



## IMPORTANT PARENT COPAYMENT INFORMATION

### Effective July 1, 2022 - 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 - 1,526	\$1.00	\$0 - 1,919	\$1.00	\$0 - 2,313	\$1.00
1,527 - 1,678	16.00	1,920 - 2,111	20.00	2,314 - 2,544	24.00
1,679 - 1,831	35.00	2,112 - 2,303	44.00	2,545 - 2,775	53.00
1,832 - 1,984	57.00	2,304 - 2,495	72.00	2,776 - 3,006	87.00
1,985 - 2,136	82.00	2,496 - 2,687	104.00	3,007 - 3,238	125.00
2,137 - 2,289	111.00	2,688 - 2,879	139.00	3,239 - 3,469	168.00
2,290 - 2,441	142.00	2,880 - 3,071	179.00	3,470 - 3,700	215.00
2,442 - 2,594	176.00	3,072 - 3,263	222.00	3,701 - 3,931	267.00
2,595 - 2,747	187.00	3,264 - 3,455	235.00	3,932 - 4,163	283.00
2,748 - 2,899	198.00	3,456 - 3,646	249.00	4,164 - 4,394	300.00
2,900 - 3,052	208.00	3,647 - 3,838	262.00	4,395 - 4,625	316.00
3,053 - 3,204	219.00	3,839 - 4,030	275.00	4,626 - 4,856	332.00
3,205 - 3,357	230.00	4,031 - 4,222	289.00	4,857 - 5,088	348.00
3,358 - 3,433	238.00	4,223 - 4,318	299.00	5,089 - 5,203	360.00

#### 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
\$3,434 - 3,509	243.00	\$4,319 - 4,414	306.00	\$5,204 - 5,319	368.00
3,510 - 3,662	251.00	4,415 - 4,606	316.00	5,320 - 5,550	380.00
3,663 - 3,815	262.00	4,607 - 4,798	329.00	5,551 - 5,781	397.00
3,816 - 3,967	272.00	4,799 - 4,990	343.00	5,782 - 6,013	413.00
3,968 - 4,120	283.00	4,991 - 5,182	356.00	6,014 - 6,244	429.00
4,121 - 4,196	291.00	5,183 - 5,278	366.00	6,245 - 6,359	441.00

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
\$4,197 - 4,921	291.00	\$5,279 - 6,079	366.00	\$6,360 - 7,237	441.00



**IMPORTANT PARENT COPAYMENT INFORMATION**

**Effective July 1, 2022 - 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 - 2,706	1.00	\$0 - 3,099	1.00	\$0 - 3,493	1.00
2,707 - 2,976	28.00	3,100 - 3,409	33.00	3,494 - 3,842	37.00
2,977 - 3,247	62.00	3,410 - 3,719	71.00	3,843 - 4,191	80.00
3,248 - 3,518	101.00	3,720 - 4,029	116.00	4,192 - 4,540	131.00
3,519 - 3,788	146.00	4,030 - 4,339	167.00	4,541 - 4,890	189.00
3,789 - 4,059	196.00	4,340 - 4,649	225.00	4,891 - 5,239	253.00
4,060 - 4,329	252.00	4,650 - 4,959	288.00	5,240 - 5,588	325.00
4,330 - 4,600	313.00	4,960 - 5,269	358.00	5,589 - 5,937	403.00
4,601 - 4,871	332.00	5,270 - 5,579	380.00	5,938 - 6,287	428.00
4,872 - 5,141	350.00	5,580 - 5,888	401.00	6,288 - 6,636	452.00
5,142 - 5,412	369.00	5,889 - 6,198	423.00	6,637 - 6,985	477.00
5,413 - 5,682	388.00	6,199 - 6,508	445.00	6,986 - 7,334	501.00
5,683 - 5,953	407.00	6,509 - 6,618	466.00	7,335 - 7,684	526.00
5,954 - 6,088	421.00	6,819 - 6,973	483.00	7,685 - 7,858	544.00

**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
\$6,089 - 6,223	431.00	\$6,974 - 7,128	494.00	\$7,859 - 8,033	556.00
6,224 - 6,494	445.00	7,129 - 7,438	510.00	8,034 - 8,382	575.00
6,495 - 6,765	464.00	7,439 - 7,748	532.00	8,383 - 8,731	599.00
6,766 - 7,035	483.00	7,749 - 8,058	553.00	8,732 - 9,081	623.00
7,036 - 7,306	502.00	8,059 - 8,368	575.00	9,082 - 9,430	648.00
7,307 - 7,441	516.00	8,369 - 8,523	591.00	9,431 - 9,604	666.00

