

# Child Care Center Change Request

Type of Change: <input type="checkbox"/> Initial <input type="checkbox"/> Redetermination	<input type="checkbox"/> Case Termination <input type="checkbox"/> Change
Provider E-mail Address:	

Case Name	First	Middle	Last	Case Number	Requested Start Date of Care		
Street Address	City			State	Zip Code		
Provider Name	Provider Address			Provider Vendor Number/ State Id			
Household Composition	First Name	Last Name	Gender	Social Security Number	Date of Birth Month Day Year	Primary (P) or Multiple (M)	Full time(FT)/ Part time (PT)
Male Adult							
Female Adult							
1 <sup>st</sup> Child							
2 <sup>nd</sup> Child							
3 <sup>rd</sup> Child							
4 <sup>th</sup> Child							
5 <sup>th</sup> Child							
6 <sup>th</sup> Child							
7 <sup>th</sup> Child							
8 <sup>th</sup> Child							

Instructions for change:

**PLEASE READ BEFORE SIGNING:** The undersigned child care provider hereby certifies that the information contained herein is true and accurate, and understands that it (*child care provider*) will be held responsible for any overpayment that occurs as a result of having provided inaccurate and/or misleading information. (*To be signed by provider using ink*)

The undersigned parent/customer hereby acknowledges that a Child Care Center Change Request form must be signed in order to initiate services, to add children, and/or to change a schedule, and that the failure to sign may delay or prevent the processing of the change. By signing this form, I certify that the information contained herein is true and accurate, and understand that I will be held responsible for any overpayment that occurs as a result of having provided inaccurate and/or misleading information.

My signature below also serves as authorization for (*Provider Name*) \_\_\_\_\_ to provide FCDJFS with information necessary to determine eligibility for publicly funded child care, and/or to monitor or evaluate the delivery of said care. Any information shared pursuant to this document shall remain confidential according to state and federal law. This authorization shall remain in effect, as needed, unless revoked by me in writing. (*To be signed by parent/customer using ink*)

Provider Signature	Date
<input checked="" type="checkbox"/>	Telephone Number
Parent/Customer Signature	Date
<input checked="" type="checkbox"/>	Telephone Number
Parent/Customer Name <b>PRINTED</b>	Telephone Number

\*\*\* Documentation of Change **MUST** be submitted with this form \*\*\*