State of Illinois
Department of Early Childhood

IMPORTANT PARENT CO-PAYMENT INFORMATION

Effective July 1, 2026

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 Early Childhood

IMPORTANT PARENT CO-PAYMENT INFORMATION

Effective July 1, 2026 - 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 - 1803	1.00
1804 - 1984	18.00
1985 - 2164	40.00
2165 - 2344	65.00
2345 - 2525	94.00
2526 - 2705	126.00
2706 - 2885	162.00
2886 - 3066	202.00
3067 - 3246	215.00
3247 - 3426	227.00
3427 - 3607	240.00
3608 - 3787	253.00
3788 - 3967	265.00
3968 - 4058	278.00

Family Size 3	
Monthly Income	**Monthly Co-Pay**
0 - 2277	1.00
2278 - 2504	23.00
2505 - 2732	50.00
2733 - 2960	82.00
2961 - 3187	118.00
3188 - 3415	159.00
3416 - 3643	205.00
3644 - 3870	255.00
3871 - 4098	271.00
4099 - 4326	287.00
4327 - 4553	303.00
4554 - 4781	319.00
4782 - 5009	335.00
5010 - 5123	351.00

Family Size 4	
Monthly Income	**Monthly Co-Pay**
0 - 2750	1.00
2751 - 3025	28.00
3026 - 3300	61.00
3301 - 3575	99.00
3576 - 3850	143.00
3851 - 4125	193.00
4126 - 4400	248.00
4401 - 4675	308.00
4676 - 4950	327.00
4951 - 5225	347.00
5226 - 5500	366.00
5501 - 5775	385.00
5776 - 6050	404.00
6051 - 6188	424.00

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**
4059 - 4148	284.00
4149 - 4328	290.00
4329 - 4508	303.00
4509 - 4689	316.00
4690 - 4869	328.00
4870 - 4959	341.00

Family Size 3	
Monthly Income	**Monthly Co-Pay**
5124 - 5236	359.00
5237 - 5464	367.00
5465 - 5692	383.00
5693 - 5919	399.00
5920 - 6147	414.00
6148 - 6261	430.00

Family Size 4	
Monthly Income	**Monthly Co-Pay**
6189 - 6325	433.00
6326 - 6600	443.00
6601 - 6875	462.00
6876 - 7150	481.00
7151 - 7425	501.00
7426 - 7563	520.00

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
http://idec.illinois.gov/resources/policies

Family Size 2	
Monthly Income	**Monthly Co-Pay**
4960 - 6172	341.00

Family Size 3	
Monthly Income	**Monthly Co-Pay**
6263 - 7624	430.00

Family Size 4	
Monthly Income	**Monthly Co-Pay**
7564 - 9077	520.00

State of Illinois
Department of Early Childhood

IMPORTANT PARENT CO-PAYMENT INFORMATION

Effective July 1, 2026 - 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 - 3223	1.00
3224 - 3546	32.00
3547 - 3868	71.00
3869 - 4190	116.00
4191 - 4513	168.00
4514 - 4835	226.00
4836 - 5157	290.00
5158 - 5480	361.00
5481 - 5802	384.00
5803 - 6124	406.00
6125 - 6447	429.00
6448 - 6769	451.00
6770 - 7091	474.00
7092 - 7253	496.00

Family Size 6	
Monthly Income	**Monthly Co-Pay**
0 - 3697	1.00
3698 - 4066	37.00
4067 - 4436	81.00
4437 - 4806	133.00
4807 - 5175	192.00
5176 - 5545	259.00
5546 - 5915	333.00
5916 - 6284	414.00
6285 - 6654	440.00
6655 - 7024	466.00
7025 - 7393	492.00
7394 - 7763	518.00
7764 - 8133	543.00
8134 - 8318	569.00

Family Size 7	
Monthly Income	**Monthly Co-Pay**
0 - 4170	1.00
4171 - 4587	42.00
4588 - 5004	92.00
5005 - 5421	150.00
5422 - 5838	217.00
5839 - 6255	292.00
6256 - 6672	375.00
6673 - 7089	467.00
7090 - 7506	496.00
7507 - 7923	525.00
7924 - 8340	555.00
8341 - 8757	584.00
8758 - 9174	613.00
9175 - 9383	642.00

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**
7254 - 7414	508.00
7415 - 7736	519.00
7737 - 8058	542.00
8059 - 8381	564.00
8382 - 8703	587.00
8704 - 8864	609.00

Family Size 6	
Monthly Income	**Monthly Co-Pay**
8319 - 8502	582.00
8503 - 8872	595.00
8873 - 9242	621.00
9243 - 9611	647.00
9612 - 9981	673.00
9982 - 10166	699.00

Family Size 7	
Monthly Income	**Monthly Co-Pay**
9384 - 9591	657.00
9592 - 10008	671.00
10009 - 10425	701.00
10426 - 10842	730.00
10843 - 11259	759.00
11260 - 11468	788.00

