



## IMPORTANT PARENT COPAYMENT INFORMATION

### 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 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	5,501 - 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	Monthly 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 <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	\$314.00	\$5,698 - 6,316	\$395.00	\$6,876 - 7,519	\$477.00



**IMPORTANT PARENT COPAYMENT INFORMATION**

**Effective July 1, 2023 - TABLE A**

**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 Size 6		Family Size 7	
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$6,590 - 6,735	\$466.00	\$7,554 - 7,720	\$535.00	\$8,517 - 8,706	\$603.00
6,736 - 7,028	482.00	7,721 - 8,056	552.00	8,707 - 9,084	623.00
7,029 - 7,321	502.00	8,057 - 8,392	576.00	9,085 - 9,463	649.00
7,322 - 7,614	523.00	8,393 - 8,727	599.00	9,464 - 9,841	676.00
7,615 - 7,907	543.00	8,728 - 9,063	623.00	9,842 - 10,151	702.00
7,908 - 8,053	559.00	9,064 - 9,231	640.00		

**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	\$559.00	\$9,232 - 9,925	\$640.00	See Maximum Income Above	



**IMPORTANT PARENT COPAYMENT INFORMATION**

**Effective July 1, 2023 - TABLE A**

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	251.00	6,592 - 7,098	274.00
5,900 - 6,320	306.00	6,499 - 6,963	337.00	7,099 - 7,605	368.00
6,321 - 6,741	392.00	6,964 - 7,427	432.00	7,606 - 8,112	472.00
6,742 - 7,163	487.00	7,428 - 7,891	536.00	8,113 - 8,619	586.00
7,164 - 7,584	516.00	7,892 - 8,355	569.00	8,620 - 9,126	621.00
7,585 - 8,005	546.00	8,356 - 8,819	601.00	9,127 - 9,633	657.00
8,006 - 8,427	575.00	8,820 - 9,283	634.00	9,634 - 10,140	692.00
8,428 - 8,848	605.00	9,284 - 9,748	666.00	10,141 - 10,647	728.00
8,849 - 9,269	634.00	9,749 - 10,212	699.00	10,648 - 10,827	763.00
9,270 - 9,480	656.00	10,213 - 10,444	723.00		

**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 Size 9		Family Size 10	
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$9,481 - 9,691	\$671.00	\$10,445 - 10,602	\$739.00	See Maximum Income Above	See Co-pay Amount Above
9,692 - 10,112	693.00				
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 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	



**IMPORTANT PARENT COPAYMENT INFORMATION**

**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 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 Size 3		Family 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	\$165.00	\$5,626 - 5,750	\$199.00
3,781 - 3,944	135.00	4,766 - 4,972	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

**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 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



**IMPORTANT PARENT COPAYMENT INFORMATION**

**Effective July 1, 2023 - TABLE B**

**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	\$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	241.00	7,721 - 8,056	276.00	8,707 - 9,084	311.50
7,029 - 7,321	251.00	8,057 - 8,392	288.00	9,085 - 9,463	324.50
7,322 - 7,614	261.50	8,393 - 8,727	299.50	9,464 - 9,841	338.00
7,615 - 7,907	271.50	8,728 - 9,063	311.50	9,842 - 10,151	351.00
7,908 - 8,053	279.50	9,064 - 9,231	320.00		

**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 Income Above	



**IMPORTANT PARENT COPAYMENT INFORMATION**

**Effective July 1, 2023 - TABLE B**

**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	95.00
5,478 - 5,899	114.00	6,035 - 6,498	125.50	6,592 - 7,098	137.00
5,900 - 6,320	153.00	6,499 - 6,963	168.50	7,099 - 7,605	184.00
6,321 - 6,741	196.00	6,964 - 7,427	216.00	7,606 - 8,112	236.00
6,742 - 7,163	243.50	7,428 - 7,891	268.00	8,113 - 8,619	293.00
7,164 - 7,584	258.00	7,892 - 8,355	284.50	8,620 - 9,126	310.50
7,585 - 8,005	273.00	8,356 - 8,819	300.50	9,127 - 9,633	328.50
8,006 - 8,427	287.50	8,820 - 9,283	317.00	9,634 - 10,140	346.00
8,428 - 8,848	302.50	9,284 - 9,748	333.00	10,141 - 10,647	364.00
8,849 - 9,269	317.00	9,749 - 10,212	349.50	10,648 - 10,827	381.50
9,270 - 9,480	328.00	10,213 - 10,444	361.50		

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

Family Size 8		Family Size 9		Family Size 10	
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$9,481 - 9,691	\$335.50	\$10,445 - 10,602	\$369.50	See Maximum Income Above	See Co-pay Amount Above
9,692 - 10,112	346.50				
10,113 - 10,376	361.50				

**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	