

Child Care Center Change Request

		0	Tollar							
Case Name	First	Middle	Last		Case Number	ıber		Request	Requested Start Date of Care	are
Street Address				City			State		Zip Code	
Provider Name			Pro	Provider Address		-		Provid	Provider Vendor Number/ State Id	r/ State Id
<u>Household</u> <u>Composition</u>	First	First Name	Last	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 st Child										
2 nd Child										
3 rd Child				ļ						
4 th Child										
5 th Child										
6 th Child										
7 th Child										
8 th Child										
Instructions for change:	lange:									
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)	E SIGNING: The use and understands that provided inaccurate	ndersigned child care po t it (child care provider and/or misleading info	ovider hereby certifi) will be held respon- rmation. (<i>To be sign</i>	es that the information co sible for any overpaymen ed by provider using ink)	ntained that	Provider Signature X			<u>Date</u>	
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 overnayment that occurs as a result of having provided inaccurate and/or	stomer hereby ackno add children, and/o By signing this form	wledges that a Child Cante to change a schedule, I certify that the inforty overnavment that occurs the content of the content	re Center Change Re and that the failure to nation contained here	equest form must be signe sign may delay or preventing it frue and accurate, at the arrowided inoccurate of	T	Provider Name PRINTED	INTED		Telephone Number	Number
misleading information. My signature below also serves as authorization for (<i>Provider Name</i>)	erves as authorization	1 for (<i>Provider Name</i>)	ons as a result of hav	ну рюмиси пассшаю а		Parent/Customer Signature X	gnature	1	Date	
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)	formation necessary d care. Any informa authorization shall r ink)	to determine eligibility tion shared pursuant to emain in effect, as need	for publicly funded of this document shall red, unless revoked by	child care, and/or to moni remain confidential according to me in writing. (To be s		Parent/Customer Name PRINTED	ame PRINTED		Telephone Number	Number