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
http://idec.illinois.gov/resources/policies

Family Size 5	
Monthly Income	**Monthly Co-Pay**
8865 - 10529	609.00

Family Size 6	
Monthly Income	**Monthly Co-Pay**
10167 - 11981	699.00

Family Size 7	
Monthly Income	**Monthly Co-Pay**
11469 - 12253	788.00

State of Illinois
Department of Early Childhood

IMPORTANT PARENT CO-PAYMENT INFORMATION

Effective July 1, 2026 - TABLE A

Family Size 8	
Monthly Income	**Monthly Co-Pay**
0 - 4643	1.00
4644 - 5108	46.00
5109 - 5572	102.00
5573 - 6036	167.00
6037 - 6501	241.00
6502 - 6965	325.00
6966 - 7429	418.00
7430 - 7894	520.00
7895 - 8358	553.00
8359 - 8822	585.00
8823 - 9287	618.00
9288 - 9751	650.00
9752 - 10215	683.00
10216 - 10448	715.00

Family Size 9	
Monthly Income	**Monthly Co-Pay**
0 - 5117	1.00
5118 - 5628	51.00
5629 - 6140	113.00
6141 - 6652	184.00
6653 - 7163	266.00
7164 - 7675	358.00
7676 - 8187	461.00
8188 - 8698	573.00
8699 - 9210	609.00
9211 - 9722	645.00
9723 - 10233	681.00
10234 - 10745	716.00
10746 - 11257	752.00
11258 - 11513	788.00
11514 - 11768	806.00

Family Size 10	
Monthly Income	**Monthly Co-Pay**
0 - 5590	1.00
5591 - 6149	56.00
6150 - 6708	123.00
6709 - 7267	201.00
7268 - 7826	291.00
7827 - 8385	391.00
8386 - 8944	503.00
8945 - 9503	626.00
9504 - 10062	665.00
10063 - 10621	704.00
10622 - 11180	744.00
11181 - 11739	783.00
11740 - 12298	822.00
12299 - 12578	861.00

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**
10449 - 10680	731.00
10681 - 11144	748.00
11145 - 11608	780.00
11609 - 12073	813.00
12074 - 12526	845.00

Family Size 9	
Monthly Income	**Monthly Co-Pay**
11769 - 12280	824.00
12281 - 12792	860.00
12793 - 12798	896.00

Family Size 10	
Monthly Income	**Monthly Co-Pay**
12579 - 12857	881.00
12858 - 13070	900.00

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
idec.illinois.gov/resources/policies

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 CO-PAYMENT INFORMATION

Effective July 1, 2026 - 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 - 1803	.50
1804 - 1984	9.00
1985 - 2164	20.00
2165 - 2344	32.50
2345 - 2525	47.00
2526 - 2705	63.00
2706 - 2885	81.00
2886 - 3066	101.00
3067 - 3246	107.50
3247 - 3426	113.50
3427 - 3607	120.00
3608 - 3787	126.50
3788 - 3967	132.50
3968 - 4058	139.00

Family Size 3	
Monthly Income	**Monthly Co-Pay**
0 - 2277	.50
2278 - 2504	11.50
2505 - 2732	25.00
2733 - 2960	41.00
2961 - 3187	59.00
3188 - 3415	79.50
3416 - 3643	102.50
3644 - 3870	122.50
3871 - 4098	135.50
4099 - 4326	143.50
4327 - 4553	151.50
4554 - 4781	159.50
4782 - 5009	167.50
5010 - 5123	175.50

Family Size 4	
Monthly Income	**Monthly Co-Pay**
0 - 2750	.50
2751 - 3025	14.00
3026 - 3300	30.50
3301 - 3575	49.50
3576 - 3850	71.50
3851 - 4125	96.50
4126 - 4400	124.00
4401 - 4675	154.00
4676 - 4950	163.50
4951 - 5225	173.50
5226 - 5500	183.00
5501 - 5775	192.50
5776 - 6050	202.00
6051 - 6188	212.00

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**
4059 - 4148	142.00
4149 - 4328	145.00
4329 - 4508	151.50
4509 - 4689	158.00
4690 - 4869	164.00
4870 - 4959	170.50

Family Size 3	
Monthly Income	**Monthly Co-Pay**
5124 - 5236	179.50
5237 - 5464	183.50
5465 - 5692	191.50
5693 - 5919	199.50
5920 - 6147	207.00
6148 - 6261	215.00

Family Size 4	
Monthly Income	**Monthly Co-Pay**
6189 - 6325	216.50
6326 - 6600	221.50
6601 - 6875	231.00
6876 - 7150	240.50
7151 - 7425	250.50
7426 - 7563	260.00

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
http://idec.illinois.gov/resources/policies

