State of Illinois
Department of Human Services

IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2025

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).

State of Illinois
Department of Human Services

IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2025 - 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 - 1763	1.00
1764 - 1939	18.00
1940 - 2115	39.00
2116 - 2291	63.00
2292 - 2468	92.00
2469 - 2644	123.00
2645 - 2820	159.00
2821 - 2996	197.00
2997 - 3173	210.00
3174 - 3349	222.00
3350 - 3525	235.00
3526 - 3701	247.00
3702 - 3878	259.00
3879 - 3966	272.00

Family Size 3	
Monthly Income	**Monthly Co-Pay**
0 - 2221	1.00
2222 - 2443	22.00
2444 - 2665	49.00
2666 - 2887	80.00
2888 - 3109	116.00
3110 - 3331	156.00
3332 - 3553	200.00
3554 - 3775	249.00
3776 - 3998	264.00
3999 - 4220	280.00
4221 - 4442	295.00
4443 - 4664	311.00
4665 - 4886	327.00
4887 - 4997	342.00

Family Size 4	
Monthly Income	**Monthly Co-Pay**
0 - 2679	1.00
2680 - 2947	27.00
2948 - 3215	59.00
3216 - 3483	96.00
3484 - 3751	139.00
3752 - 4019	188.00
4020 - 4287	241.00
4288 - 4555	300.00
4556 - 4823	319.00
4824 - 5090	338.00
5091 - 5358	356.00
5359 - 5626	375.00
5627 - 5894	394.00
5895 - 6028	413.00

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**
3967 - 4054	278.00
4055 - 4230	284.00
4231 - 4406	296.00
4407 - 4583	308.00
4584 - 4759	321.00
4760 - 4847	333.00

Family Size 3	
Monthly Income	**Monthly Co-Pay**
4998 - 5108	350.00
5109 - 5330	358.00
5331 - 5552	373.00
5553 - 5774	389.00
5775 - 5996	404.00
5997 - 6107	420.00

Family Size 4	
Monthly Income	**Monthly Co-Pay**
6029 - 6162	422.00
6163 - 6430	431.00
6431 - 6698	450.00
6699 - 6966	469.00
6967 - 7234	488.00
7235 - 7368	506.00

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**
4848 - 5883	333.00

Family Size 3	
Monthly Income	**Monthly Co-Pay**
6108 - 7267	420.00

Family Size 4	
Monthly Income	**Monthly Co-Pay**
7369 - 8651	506.00

State of Illinois
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IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2025 - 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 - 3138	1.00
3139 - 3451	31.00
3452 - 3765	69.00
3766 - 4079	113.00
4080 - 4393	163.00
4394 - 4706	220.00
4707 - 5020	282.00
5021 - 5334	351.00
5335 - 5648	373.00
5649 - 5961	395.00
5962 - 6275	417.00
6276 - 6589	439.00
6590 - 6903	461.00
6904 - 7059	483.00

Family Size 6	
Monthly Income	**Monthly Co-Pay**
0 - 3596	1.00
3597 - 3955	36.00
3956 - 4315	79.00
4316 - 4675	129.00
4676 - 5034	187.00
5035 - 5394	252.00
5395 - 5753	324.00
5754 - 6113	403.00
6114 - 6473	428.00
6474 - 6832	453.00
6833 - 7192	478.00
7193 - 7551	504.00
7552 - 7911	529.00
7912 - 8091	554.00

Family Size 7	
Monthly Income	**Monthly Co-Pay**
0 - 4054	1.00
4055 - 4460	41.00
4461 - 4865	89.00
4866 - 5270	146.00
5271 - 5676	211.00
5677 - 6081	284.00
6082 - 6487	365.00
6488 - 6892	454.00
6893 - 7298	483.00
7299 - 7703	511.00
7704 - 8108	539.00
8109 - 8514	568.00
8515 - 8919	596.00
8920 - 9122	624.00

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**
7060 - 7216	494.00
7217 - 7530	505.00
7531 - 7844	527.00
7845 - 8158	549.00
8159 - 8471	571.00
8472 - 8628	593.00

Family Size 6	
Monthly Income	**Monthly Co-Pay**
8092 - 8270	566.00
8271 - 8630	579.00
8631 - 8990	604.00
8991 - 9349	629.00
9350 - 9709	655.00
9710 - 9889	680.00

Family Size 7	
Monthly Income	**Monthly Co-Pay**
9123 - 9325	639.00
9326 - 9730	653.00
9731 - 10135	681.00
10136 - 10541	710.00
10542 - 10946	738.00
10947 - 11149	766.00

