



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024

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).



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE A

Co-Pay Indicator A - For any month where the children are non-school age, or from June thru August where the children are school-age, or from September through May where the school-age children are approved for full-time care

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

Family Size 2	
Monthly Income	Monthly Co-Pay
0 - 1703	1.00
1704 - 1874	18.00
1875 - 2044	39.00
2045 - 2214	64.00
2215 - 2385	92.00
2386 - 2555	124.00
2556 - 2725	158.00
2726 - 2896	197.00
2897 - 3066	209.00
3067 - 3236	221.00
3237 - 3407	233.00
3408 - 3577	245.00
3578 - 3747	256.00
3748 - 3833	265.00

Family Size 3	
Monthly Income	Monthly Co-Pay
0 - 2152	1.00
2153 - 2367	23.00
2368 - 2582	50.00
2583 - 2797	81.00
2798 - 3012	116.00
3013 - 3228	156.00
3229 - 3443	200.00
3444 - 3658	249.00
3659 - 3873	264.00
3874 - 4088	279.00
4089 - 4303	294.00
4304 - 4519	309.00
4520 - 4734	324.00
4735 - 4841	335.00

Family Size 4	
Monthly Income	Monthly Co-Pay
0 - 2600	1.00
2601 - 2860	27.00
2861 - 3120	60.00
3121 - 3380	98.00
3381 - 3640	140.00
3641 - 3900	189.00
3901 - 4160	242.00
4161 - 4420	300.00
4421 - 4680	319.00
4681 - 4940	337.00
4941 - 5200	255.00
5201 - 5460	373.00
5461 - 5720	391.00
5721 - 5850	405.00

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

Family Size 2	
Monthly Income	Monthly Co-Pay
3834 - 3918	271.00
3919 - 4088	280.00
4089 - 4258	292.00
4259 - 4429	304.00
4430 - 4599	316.00
4600 - 4684	325.00

Family Size 3	
Monthly Income	Monthly Co-Pay
4842 - 4949	343.00
4950 - 5164	354.00
5165 - 5379	369.00
5380 - 5594	384.00
5595 - 5810	399.00
5811 - 5917	410.00

Family Size 4	
Monthly Income	Monthly Co-Pay
5851 - 5980	414.00
5981 - 6240	428.00
6241 - 6500	446.00
6501 - 6760	464.00
6761 - 7020	482.00
7021 - 7150	496.00

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	
Monthly Income	Monthly Co-Pay
4,520 - 5,113	325.00

Family Size 3	
Monthly Income	Monthly Co-Pay
5918 - 6704	410.00

Family Size 4	
Monthly Income	Monthly Co-Pay
7151 - 7981	496.00



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE A

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

Family Size 5	
Monthly Income	Monthly Co-Pay
0 - 3048	1.00
3049 - 3353	32.00
3354 - 3658	70.00
3659 - 3963	114.00
3964 - 4268	165.00
4269 - 4573	221.00
4574 - 4877	284.00
4878 - 5182	352.00
5183 - 5487	373.00
5488 - 5792	395.00
5793 - 6097	416.00
6098 - 6402	438.00
6403 - 6706	459.00
6707 - 6859	475.00

Family Size 6	
Monthly Income	Monthly Co-Pay
0 - 3497	1.00
3498 - 3846	37.00
3847 - 4196	80.00
4197 - 4546	131.00
4547 - 4895	189.00
4896 - 5245	254.00
5246 - 5595	325.00
5596 - 5944	404.00
5945 - 6294	428.00
6295 - 6644	453.00
6645 - 6993	477.00
6994 - 7343	502.00
7344 - 7693	526.00
7694 - 7868	545.00

Family Size 7	
Monthly Income	Monthly Co-Pay
0 - 3945	1.00
3946 - 4340	41.00
4341 - 4734	91.00
4735 - 5129	148.00
5130 - 5523	213.00
5524 - 5918	286.00
5919 - 6312	367.00
6313 - 6707	456.00
6708 - 7101	483.00
7102 - 7496	511.00
7497 - 7890	539.00
7891 - 8285	566.00
8286 - 8679	594.00
8680 - 8876	614.00

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

Family Size 5	
Monthly Income	Monthly Co-Pay
6860 - 7011	486.00
7012 - 7316	501.00
7317 - 7621	523.00
7622 - 7926	544.00
7927 - 8231	566.00
8232 - 8383	582.00

