

Department of Human Services

SHARED CASE FORM

(To be Completed by CCR&R Staff)

This client has multiple providers with payments made through a CCR&R and from a Site contract. If the client's 04, 06, 07, or Z case had a SFTE, CERT, or DFI caseload code on the Child Care Tracking System, the CCR&R must change it to the appropriate CCR&R caseload code. A new case will be created by staff at CC&D with the appropriate T or S case number.

Client Name: _____
CCR&R Case #: _____

Date: _____
Site Case #: _____

CCR&R Information:
CCR&R Agency Name: _____
Contact Person: _____
Phone #: _____

Site Provider information:
Site Name: _____
Contact Person: _____
Phone #: _____

CCR&R Provider Names:

Site Address: _____

In cases of multiple Site provider's please include their information on an additional form.

CCR&R Checklist:

- Verify and mark one of the following.
 The Site provider has not been active on the CCR&R case
 A provider closeout was done when the CCR&R changed the caseload code.
- For the first month of _____ when both cases became active, the parent co-payment assessed was \$ _____. The CCR&R provider was to collect \$ _____ and the Site provider was to collect \$ _____.
- For the remainder of the eligibility period thru _____ (ending month of eligibility), the co-payment of \$ _____ will be collected by (check one) _____ CCR&R provider or _____ Site provider.
- Attached is a copy of the co-pay calculation form and provider schedule form including all provider's currently providing child care for the client.

Additional case notes:

CCR&R signature/date

Site Provider signature/date

DISTRIBUTION: (1) CC&D (2) SITE PROVIDER (3) CCR&R



ILLINOIS DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILD CARE AND DEVELOPMENT

(1) DATE:

Shared Case Parent Co-Payment Calculation Worksheet

(2) Client:

(3) Case / Social Security No.:

Self Employment	Weekly	Bi-Weekly	Semi-Monthly	Monthly
(4) Net Self Employment - Client				
(5) Net Self Employment - Other Family Member(s)				
(6) Adjust to Monthly Self Employment Income	x4.333	x 2.1666	x 2	X 1
(7) Adjusted Monthly Self Employment Income				
(8) Total Monthly Self Employment Income (Add: Adjusted Monthly Self Employment Weekly+Bi-weekly+Semi-monthly+ Monthly Columns)				

Gross Employment (Including Regular Overtime)	Weekly	Bi-Weekly	Semi-Monthly	Monthly
(9) Client's Gross Salary (Pay Stub #1)				
(10) Client's Gross Salary (Pay Stub #2)				
(11) Client's Gross Salary (Pay Stub #3)				
(12) Client's Gross Salary - Pay Stub #4				
(13) Other Household Member Salary (Pay Stub #1)				
(14) Other Household Member Salary (Pay Stub #2)				

(15) Total				
(16) Average Income from Gross Salaries: (Divide: Pay Stub #1 + Pay Stub #2 by 2)				
(17) Adjust to Monthly Income from Salary	x4.333	x 2.1666	x 2	X 1
(18) Adjusted Monthly Income from Salary				

Plus:

(19 a) Total Annual Bonuses or One-time Payments

Enter Divide by 12 =

(19 b)
(Divide Annual Bonus by 12)

(19b) Pro-rated Annual Bonus

(20) Prospective Monthly Income from Salary (Add: Adjusted Monthly Income Weekly+ Bi-Weekly+ Semi Monthly+ Monthly Columns and Pro-rated Annual Bonus)

	(21 a) Year-to date Amount	(21 b) Year-to date Weeks	(21 c) Average Amount per Week	(21 d) Sporadic/Seasonal Overtime Converted to Monthly
Average Sporadic/Seasonal Overtime	Enter <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client	<input type="text"/>	<input type="text"/>	<input type="text"/>	Multiply by 4.333 = (21 d) <input type="text"/> (Multiply Average Weekly by 4.333)
2nd Parent	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other Member	<input type="text"/>	<input type="text"/>	<input type="text"/>	

(22) Total Monthly Gross Employment Income (Add: Prospective Monthly Income + Sporadic/Seasonal Overtime)

Additional Income per Month	Monthly Total
(23a) Child Support Received	
(23b) TANF Cash Assistance	
(23c) Other Federal Cash Income: (For example: Social Security/SSI)	
(23d) Other Monthly Income: For example: Unemployment, Worker's Compensation, DCFS Adoption Asst)	
(24) Subtract: Child Support Paid	
(25) Total Additional Income per Month (Add Additional Income: Child Support Received+TANF+Other Federal Cash+Other Monthly, then, Subtract: Child Support Paid)	

(26) Total Monthly Income for Family (Add: Total Monthly Self Employment+Total Monthly Gross Employment+Total Additional Income)				
(27) Family Size	<input type="text"/>	Full Time	Part/SA Time	Based on Child's Schedule
(28) Number of Children in Child Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	Full Time
(29) Specify Months for which Child's Schedule applies	JFMAMJJASOND		JFMAMJJASOND	
(30) Co-payment Assessed	Weekly <input type="text"/>	Weekly <input type="text"/>	Monthly <input type="text"/>	Monthly <input type="text"/>
(31) Co-pay Table Used: A B C D (Circle one)	Weekly <input type="text"/>	Monthly <input type="text"/>	Weekly <input type="text"/>	Monthly <input type="text"/>

CCR& R Signature Date

Site Provider Signature Date



State of Illinois
 Department of Human Services
SHARED CASE SCHEDULE

LIST THE CHILDREN CARED FOR BY EACH PROVIDER									
Site Provider Name:						FEIN/SSN:			
Date Provider Began Caring for the Children:									
CHILD'S NAME	AGE		MON	TUE	WED	THU	FRI	SAT	SUN
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am

CCR&R Provider Name:						FEIN/SSN:			
Date Provider Began Caring for the Children:									
CHILD'S NAME	AGE		MON	TUE	WED	THU	FRI	SAT	SUN
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am

CCR&R Provider Name:						FEIN/SSN:			
Date Provider Began Caring for the Children:									
CHILD'S NAME	AGE		MON	TUE	WED	THU	FRI	SAT	SUN
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am
		FROM	am	am	am	am	am	am	am
		TO	am	am	am	am	am	am	am

CCR&R signature/date

Site Provider signature/date