



## 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 listed at the bottom of the page.

### 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:** \_\_\_\_\_

YWCA Child Care Resource & Referral  
739 Roosevelt Road, #8-215  
Glen Ellyn, IL 60137  
**Phone: (630) 790-8009**  
Fax: (630) 790-0722