

Effective July 1, 2023 - TABLE A

Parents who have been approved for child care benefits are required to help pay for the cost of their child care.

You MUST make a payment, called the Parent Co-Payment, to your child care provider each month. The amount of your parent co-payment is shown on the Approval Notice.

The State will deduct the parent co-payment from the total charges paid to your provider up to the maximum child care rate. If the co-payment is more than the total charges, the parent pays the lesser amount to the provider and no payment is made by the state. The Department will not pay for any child care charges over the maximum rate.

Your provider will tell you when to pay the parent co-payment, each week or once a month.

If you have more than one provider, only one provider will be assigned to collect the parent co-payment. The amount of the parent co-payment will be shown on the Approval Notice for the provider assigned to collect the parent co-payment. The Approval Notice will show if the provider is not assigned to collect the parent co-payment.

The amount of your parent co-payment is based on gross monthly income and family size.

The parent co-payment amounts are listed below. If all the children in care are school age and approved for part day care for any month September through May, the amount of the parent co-payment will be reduced by one-half for that month (See "Co-Pay Indicator B" below).

Maximum Monthly Income and Monthly Co-Pay by Family Size and Income Level at Time of New Application.

Family	Size 2		Family	Size 3	[Family	Size 4
Monthly Income	Monthly Co-Pay	Monthly	Income	Monthly Co-Pay		Monthly I	Income	Monthly Co-Pay
\$0 - 1,643	\$1.00	\$0	- 2,072	\$1.00		\$0	- 2,500	\$1.00
1,644 - 1,808	17.00	2,073	- 2,279	22.00		2,501	- 2,750	26.00
1,809 - 1,972	38.00	2,280	- 2,486	48.00		2,751	- 3,000	58.00
1,973 - 2,136	62.00	2,487	- 2,693	78.00		3,001	- 3,250	94.00
2,137 - 2,301	89.00	2,694	- 2,900	112.00		3,251	- 3,500	135.00
2,302 - 2,465	119.00	2,901	- 3,108	150.00		3,501	- 3,750	181.00
2,466 - 2,629	153.00	3,109	- 3,315	193.00		3,751	- 4,000	233.00
2,630 - 2,794	190.00	3,316	- 3,522	239.00		4,001	- 4,250	289.00
2,795 - 2,958	201.00	3.523	- 3,729	254.00		4,251	- 4,500	306.00
2,959 - 3,122	213.00	3,730	- 3,936	268.00		4,501	- 4,750	324.00
3,123 - 3,287	224.00	3,937	- 4,143	283.00		4,751	- 5,000	341.00
3,288 - 3,451	236.00	4,144	- 4,351	297.00		5,001	- 5,250	359.00
3,452 - 3,615	247.00	4,352	- 4,558	312.00		5,251	- 5,500	376.00
3,616 - 3,698	256.00	4,559	- 4,661	323.00			- 5,625	389.00

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period

Family	Size 2		Family	Size 3			Family	Size 4
Monthly Income	Monthly Co-Pay	Monthly	Income	Monthly Co-Pay	N	Ionthly	Income	Monthly Co-Pay
\$3,699 - 3,780	\$262.00	\$4,662	- 4,765	\$330.00		\$5,626	- 5,750	\$398.00
3,781 - 3,944	270.00	4,766	- 4,972	341.00		5,751	- 6,000	411.00
3,945 - 4,108	282.00	4,973	- 5,179	355.00		6,001	- 6,250	429.00
4,109 - 4,273	293.00	5,180	- 5,386	370.00		6,251	- 6,500	446.00
4,274 - 4,437	305.00	5,387	- 5,594	384.00		6,501	- 6,750	464.00
4,438 - 4,519	314.00	5,595	- 5,697	395.00		6,751	- 6,875	477.00

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01 <u>https://www.dhs.state.il.us/page.aspx?item=10568</u>

Family	v Size 2	Family	/ Size 3	Family	Size 4
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$4,520 - 5,113	\$314.00	\$5,698 - 6,316	\$\$395.00	\$6,876 - 7,519	\$477.00



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Maximum Monthly Income and Monthly Co-Pay by Family Size and Income Level at Time of New Application.