Family Size 2	
Monthly Income	**Monthly Co-Pay**
4960 - 6172	170.50

Family Size 3	
Monthly Income	**Monthly Co-Pay**
6262 - 7624	215.00

Family Size 4	
Monthly Income	**Monthly Co-Pay**
7564 - 9077	260.00

State of Illinois
Department of Human Services

IMPORTANT PARENT CO-PAYMENT INFORMATION

Effective July 1, 2026 - 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 - 3223	.50
3224 - 3546	16.00
3547 - 3868	35.50
3869 - 4190	58.00
4191 - 4513	84.00
4514 - 4835	113.00
4836 - 5157	145.00
5158 - 5480	180.50
5481 - 5802	192.00
5803 - 6124	203.00
6125 - 6447	214.50
6448 - 6769	225.50
6770 - 7091	237.00
7092 - 7253	248.00

Family Size 6	
Monthly Income	**Monthly Co-Pay**
0 - 3697	.50
3698 - 4066	18.50
4067 - 4436	40.50
4437 - 4806	66.50
4807 - 5175	96.00
5176 - 5545	129.50
5546 - 5915	166.50
5916 - 6284	207.00
6285 - 6654	220.00
6655 - 7024	233.00
7025 - 7393	246.00
7394 - 7763	259.00
7764 - 8133	271.50
8134 - 8318	284.50

Family Size 7	
Monthly Income	**Monthly Co-Pay**
0 - 4170	.50
4171 - 4587	21.00
4588 - 5004	46.00
5005 - 5421	75.00
5422 - 5838	108.50
5839 - 6255	146.00
6256 - 6672	187.50
6673 - 7089	233.50
7090 - 7506	248.00
7507 - 7923	262.50
7924 - 8340	277.50
8341 - 8757	292.00
8758 - 9174	306.50
9175 - 9383	321.00

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**
7254 - 7414	254.00
7415 - 7736	259.50
7737 - 8058	271.00
8059 - 8381	282.00
8382 - 8703	293.50
8704 - 8864	304.50

Family Size 6	
Monthly Income	**Monthly Co-Pay**
8319 - 8502	291.00
8503 - 8872	297.50
8873 - 9242	310.50
9243 - 9611	323.50
9612 - 9981	336.50
9982 - 10166	349.50

Family Size 7	
Monthly Income	**Monthly Co-Pay**
9384 - 9591	328.50
9592 - 10008	335.50
10009 - 10425	350.50
10426 - 10842	365.00
10843 - 11259	379.50
11260 - 11468	394.00

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Family Size 5	
Monthly Income	**Monthly Co-Pay**
8865 - 10529	304.50

Family Size 6	
Monthly Income	**Monthly Co-Pay**
10167 - 11981	349.50

Family Size 7	
Monthly Income	**Monthly Co-Pay**
11469 - 12253	394.00

State of Illinois
Department of Human Services

IMPORTANT PARENT CO-PAYMENT INFORMATION

Effective July 1, 2026 - 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 - 4643	.50
4644 - 5108	23.00
5109 - 5572	51.00
5573 - 6036	83.50
6037 - 6501	120.50
6502 - 6965	162.50
6966 - 7429	209.00
7430 - 7894	260.00
7895 - 8358	276.50
8359 - 8822	292.50
8823 - 9287	309.00
9288 - 9751	325.00
9752 - 10215	341.50
10216 - 10448	357.50

Family Size 9	
Monthly Income	**Monthly Co-Pay**
0 - 5117	.50
5118 - 5628	25.50
5629 - 6140	56.50
6141 - 6652	92.00
6653 - 7163	133.00
7164 - 7675	179.00
7676 - 8187	223.50
8188 - 8698	286.50
8699 - 9210	304.50
9211 - 9722	322.00
9723 - 10233	340.50
10234 - 10745	358.00
10746 - 11257	376.00
11258 - 11513	394.00

Family Size 10	
Monthly Income	**Monthly Co-Pay**
0 - 5590	.50
5591 - 6149	28.00
6150 - 6708	61.50
6709 - 7267	100.50
7268 - 7826	145.50
7827 - 8385	195.50
8386 - 8944	251.50
8945 - 9503	313.00
9504 - 10062	332.50
10063 - 10621	352.00
10622 - 11180	372.00
11181 - 11739	391.50
11740 - 12298	411.00
12299 - 12578	430.50

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**
10449 - 10680	365.50
10681 - 11144	374.00
11145 - 11608	390.00
11609 - 12073	406.50
12074 - 12526	422.50

Family Size 9	
Monthly Income	**Monthly Co-Pay**
11514 - 11768	403.00
11769 - 12280	412.00
12281 - 12792	430.00
12793 - 12798	448.00

Family Size 10	
Monthly Income	**Monthly Co-Pay**
12579 - 12857	440.50
12858 - 13343	469.50

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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	