



Illinois Department of Human Services

JB Pritzker, Governor

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

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