Family	Size 5	Family	Size 6	Family	Size 7
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$0 - 2,928	\$1.00	\$0 - 3,357	\$1.00	\$0 - 3,785	\$1.00
2,929 - 3,221	31.00	3,358 - 3,692	35.00	3,786 - 4,164	40.00
3,222 - 3,514	67.00	3,693 - 4,028	77.00	4,165 - 4,542	87.00
3,515 - 3,807	110.00	4,029 - 4,364	126.00	4,543 - 4,921	142.00
3,808 - 4,100	158.00	4,365 - 4,699	181.00	4,922 - 5,299	204.00
4,101 - 4,393	212.00	4,700 - 5,035	243.00	5,300 - 5,678	274.00
4,394 - 4,685	272.00	5,036 - 5,371	312.00	5,679 - 6,056	352.00
4,686 - 4,978	338.00	5,372 - 5,706	388.00	6,057 - 6,435	437.00
4,979 - 5,271	359.00	5,707 - 6,042	411.00	6,436 - 6,813	464.00
5,272 - 5,564	379.00	6,043 - 6,378	435.00	6,814 - 7,192	490.00
5,565 - 5,857	400.00	6,379 - 6,713	458.00	7,193 - 7,570	517.00
5,858 - 6,150	420.00	6,714 - 7,049	482.00	7,571 - 7,949	543.00
6,151 - 6,442	441.00	7,050 - 7,385	505.00	7,950 - 8,327	570.00
6,443 - 6,589	456.00	7,386 - 7,553	523.00	8,328 - 8,516	590.00

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period

Family	Size 5	Family	v Size 6	Family	Family Size 7		
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay		
\$6,590 - 6,735 6,736 - 7,028 7,029 - 7,321 7,322 - 7,614 7,615 - 7,907 7,908 - 8,053	482.00 502.00 523.00 543.00	\$7,554 - 7,720 7,721 - 8,056 8,057 - 8,392 8,393 - 8,727 8,728 - 9,063 9,064 - 9,231	552.00 576.00 599.00 623.00	\$8,517 - 8,706 8,707 - 9,084 9,085 - 9,463 9,464 - 9,841 9,842 - 10,151	623.00 649.00 676.00		

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01 https://www.dhs.state.il.us/page.aspx?item=10568

Family Size 5		Family Size 6 Family		Size 7	
Monthly Income Monthly Co-P	ıy	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$8,054 - 8,722 \$559.	00	\$9,232 - 9,925	\$640.00	See Maximum Income Above	



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Family	Size 8	Family	Size 9	Family	Size 10
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$0 - 4,213	\$1.00	\$0 - 4,642	\$1.00	\$0 - 5,070	\$1.00
4,214 - 4,635	44.00	4,643 - 5,106	49.00	5,071 - 5,577	53.00
4,636 - 5,056	97.00	5,107 - 5,570	107.00	5,578 - 6,084	117.00
5,057 - 5,477	158.00	5,571 - 6,034	174.00	6,085 - 6,591	190.00
5,478 - 5,899	228.00	6,035 - 6,498		6,592 - 7,098	
5,900 - 6,320	306.00	6,499 - 6,963		7,099 - 7,605	
6,321 - 6,741	392.00	6,964 - 7,427	432.00	7,606 - 8,112	
6,742 - 7,163	487.00	7,428 - 7,891	536.00	8,113 - 8,619	
7,164 - 7,584	516.00	7,892 - 8,355	569.00		
7,585 - 8,005	546.00	8,356 - 8,819	601.00	8,620 - 9,126	
8,006 - 8,427	575.00	8,820 - 9,283	634.00	9,127 - 9,633	657.00
8,428 - 8,848		9,284 - 9,748		9,634 - 10,140	692.00
8,849 - 9,269		9,749 - 10,212		10,141 - 10,647	728.00
9,270 - 9,480	656.00	10,213 - 10,444	723.00	10,648 - 10,827	763.00

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period

Family	Size 8	Family	v Size 9	Family	Size 10
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$9,481 - 9,691		\$10,445 - 10,602	\$739.00	See Maximum	See Co-pay
9,692 - 10,112				Income Above	Amount Above
10,113 - 10,376	723.00				

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01 https://www.dhs.state.il.us/page.aspx?item=10568

Family	Size 8	Family	v Size 9		Family	Size 10
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Month	y Income	Monthly Co-Pay
See Maximum Income Above		See Maximum Income Above			laximum le Above	



Effective July 1, 2023 - TABLE B

Co-Pay Indicator B - For any month September through May where all children are School Age and approved for Part-Day/School Age care.

