

## Change Report – Child Care Services

**\*\*\*Customer signature on reverse is required for all requests to be processed\*\*\***

Parent/Caretaker			Today's date:
Street address:			Social Security/Case number: <i>*required:</i>
City:	State	Zip Code	Phone/cell number:

**Check box below for the type of change you are requesting:**

<input type="checkbox"/>	Provider Change (**must complete sections 1, 2 & 3 below**)
<input type="checkbox"/>	Address/Phone Number change – complete blocks above
<input type="checkbox"/>	New employment – employment verification form or current pay stubs from new employer <u>must</u> be included
<input type="checkbox"/>	Change in pay or work hours– employment verification form or current pay stubs <u>must</u> be included
<input type="checkbox"/>	Add children to existing open Child Care Case (** <u>must</u> complete sections 1 & 2 below**)
<input type="checkbox"/>	Request continuous Child Care services (** <u>must</u> complete section 4 on back**)
<input type="checkbox"/>	Request to “float” Child Care services up to 30 days until a new activity begins (** <u>must</u> complete section 5 on back**)

Section 1	Name of child **required**	Social Security ** required**	Sex	Date of birth **required**
Provider change	Add a child		M F	
Provider change	Add a child		M F	
Provider change	Add a child		M F	
Provider change	Add a child		M F	

Current Provider:	Date change to occur <b>** must be current or future date**</b>
New Provider:	Provider License Number
Street address:	Contact person:
City:	State:
	Zip:

Reason for request:

**Section 2** Area to be completed by the *new* provider. Completion of this area does not guarantee space(s) will still be available at time change request is processed; this has been explained to the caretaker.

The caretaker has visited the location above and we are capable of providing services to meet the child care needs for the qualifying activity.

New Provider Authorized Signature:	Date:
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**Section 3**  
Area to be completed by the *current* provider. This change request will ***not*** be processed without this area being completed.

Co-payment fee is owed Check box 	Yes	No	If yes amount owed:	weeks owed:
			Last date of attendance was or will be:	

Current Provider authorized signature <b>**required**</b> :	Date:
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(OVER)

**Section 4 Continuous Child Care Services**

A caretaker, who is currently eligible for child care, shall have child care continue if the county agency has notification that a qualifying activity has ended. Authorization for care may continue up to thirteen weeks from the date the qualifying activity ends.

- (1) The continuation may not extend beyond the end of the current eligibility period.
- (2) Caretaker(s) shall only be eligible for one continuation during a twelve month period from the date of the start of the extension.

You are required to report the loss of any activity and the beginning of any new activity within 10 days of the event occurring. Your child care authorization hours will remain the same and all other conditions of eligibility must be met.

Once continuous child care services is requested and implemented the process cannot be reversed and shall count as a continuation.

**You must initial the box next to your selection, sign and date the indicated area below for any continuous child care services:**

Request use of continuous child care services initial here:		Signature:	Date:
Waive the right/use of continuous child care services initial here:			

**Section 5 "Float" of future Child Care Services**

A caretaker, who is currently eligible for child care, shall be approved for up to thirty days of child care if the CDJFS county agency has documentation that an approved activity is scheduled to begin within the thirty-day period.

You may request to float child care services between any activities as long as no more than thirty days exist between each activity. You must supply documentation of the future activity at the time you submit this form. Failure to provide future activity information with submission will lead to automatic implementation of continuous child care.

You are required to report the loss of any activity and the beginning of any new activity within 10 days of the event occurring. Your child care authorization hours will remain the same and all other conditions of eligibility must be met.

I am requesting to "float" child care services until the start of a new activity that will begin no more than 30 days from today. Sign here:	Signature:	Date:
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**\*\*\*\*\*Conditions of Approval of a Change of a Child Care Provider\*\*\*\*\***

All of the following conditions must be met before a Change of Provider request will be processed:

- All weekly co-payments must be current and paid
- The new requested child care provider must have a current license to provide child care services
  - All required areas pertaining to the requested change must be complete
  - All respective signatures must be included
- The request must be for the current or a future date – providers will not be paid for services prior to date of approval
  - Changes will begin the date a complete request is received by the Agency or on the future date indicated
  - Incomplete change requests will not be processed

**Change requests can be submitted in the drop box at the Job Center on normal business days, delivered in person during the Wednesday walk-in day or faxed to Child Care fax at 937-225-6465.**

**\*\*\*Submission of false information on this request may lead to termination of your Child Care Services\*\*\***

I have followed the steps and completed the required areas on this form. By signing below, I understand the instructions and conditions and shall adhere to the requirements as listed above:

Caretaker signature:	Date:
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