Family Size 6	
Monthly Income	Monthly Co-Pay
7869 - 8042	557.00
8043 - 8392	575.00
8393 - 8742	600.00
8743 - 9091	624.00
9092 - 9441	649.00
9442 - 9616	667.00

Family Size 7	
Monthly Income	Monthly Co-Pay
8877 - 9074	628.00
9075 - 9468	649.00
9469 - 9863	677.00
9864 - 10257	704.00
10258 - 10652	732.00
10653 - 10775	753.00

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	
Monthly Income	Monthly Co-Pay
8384 - 9258	582.00

Family Size 6	
Monthly Income	Monthly Co-Pay
9617 - 10535	667.00

Family Size 7	
Monthly Income	Monthly Co-Pay
See Maximum Above	



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE A

Family Size 8	
Monthly Income	Monthly Co-Pay
0 - 4393	1.00
4394 - 4833	46.00
4834 - 5272	101.00
5273 - 5711	165.00
5712 - 6151	237.00
6152 - 6590	319.00
6591 - 7029	409.00
7030 - 7469	508.00
7470 - 7908	538.00
7909 - 8347	569.00
8348 - 8787	600.00
8788 - 9226	630.00
9227 - 9665	661.00
9666 - 9885	684.00

Family Size 9	
Monthly Income	Monthly Co-Pay
0 - 4842	1.00
4843 - 5326	51.00
5327 - 5810	111.00
5811 - 6294	182.00
6295 - 6778	261.00
6779 - 7263	351.00
7264 - 7747	450.00
7748 - 8231	559.00
8232 - 8715	593.00
8716 - 9199	627.00
9200 - 9683	661.00
9684 - 10168	695.00
10169 - 10652	729.00
10653 - 10894	754.00

Family Size 10	
Monthly Income	Monthly Co-Pay
0 - 5290	1.00
5291 - 5819	56.00
5820 - 6348	122.00
6349 - 6877	198.00
6878 - 7406	286.00
7407 - 7935	384.00
7936 - 8464	492.00
8465 - 8993	611.00
8994 - 9522	648.00
9523 - 10051	685.00
10052 - 10580	722.00
10581 - 11109	759.00
11110 - 11493	796.00

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
9886 - 10105	700.00
10106 - 10544	732.00
10545 - 10983	753.00
10984 - 11014	784.00

Family Size 9	
Monthly Income	Monthly Co-Pay
10895 - 11136	771.00
11137 - 11254	797.00

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

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

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

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



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - 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	
Monthly Income	Monthly Co-Pay
0 - 1703	.50
1704 - 1874	9.00
1875 - 2044	19.50
2045 - 2214	32.00
2215 - 2385	46.00
2386 - 2555	62.00
2556 - 2725	79.00
2726 - 2896	98.50
2897 - 3066	104.50
3067 - 3236	110.50
3237 - 3407	116.50
3408 - 3577	122.50
3578 - 3747	128.00
3748 - 3833	132.50

Family Size 3	
Monthly Income	Monthly Co-Pay
0 - 2152	.50
2153 - 2367	11.50
2368 - 2582	25.00
2583 - 2797	40.50
2798 - 3012	58.00
3013 - 3228	78.00
3229 - 3443	100.00
3444 - 3658	124.00
3659 - 3873	132.00
3874 - 4088	139.50
4089 - 4303	147.00
4304 - 4519	154.50
4520 - 4734	162.00
4735 - 4841	167.50

Family Size 4	
Monthly Income	Monthly Co-Pay
0 - 2600	.50
2601 - 2860	13.50
2861 - 3120	30.00
3121 - 3380	49.00
3381 - 3640	70.00
3641 - 3900	94.50
3901 - 4160	121.00
4161 - 4420	150.00
4421 - 4680	159.50
4681 - 4940	168.50
4941 - 5200	177.50
5201 - 5460	186.50
5461 - 5720	195.50
5721 - 5850	202.50

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

Family Size 2	
Monthly Income	Monthly Co-Pay
3834 - 3918	135.50
3919 - 4088	140.00
4089 - 4258	146.00
4259 - 4429	152.00
4430 - 4599	158.00
4600 - 4684	162.50

Family Size 3	
Monthly Income	Monthly Co-Pay
4842 - 4949	171.50
4950 - 5164	177.00
5165 - 5379	184.50
5380 - 5594	192.00
5595 - 5810	199.50
5811 - 5917	205.00

Family Size 4	
Monthly Income	Monthly Co-Pay
5851 - 5980	207.00
5981 - 6240	214.00
6241 - 6500	223.00
6501 - 6760	232.00
6761 - 7020	241.00
7021 - 7150	248.00