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**
8629 - 10036	593.00

Family Size 6	
Monthly Income	**Monthly Co-Pay**
9890 - 11420	680.00

Family Size 7	
Monthly Income	**Monthly Co-Pay**
11150 - 11679	766.00

State of Illinois
Department of Human Services

IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2025 - TABLE A

Family Size 8	
Monthly Income	**Monthly Co-Pay**
0 - 4513	1.00
4514 - 4964	45.00
4965 - 5415	99.00
5416 - 5866	162.00
5867 - 6318	235.00
6319 - 6769	316.00
6770 - 7220	406.00
7221 - 7671	505.00
7672 - 8123	537.00
8124 - 8574	569.00
8575 - 9025	600.00
9026 - 9476	632.00
9477 - 9928	663.00
9929 - 10153	695.00

Family Size 9	
Monthly Income	**Monthly Co-Pay**
0 - 4971	1.00
4972 - 5468	50.00
5469 - 5965	109.00
5966 - 6462	179.00
6463 - 6959	259.00
6960 - 7456	348.00
7457 - 7953	447.00
7954 - 8450	557.00
8451 - 8948	592.00
8949 - 9445	626.00
9446 - 9942	661.00
9943 - 10439	696.00
10440 - 10936	731.00
10937 - 11184	766.00

Family Size 10	
Monthly Income	**Monthly Co-Pay**
0 - 5429	1.00
5430 - 5972	54.00
5973 - 6515	119.00
6516 - 7058	195.00
7059 - 7601	282.00
7602 - 8144	380.00
8145 - 8687	489.00
8688 - 9230	608.00
9231 - 9773	646.00
9774 - 10315	684.00
10316 - 10858	722.00
10859 - 11401	760.00
11402 - 11944	798.00
11945 - 12216	836.00

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**
10154 - 10379	711.00
10380 - 10830	727.00
10831 - 11281	758.00
11282 - 11733	790.00
11734 - 11939	821.00

Family Size 9	
Monthly Income	**Monthly Co-Pay**
11185 - 11433	783.00
11434 - 11930	800.00
11931 - 12198	835.00

Family Size 10	
Monthly Income	**Monthly Co-Pay**
12217 - 12458	855.00

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	
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	

State of Illinois
Department of Human Services

IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2025 - 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 - 1763	.50
1764 - 1939	9.00
1940 - 2115	19.50
2116 - 2291	31.50
2292 - 2468	46.00
2469 - 2644	61.50
2645 - 2820	79.50
2821 - 2996	98.50
2997 - 3173	105.00
3174 - 3349	111.00
3350 - 3525	117.50
3526 - 3701	123.50
3702 - 3878	129.50
3879 - 3966	136.00

Family Size 3	
Monthly Income	**Monthly Co-Pay**
0 - 2221	.50
2222 - 2443	11.50
2444 - 2665	25.00
2666 - 2887	40.50
2888 - 3109	58.00
3110 - 3331	78.00
3332 - 3553	100.00
3554 - 3775	124.00
3776 - 3998	132.00
3999 - 4220	139.50
4221 - 4442	147.00
4443 - 4664	154.50
4665 - 4886	162.00
4887 - 4997	167.50

Family Size 4	
Monthly Income	**Monthly Co-Pay**
0 - 2679	.50
2680 - 2947	13.50
2948 - 3215	29.50
3216 - 3483	48.00
3484 - 3751	69.50
3752 - 4019	94.00
4020 - 4287	120.50
4288 - 4555	150.00
4556 - 4823	159.50
4824 - 5090	169.00
5091 - 5358	178.00
5359 - 5626	187.50
5627 - 5894	197.00
5895 - 6028	206.50

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**
3967 - 4054	139.00
4055 - 4230	142.00
4231 - 4406	148.00
4407 - 4583	154.00
4584 - 4759	160.50
4760 - 4847	166.50

Family Size 3	
Monthly Income	**Monthly Co-Pay**
4998 - 5108	175.00
5109 - 5330	179.00
5331 - 5552	186.00
5553 - 5774	194.50
5775 - 5996	202.00
5997 - 6107	210.00

Family Size 4	
Monthly Income	**Monthly Co-Pay**
6029 - 6162	211.00
6163 - 6430	215.50
6431 - 6698	225.00
6699 - 6966	234.50
6967 - 7234	244.00
7235 - 7368	253.00