**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
\$7,442 - 8,395	516.00	\$8,524 - 9,553	591.00	\$9,605 - 9,770	660.00



**IMPORTANT PARENT COPAYMENT INFORMATION**

**Effective July 1, 2022 - TABLE A**

Family Size 8	
Monthly Income	Monthly Co-Pay
\$0 - 3,886	1.00
3,887 - 4,274	41.00
4,275 - 4,663	89.00
4,664 - 5,052	146.00
5,053 - 5,440	210.00
5,441 - 5,829	282.00
5,830 - 6,217	361.00
6,218 - 6,606	449.00
6,607 - 6,995	476.00
6,996 - 7,383	503.00
7,384 - 7,772	530.00
7,773 - 8,160	558.00
8,161 - 8,549	585.00
8,550 - 8,743	605.00

Family Size 9	
Monthly Income	Monthly Co-Pay
\$0 - 4,279	1.00
4,280 - 4,707	45.00
4,708 - 5,135	98.00
5,136 - 5,563	161.00
5,564 - 5,991	231.00
5,992 - 6,419	310.00
6,420 - 6,847	398.00
6,848 - 7,275	494.00
7,276 - 7,703	524.00
7,704 - 8,130	554.00
8,131 - 8,558	584.00
8,559 - 8,986	614.00
8,987 - 9,414	644.00
9,415 - 9,628	667.00

Family Size 10	
Monthly Income	Monthly Co-Pay
\$0 - 4,673	1.00
4,674 - 5,140	49.00
5,141 - 5,607	107.00
5,608 - 6,074	175.00
6,075 - 6,542	252.00
6,543 - 7,009	339.00
7,010 - 7,476	435.00
7,477 - 7,943	540.00
7,944 - 8,411	572.00
8,412 - 8,878	605.00
8,879 - 9,345	638.00
9,346 - 9,812	671.00
9,813 - 10,280	703.00
10,281 - 10,421	728.00

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

Family Size 8	
Monthly Income	Monthly Co-Pay
\$8,744 - 8,937	619.00
8,938 - 9,326	639.00
9,327 - 9,715	666.00
9,716 - 9,987	694.00

Family Size 9	
Monthly Income	Monthly Co-Pay
\$9,629 - 9,842	682.00
9,843 - 10,207	704.00

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	
Monthly Income	Monthly Co-Pay
\$9,716 - 9,987	694.00

Family Size 9	
Monthly Income	Monthly Co-Pay
\$9,843 - 10,207	704.00

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



## IMPORTANT PARENT COPAYMENT INFORMATION

### Effective July 1, 2022 - 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 - 1,526	0.50	\$0 - 1,919	0.50	\$0 - 2,313	0.50
1,527 - 1,678	8.00	1,920 - 2,111	10.00	2,314 - 2,544	12.00
1,679 - 1,831	17.50	2,112 - 2,303	22.00	2,545 - 2,775	26.50
1,832 - 1,984	28.50	2,304 - 2,495	36.00	2,776 - 3,006	43.50
1,985 - 2,136	41.00	2,496 - 2,687	52.00	3,007 - 3,238	62.50
2,137 - 2,289	55.50	2,688 - 2,879	69.50	3,239 - 3,469	84.00
2,290 - 2,441	71.00	2,880 - 3,071	89.50	3,470 - 3,700	107.50
2,442 - 2,594	88.00	3,072 - 3,263	111.00	3,701 - 3,931	133.50
2,595 - 2,747	93.50	3,264 - 3,455	117.50	3,932 - 4,163	141.50
2,748 - 2,899	99.00	3,456 - 3,646	124.50	4,164 - 4,394	150.00
2,900 - 3,052	104.00	3,647 - 3,838	131.00	4,395 - 4,625	158.00
3,053 - 3,204	109.50	3,839 - 4,030	137.50	4,626 - 4,856	166.00
3,205 - 3,357	115.00	4,031 - 4,222	144.50	4,857 - 5,088	174.00
3,358 - 3,433	119.00	4,223 - 4,318	149.50	5,089 - 5,203	180.00

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
\$3,434 - 3,509	121.50	\$4,319 - 4,414	153.00	\$5,204 - 5,319	184.00
3,510 - 3,662	125.50	4,415 - 4,606	158.00	5,320 - 5,550	190.00
3,663 - 3,815	131.00	4,607 - 4,798	164.50	5,551 - 5,781	198.50
3,816 - 3,967	136.00	4,799 - 4,990	171.50	5,782 - 6,013	206.50
3,968 - 4,120	141.50	4,991 - 5,182	178.00	6,014 - 6,244	214.50
4,121 - 4,196	145.50	5,183 - 5,278	183.00	6,245 - 6,359	220.50