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	
Monthly Income	Monthly Co-Pay
4685 - 5427	162.50

Family Size 3	
Monthly Income	Monthly Co-Pay
5918 - 6704	205.00

Family Size 4	
Monthly Income	Monthly Co-Pay
7151 - 7981	248.00



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE B

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

Family Size 5	
Monthly Income	Monthly Co-Pay
0 - 3048	.50
3049 - 3353	16.00
3354 - 3658	35.00
3659 - 3963	57.00
3964 - 4268	82.50
4269 - 4573	110.50
4574 - 4877	142.00
4878 - 5182	176.00
5183 - 5487	186.50
5488 - 5792	197.50
5793 - 6097	208.00
6098 - 6402	219.00
6403 - 6706	229.50
6707 - 6859	237.50

Family Size 6	
Monthly Income	Monthly Co-Pay
0 - 3497	.50
3498 - 3846	18.50
3847 - 4196	40.00
4197 - 4546	65.50
4547 - 4895	94.50
4896 - 5245	127.00
5246 - 5595	162.50
5596 - 5944	202.00
5945 - 6294	214.00
6295 - 6644	226.50
6645 - 6993	238.50
6994 - 7343	251.00
7344 - 7693	263.00
7694 - 7868	272.50

Family Size 7	
Monthly Income	Monthly Co-Pay
0 - 3945	.50
3946 - 4340	20.50
4341 - 4734	45.50
4735 - 5129	74.00
5130 - 5523	106.50
5524 - 5918	143.00
5919 - 6312	183.50
6313 - 6707	228.00
6708 - 7101	241.50
7102 - 7496	255.50
7497 - 7890	269.50
7891 - 8285	283.00
8286 - 8679	297.00
8680 - 8876	307.00

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

Family Size 5	
Monthly Income	Monthly Co-Pay
6860 - 7011	243.00
7012 - 7316	250.50
7317 - 7621	261.50
7622 - 7926	272.00
7927 - 8231	283.00
8232 - 8383	291.00

Family Size 6	
Monthly Income	Monthly Co-Pay
7869 - 8042	278.50
8043 - 8392	287.50
8393 - 8742	300.00
8743 - 9091	312.00
9092 - 9441	324.50
9442 - 9616	333.50

Family Size 7	
Monthly Income	Monthly Co-Pay
8877 - 9074	314.00
9075 - 9468	324.50
9469 - 9863	338.50
9864 - 10257	352.00
10258 - 10652	366.00
10653 - 10775	376.50

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 5	
Monthly Income	Monthly Co-Pay
8384 - 9258	291.00

Family Size 6	
Monthly Income	Monthly Co-Pay
9617 - 10535	333.50

Family Size 7	
Monthly Income	Monthly Co-Pay
See Maximum Above	



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE B

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

Family Size 8	
Monthly Income	Monthly Co-Pay
0 - 4393	.50
4394 - 4833	23.00
4834 - 5272	50.50
5273 - 5711	82.50
5712 - 6151	118.50
6152 - 6590	159.50
6591 - 7029	204.50
7030 - 7469	254.00
7470 - 7908	269.00
7909 - 8347	284.50
8348 - 8787	300.00
8788 - 9226	315.00
9227 - 9665	330.50
9666 - 9885	342.00

Family Size 9	
Monthly Income	Monthly Co-Pay
0 - 4842	.50
4843 - 5326	25.50
5327 - 5810	55.50
5811 - 6294	91.00
6295 - 6778	130.50
6779 - 7263	175.50
7264 - 7747	225.00
7748 - 8231	279.50
8232 - 8715	296.50
8716 - 9199	313.50
9200 - 9683	331.50
9684 - 10168	347.50
10169 - 10652	364.50
10653 - 10894	377.50

Family Size 10	
Monthly Income	Monthly Co-Pay
0 - 5290	.50
5291 - 5819	28.00
5820 - 6348	61.00
6349 - 6877	99.00
6878 - 7406	143.00
7407 - 7935	192.00
7936 - 8464	246.00
8465 - 8993	305.50
8994 - 9522	324.00
9523 - 10051	342.50
10052 - 10580	361.00
10581 - 11109	379.50
11110 - 11493	398.00

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
9886 - 10105	350.50
10106 - 10544	361.50
10545 - 10983	376.50
10984 - 11014	392.00

Family Size 9	
Monthly Income	Monthly Co-Pay
10895 - 11136	385.50
11137 - 11254	398.50

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

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

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