Maximum Monthly Income and Monthly Co-Pay by Family Size and Income Level at Time of New Application.

Family	Size 2	Family	Size 3	Family	v Size 4
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$0 - 1,643	\$0.50	\$0 - 2,072	\$0.50	\$0 - 2,500	\$0.50
1,644 - 1,808	8.50	2,073 - 2,279	11.00	2,501 - 2,750	13.00
1,809 - 1,972	19.00	2,280 - 2,486	24.00	2,751 - 3,000	29.00
1,973 - 2,136	31.00	2,487 - 2,693	39.00	3,001 - 3,250	47.00
2,137 - 2,301	44.50	2,694 - 2,900	56.00	3,251 - 3,500	67.50
2,302 - 2,465	59.50	2,901 - 3,108	75.00	3,501 - 3,750	90.50
2,466 - 2,629	76.50	3,109 - 3,315	96.50	3,751 - 4,000	116.50
2,630 - 2,794	95.00	3,316 - 3,522	119.50	4,001 - 4,250	144.50
2,795 - 2,958	100.50	3.523 - 3,729	127.00	4,251 - 4,500	153.00
2,959 - 3,122	106.50	3,730 - 3,936	134.00	4,501 - 4,750	162.00
3,123 - 3,287	112.00	3,937 - 4,143	141.50	4,751 - 5,000	170.50
3,288 - 3,451	118.00	4,144 - 4,351	148.50	5,001 - 5,250	179.50
3,452 - 3,615	123.50	4,352 - 4,558	156.00	5,251 - 5,500	188.00
3,616 - 3,698	128.00	4,559 - 4,661	161.50	5,501 - 5,625	194.50

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period

Family	Size 2	Family	y Size 3	Family	v Size 4
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$3,699 - 3,780	\$131.00	\$4,662 - 4,765	5 \$165.00	\$5,626 - 5,750	\$199.00
3,781 - 3,944	135.00	4,766 - 4,972	2 170.50	5,751 - 6,000	205.50
3,945 - 4,108	141.00	4,973 - 5,179	177.50	6,001 - 6,250	214.50
4,109 - 4,273	146.50	5,180 - 5,386	185.00	6,251 - 6,500	223.00
4,274 - 4,437	152.50	5,387 - 5,594	192.00	6,501 - 6,750	232.00
4,438 - 4,519	157.00	5,595 - 5,697	197.50	6,751 - 6,875	238.50

extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01
https://www.dhs.state.il.us/page.aspx?item=10568

Family Size 2			Family	Size 3	Family Size 4		
Monthly Income	Monthly Co-Pay		Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	
\$4,520 - 5,113	\$157.00		\$5,698 - 6,316	\$197.50	\$6,876 - 7,519	\$238.50	



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Maximum Monthly Income and Monthly Co-Pay by Family Size and Income Level at Time of New Application.

