



JB Pritzker, Governor

Illinois Department of Human Services

Grace B. Hou, Secretary

100 South Grand Avenue, East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

COVID-19 ATTENDANCE EXEMPTION FORM
REQUESTED for the Month of _____, 2020
REQUESTED for the Month of _____, 2021

Program Name: _____

Person Completing Request: _____

Position of Person Completing Request _____

Reason for exemption (check as many as apply):

___ Low student attendance due to epidemic
Dates of low attendance: _____

___ Forced closure by local health department or local unit of government
Dates of closure: _____

___ Forced closure due to presence of COVID-19 exposure
Dates of closure: _____

___ Voluntary closure based on decision of ___ Owner ___ Board (check one)
Dates of closure: _____

I certify this is a true and actual accounting of the monthly attendance for my program and I understand that by requesting full payment for eligible days of care I agree to pay my staff for all scheduled work hours, regardless of closure or reductions in services.

I understand I may only bill for children currently enrolled in the program.

Signature of Authorized Representative