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Family Size 2		Family Size 3		Family Size 4	
Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay	Monthly Income	Monthly Co-Pay
\$4,197 - 4,921	145.50	\$5,279 - 6,079	183.00	\$6,360 - 7,237	220.50



## IMPORTANT PARENT COPAYMENT INFORMATION

### Effective July 1, 2022 - 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 - 2,706	0.50	\$0 - 3,099	0.50	\$0 - 3,493	0.50
2,707 - 2,976	14.00	3,100 - 3,409	16.50	3,494 - 3,842	18.50
2,977 - 3,247	31.00	3,410 - 3,719	35.50	3,843 - 4,191	40.00
3,248 - 3,518	50.50	3,720 - 4,029	58.00	4,192 - 4,540	65.50
3,519 - 3,788	73.00	4,030 - 4,339	83.50	4,541 - 4,890	94.50
3,789 - 4,059	98.00	4,340 - 4,649	112.50	4,891 - 5,239	126.50
4,060 - 4,329	126.00	4,650 - 4,959	144.00	5,240 - 5,588	162.50
4,330 - 4,600	156.50	4,960 - 5,269	179.00	5,589 - 5,937	201.50
4,601 - 4,871	166.00	5,270 - 5,579	190.00	5,938 - 6,287	214.00
4,872 - 5,141	175.00	5,580 - 5,888	200.50	6,288 - 6,636	226.00
5,142 - 5,412	184.50	5,889 - 6,198	211.50	6,637 - 6,985	238.50
5,413 - 5,682	194.00	6,199 - 6,508	222.50	6,986 - 7,334	250.50
5,683 - 5,953	203.50	6,509 - 6,818	233.00	7,335 - 7,684	263.00
5,954 - 6,088	210.50	6,819 - 6,973	241.50	7,685 - 7,858	272.00

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
\$6,089 - 6,223	215.50	\$6,974 - 7,128	247.00	\$7,859 - 8,033	278.00
6,224 - 6,494	222.50	7,129 - 7,438	255.00	8,034 - 8,382	287.50
6,495 - 6,765	232.00	7,439 - 7,748	266.00	8,383 - 8,731	299.50
6,766 - 7,035	241.50	7,749 - 8,058	276.50	8,732 - 9,081	311.50
7,036 - 7,306	251.00	8,059 - 8,368	287.50	9,082 - 9,430	324.00
7,307 - 7,441	258.00	8,369 - 8,523	295.50	9,431 - 9,604	330.00

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
\$7,442 - 8,395	258.00	\$8,524 - 9,553	295.50	\$9,605 - 9,770	330.00



## IMPORTANT PARENT COPAYMENT INFORMATION

### Effective July 1, 2022 - 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 - 3,866	0.50	\$0 - 4,279	0.50	\$0 - 4,673	0.50
3,887 - 4,274	20.50	4,280 - 4,707	22.50	4,674 - 5,140	24.50
4,275 - 4,663	44.50	4,708 - 5,135	49.00	5,141 - 5,607	53.50
4,664 - 5,052	73.00	5,136 - 5,563	80.50	5,608 - 6,074	87.50
5,053 - 5,440	105.00	5,564 - 5,991	115.50	6,075 - 6,542	126.00
5,441 - 5,829	141.00	5,992 - 6,419	155.00	6,543 - 7,009	169.50
5,830 - 6,217	180.50	6,420 - 6,847	199.00	7,010 - 7,476	217.50
6,218 - 6,606	224.50	6,848 - 7,275	247.00	7,477 - 7,943	270.00
6,607 - 6,995	238.00	7,276 - 7,703	262.00	7,944 - 8,411	286.00
6,996 - 7,383	251.50	7,704 - 8,130	277.00	8,412 - 8,878	302.50
7,384 - 7,772	265.00	8,131 - 8,558	292.00	8,879 - 9,345	319.00
7,773 - 8,160	279.00	8,559 - 8,986	307.00	9,346 - 9,812	335.50
8,161 - 8,549	292.50	8,987 - 9,414	322.00	9,813 - 10,280	351.50
8,550 - 8,743	302.50	9,415 - 9,628	333.50	10,281 - 10,421	364.00

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
\$8,744 - 8,937	309.50	\$9,629 - 9,842	341.00	See Maximum Income Above	See Co-pay Amount Above
8,938 - 9,326	319.50	9,843 - 10,207	352.00		
9,327 - 9,715	333.00				
9,716 - 9,987	347.00				

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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
\$9,716 - 9,987	347.00	\$9,843 - 10,204	352.00	See Maximum Income Above	See Co-pay Amount Above