Family	Size 5	Family	Size 6	Family	Family Size 7		
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay		
\$0 - 2,928	\$0.50	\$0 - 3,357	\$0.50	\$0 - 3,785	\$0.50		
2,929 - 3,221	15.50	3,358 - 3,692	17.50	3,786 - 4,164	20.00		
3,222 - 3,514	33.50	3,693 - 4,028	38.50	4,165 - 4,542	43.50		
3,515 - 3,807	55.00	4,029 - 4,364	63.00	4,543 - 4,921	71.00		
3,808 - 4,100	79.00	4,365 - 4,699	90.50	4,922 - 5,299	102.00		
4,101 - 4,393	106.00	4,700 - 5,035	121.50	5,300 - 5,678	137.00		
4,394 - 4,685	136.00	5,036 - 5,371	156.00	5,679 - 6,056	176.00		
4,686 - 4,978	169.00	5,372 - 5,706	194.00	6,057 - 6,435	218.50		
4,979 - 5,271	179.50	5,707 - 6,042	205.50	6,436 - 6,813	232.00		
5,272 - 5,564	189.50	6,043 - 6,378	217.50	6,814 - 7,192	245.00		
5,565 - 5,857	200.00	6,379 - 6,713	229.00	7,193 - 7,570	258.50		
5,858 - 6,150	210.00	6,714 - 7,049	241.00	7,571 - 7,949	271.50		
6,151 - 6,442	220.50	7,050 - 7,385	252.50	7,950 - 8,327	285.00		
6,443 - 6,589	228.00	7,386 - 7,553	261.50	8,328 - 8,516	295.00		

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period

Family	Size 5	Family	Size 6	Family Size 7		
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	
\$6,590 - 6,735	\$233.00	\$7,554 - 7,720	\$267.50	\$8,517 - 8,706	\$301.50	
6,736 - 7,028		7,721 - 8,056		8,707 - 9,084	311.50	
7,029 - 7,321		8,057 - 8,392		9,085 - 9,463		
7,322 - 7,614	261.50	8,393 - 8,727		9,464 - 9,841		
7,615 - 7,907	271.50	8,728 - 9,063	311.50			
7,908 - 8,053	279.50	9,064 - 9,231	320.00	9,842 - 10,151	351.00	

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01 https://www.dhs.state.il.us/page.aspx?item=10568

Family Size 5			Family Size 6			Family Size 7	
Monthly Income	Monthly Co-Pay		Monthly Income	Monthly Co-Pay		Monthly Income	Monthly Co-Pay
\$8,054 - 8,722	\$279.50		\$9,232 - 9,925	\$320.00		See Maximum	
		IL				Income Above	



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Maximum Monthly Income and Monthly Co-Pay by Family Size and Income Level at Time of New Application.

Family	Size 8	Family	Size 9	Family Size 10		
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	
\$0 - 4,213	\$0.50	\$0 - 4,642	\$0.50	\$0 - 5,070	\$0.50	
4,214 - 4,635	22.00	4,643 - 5,106	24.50	5,071 - 5,577	26.50	
4,636 - 5,056	48.50	5,107 - 5,570	53.50	5,578 - 6,084	58.50	
5,057 - 5,477	79.00	5,571 - 6,034	87.00	6,085 - 6,591		
5,478 - 5,899	114.00	6,035 - 6,498	125.50	6,592 - 7,098		
5,900 - 6,320	153.00	6,499 - 6,963	168.50	7,099 - 7,605		
6,321 - 6,741	196.00	6,964 - 7,427	216.00	7,606 - 8,112		
6,742 - 7,163	243.50	7,428 - 7,891	268.00			
7,164 - 7,584	258.00	7,892 - 8,355	284.50	8,113 - 8,619		
7,585 - 8,005	273.00	8,356 - 8,819	300.50	8,620 - 9,126	310.50	
8,006 - 8,427		8,820 - 9,283	317.00	9,127 - 9,633	328.50	
8,428 - 8,848		9,284 - 9,748		9,634 - 10,140	346.00	
8,849 - 9,269		9,749 - 10,212		10,141 - 10,647	364.00	
9,270 - 9,480		10,213 - 10,444		10,648 - 10,827	381.50	

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period

Family Size 8					
Monthly Income	Monthly Co-Pay				
\$9,481 - 9,691	\$335.50				
9,692 - 10,112	346.50				
10,113 - 10,376	361.50				

Family Size 9				
Monthly Income	Monthly Co-Pay			
\$10,445 - 10,602	\$369.50			

Family Size 10					
Monthly Income	Monthly Co-Pay				
See Maximum Income Above	See Co-pay Amount Above				

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01 https://www.dhs.state.il.us/page.aspx?item=10568

Family Size 8		Family Size 9			Family Size 10	
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay		Monthly Income	Monthly Co-Pay
See Maximum Income Above		See Maximum Income Above			See Maximum Income Above	