



## CHILD CARE TELEPHONE BILLING AGREEMENT

Please complete this form and **return to your Child Care Resource and Referral Agency (CCR&R)**.  
Your CCR&R's address is located at the bottom of your Approval letter or Child Care Certificate.

Provider Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Social Security Number (SSN) or

Federal Employer Identification Number (FEIN): \_\_\_\_\_

I agree that when I use the Child Care Telephone Billing System to enter a Child Care Certificate:

- \* I am filing a legally binding request for child care payment.
- \* I have completed and signed the Child Care Certificate.
- \* The client has signed the completed Child Care Certificate.
- \* My address is correct on the Child Care Certificate.
- \* The information that I enter on the Child Care Telephone Billing System will be exactly the same information that is on the signed Child Care Certificate.
- \* The information that I enter will be complete and accurate.
- \* I understand giving false information or failure to provide correct information can result in pay back of overpayments and/or referral for prosecution for fraud.
- \* I will keep the Child Care Certificate on file for 5 years.
- \* I will make each Child Care Certificate that I enter on the Child Care Telephone Billing System available for 5 years to any and all authorized Illinois Department of Human Services representative and Federal authorities.
- \* I understand that failure to keep each Child Care Certificate on file for 5 years shall establish a presumption in favor of the State for any funds paid by the State for which adequate documentation is not available to support payment.

**Child Care Provider  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_