



CHILD CARE TELEPHONE BILLING AGREEMENT

Please complete this form and return to your local Child Care Resource and Referral office.

Child Care Provider Information

Name: _____

Doing Business As: _____

Address: _____

City, State, Zip: _____

Provider Social Security Number (SSN) or
Federal Employer Identification Number (FEIN): _____

Agreement

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 representatives 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:** _____

Return Form To:

Child Care Resource and Referral of Midwestern Illinois
4508 41st Street Moline, IL 61565
Fax: (309) 517-6869

Business Hours: Monday – Friday 8:00- 5:00
Telephone: (309) 205-3070