Family Size changed from: to	From \$ Old Rate to \$ New Rate
	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 to	Change in Site Location:Old IndicatorNew Indicator  Full Co-Pay Collected at Indicator:
Moved: Old Phone Number:	Fee Changes:RegistrationField TripsCrafts/Extra
New Address:	Other:
Old Address:	

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# **CHANGE OF INFORMATION**

. FAMILY INFORMATION (If addir	ig a child that	DOES NEED CA	are, piease <u>ALS</u>	<u>O</u> complete	Sections 8 & 9	)
Family size changed from	to	. Reason	:			
Family member(s) being deleted - N	lame & Birth D	ate:				
Is this member a U.S. Citizen?	Yes No	Birth Date:		SSN:		
What is their gender?	Female name:	Relationship	o to me:			_
My new name is:		Му	previous name:			
If recently moved, new address is:						
My previous address was:						
I am adding a new family member	that <u>DOES N</u>	OT need care:				
Name:		Birth Date:		Relations	ship:	
SSN (optional)		Gender:	☐ Male	Female		
Name:		Birth Date:		Relations	ship:	
SSN (optional)		Gender:	☐ Male	Female		
. MY EMPLOYMENT						
I currently have: Same Job If looking for a job, please include the		<u> </u>		Second Job (d	complete for bot	th jobs)
Employer Name: Address:						
Employer FEIN/SSN (if known)	Data	lab Fradad.	Telephone:			
Date Job Started:		Job Ended:	f Davis Marked	<del></del>	er Hour: \$	
Number of Hours Worked Per Weel			f Days Worked p			
I get paid:	every 2 Weeks		Month	ther, explain:		
Total Monthly Gross Empl. Income:	\$	Travel Time	- Provider to Jo	b: н	our(s)	Minutes
Other Monthly Income: \$	(unless a cha	ange is noted, previo	usly reported "other	income" will be in	icluded in total mon	thly income)
Type of Other Monthly Income:	Child Support	☐ SSI ☐ SS	SA Pensio	on 🗌 Oth	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 pr
<b>To</b> :am pm	am pm	am pm	am pm	am pm	am pm	am pr
. MY SECOND JOB (If you DO NO	T have a seco	and ich skin to	section 4 - My F	ducation/Tr	ainina )	
Employer Name:	ı nave a seco		ddress:	-uucation/11	allillig.)	
Employer FEIN/SSN (if known)			Telephone:			
Date Job Started:	Date	Job Ended:	·	Wage Pe	er Hour: \$	
Number of Hours Worked Per Weel			f Days Worked p	<u> </u>		
			- '	· .		

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## **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
					<u> </u>	<u> </u>	
4. MY EDUCATION/TRAINING							
Travel Time from Prov	nuer to school.		_ Hour(s)	Minute(s)			
School Name:				GED ∐ ESL	<del></del>	☐ Vocation	nal
Address:		<i>"</i> 611		rt Date:		nd Date:	
Telephone:		# of Hours	per week:	# of Da	ys per week:		
TANF client/other pare	ent must provide	e one of the fo	ollowing: C	ontracted Provid	er's Referral		
☐ IDHS Contract Rep	oort (Notification	of Employme	ent) 🗌 R	esponsibility and	l Services Plar	ı (RSP)	
Client School Schedule	e: 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. <u>EMPLOYMENT</u> (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)							
They currently have:	Same J		New Job (compl	•		roop (complete	
If they are looking for	a job, please ind	clude the date	previous job er	nded:			
Employer Name:			A	.ddress:			
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 <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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# **CHANGE OF INFORMATION**

