



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: _____