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**
4858 - 5883	166.50

Family Size 3	
Monthly Income	**Monthly Co-Pay**
6108 - 7267	210.00

Family Size 4	
Monthly Income	**Monthly Co-Pay**
7369 - 8651	253.00

State of Illinois
Department of Human Services

IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2025 - 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 - 3138	.50
3139 - 3451	15.50
3452 - 3765	34.50
3766 - 4079	56.50
4080 - 4393	81.50
4394 - 4706	110.00
4707 - 5020	141.00
5021 - 5334	175.50
5335 - 5648	186.50
5649 - 5961	197.50
5962 - 6275	208.50
6276 - 6589	219.50
6590 - 6903	230.50
6904 - 7059	241.50

Family Size 6	
Monthly Income	**Monthly Co-Pay**
0 - 3596	.50
3597 - 3955	18.00
3956 - 4315	39.50
4316 - 4675	64.50
4676 - 5034	93.50
5035 - 5394	126.00
5395 - 5753	162.00
5754 - 6113	201.50
6114 - 6473	214.00
6474 - 6832	226.50
6833 - 7192	239.00
7193 - 7551	252.00
7552 - 7911	264.50
7912 - 8091	277.00

Family Size 7	
Monthly Income	**Monthly Co-Pay**
0 - 4054	.50
4055 - 4460	20.50
4461 - 4865	44.50
4866 - 5270	73.00
5271 - 5676	105.50
5677 - 6081	142.00
6082 - 6487	182.50
6488 - 6892	227.00
6893 - 7298	241.50
7299 - 7703	255.50
7704 - 8108	269.50
8109 - 8514	284.00
8515 - 8919	298.00
8920 - 9122	312.00

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**
7060 - 7216	247.00
7217 - 7530	252.50
7531 - 7844	263.50
7845 - 8158	274.50
8159 - 8471	285.50
8472 - 8628	296.50

Family Size 6	
Monthly Income	**Monthly Co-Pay**
8092 - 8270	283.00
8271 - 8630	289.50
8631 - 8990	302.00
8991 - 9349	314.50
9350 - 9709	327.50
9710 - 9889	340.00

Family Size 7	
Monthly Income	**Monthly Co-Pay**
9123 - 9325	319.50
9326 - 9730	326.50
9731 - 10135	340.50
10136 - 10541	355.00
10542 - 10946	369.00
10947 - 11149	383.00

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
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Family Size 5	
Monthly Income	**Monthly Co-Pay**
8629 - 10036	296.50

Family Size 6	
Monthly Income	**Monthly Co-Pay**
9890 - 11420	340.00

Family Size 7	
Monthly Income	**Monthly Co-Pay**
11150 - 11679	383.00

State of Illinois
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IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2025 - 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 - 4513	.50
4514 - 4964	22.50
4965 - 5415	49.50
5416 - 5866	81.00
5867 - 6318	117.50
6319 - 6769	158.00
6770 - 7220	203.00
7221 - 7671	252.50
7672 - 8123	268.50
8124 - 8574	284.50
8575 - 9025	300.00
9026 - 9476	316.00
9477 - 9928	331.50
9929 - 10153	347.50

Family Size 9	
Monthly Income	**Monthly Co-Pay**
0 - 4971	.50
4972 - 5468	25.00
5469 - 5965	54.50
5966 - 6462	89.50
6463 - 6959	129.50
6960 - 7456	174.00
7457 - 7953	223.50
7954 - 8450	278.50
8451 - 8948	296.00
8949 - 9445	313.00
9446 - 9942	330.50
9943 - 10439	348.00
10440 - 10936	365.50
10937 - 11184	383.00

Family Size 10	
Monthly Income	**Monthly Co-Pay**
0 - 5429	.50
5430 - 5972	28.00
5973 - 6515	61.00
6516 - 7058	99.00
7059 - 7601	143.00
7602 - 8144	192.00
81456 - 8687	246.00
8688 - 9230	305.50
9231 - 97732	324.00
9774 - 10315	342.50
10316 - 10858	361.00
10859 - 11401	379.50
11402 - 11944	398.00
11945 - 12216	418.00

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**
10154 - 10379	350.50
10380 - 10830	361.50
10831 - 11281	379.00
11282 - 11733	395.00
11734 - 11939	410.50

Family Size 9	
Monthly Income	**Monthly Co-Pay**
11185 - 11433	391.50
11434 - 11930	400.00
11931 - 12198	417.50

Family Size 10	
Monthly Income	**Monthly Co-Pay**
12217 - 12458	427.50

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
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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	