6. <u>SECOND JOB</u> (C	CHANGES FO	R: 🗌 OTHER	PARENT OR	ADULT F	AMILY MEMB	ER)	
Employer Name: Address:							
Employer FEIN/SSN (if	known)			Telephone:			
Date Job Started:		Date Job	Ended:	_	Wage Per H	Hour: \$	
Number of Hours Work	ed Per Week:		Number of Da	ays Worked pe	r Week:		
They get paid:	ekly 🗌 Eve	ry 2 Weeks	 ] Twice Per Mor	nth 🗌 Othe	er, explain: _		
Total Monthly Gross En	Total Monthly Gross Empl. Income: \$ Travel Time - Provider to Job: Hour(s) Minutes						inutes
Other Monthly Income:	\$		is noted, previously				ly income)
Type of Other Monthly In	ncome: Ch	ild 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/TRAIN	IING (CHAN	GES FOR:	OTHER PAREN	IT OR	OULT FAMILY	MEMBER)	
Travel Time from Provid	der to School:	Hour(s	s)Minut	es			
School Name:			GED	ESL	ABE	☐ Vocational	
Address:			Start Da	ate:	End	d Date:	
Telephone:		_ # of Hours pe	r week:	# of Days	per week:		
TANF client/other parer	nt must provide	one of the follow	ving: 🗌 Contra	acted Provider	's Referral		
☐ IDHS Contract Repo	rt (Notification	of Employment)	Respo	onsibility and S	ervices 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 <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 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
То:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Does this child attend school?							
Is the school at the same location as the provider?							

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# **CHANGE OF INFORMATION**

Child's Na	me:			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 school at the same location as the provider?								
Child's Na	me:			Provider #1	Provider #	2		
NEW Child	<u> </u>	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	rs is the child	in school:	
What is the schedule (if it varies):  Child's Name:  Provider #1 Provider #2								
NEW Child	<u> </u>	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?								
Is the school at the same location as the provider?								
Child's Name:								
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?								
Is the school at the same location as the provider?								

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# **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 ☐ F	Female
U.S. Citizen?  Yes  No If no, Alien	Registration Number:	
Ethnic Origin:	American	Hispanic/Latino Asian
American Indian/Alaskan Native		Native Hawaiian/Pacific Islander
Please ☐ add / ☐ delete this child		
Name:	Birth Date:	Relationship:
SSN: Gender:	☐ Male ☐ F	- Female
U.S. Citizen?  Yes  No If no, Alien	Registration Number:	
Ethnic Origin: White Black/African	American	] Hispanic/Latino
American Indian/Alaskan Native		Native Hawaiian/Pacific Islander
Please ☐ add / ☐ delete this child		
Name:	Birth Date:	Relationship:
SSN: Gender:	☐ Male ☐ F	Female
U.S. Citizen?  Yes  No If no, Alien	Registration Number:	
Ethnic Origin:	American	Hispanic/Latino Asian
American Indian/Alaskan Native		Native Hawaiian/Pacific Islander
Please	Dirth Data:	Dolotionohin
Name:	Birth Date:	Relationship:
SSN: Gender:	☐ Male ☐ F	Female
_	Registration Number:	
Ethnic Origin: White Black/African  American Indian/Alaskan Native		Hispanic/Latino ☐ Asian  Native Hawaiian/Pacific Islander
☐ American mulan/Alaskan Native		i i i i i i i i i i i i i i i i i i i

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# **CHANGE OF INFORMATION**

NOTES:	
PARENT/GUARDIAN SIGNA	<u>TURE</u>
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 in a timely manner may result in an overpayment which I will have to pay back	
I undertand that I must be working or attending an IDHS approved education, to be eligile to receive child care benefits.	training, or other work related activity in order
I understand the information provided will be checked using State and other dathe processing of my Redetermination may be delayed or denied.	atabases, and if inconsistencies are discovered,
I understand that deliberately providing an incorrect/fictitious Social Security r number information in order to defraud the State of Illinois will cause me to be	•
The information provided will be disclosed only for administrative purposes are information that I have provided.	nd that I may be required to verify the
I understand that I have the right to appeal and to have a fair hearing or grieva	ance.
I declare under penalty of perjury that I have read all statements on this form complete to the best of my knowledge.	and the information I give is true, correct, and
I understand that giving false information or failing to provide correct informati will have to pay back and could result in my prosecution of fraud.	on can also result in an overpayment which I
My signature is my consent and authorization for information to be rele Services or its agents that may establish my eligibility, or my continued	· · · · · · · · · · · · · · · · · · ·
Parent/Guardian Signature:	Date:

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### 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). **KEEP A COPY FOR YOUR RECORDS** before mailing.

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