|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |  |
| **Phone:** |  |
| **Email:** |  |
| **Re:** | **CHANGE OF CHILD CARE PROVIDER** |

I would like to change child care providers for the following children:

|  |  |
| --- | --- |
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

I understand that I must notify my current provider and provide a minimum of 10 days’ notice. I understand that I must pay my co-payment to my current provider until the change is complete.

Further, I understand that I am also responsible for all child care provider costs that are in excess of the maximum subsidy amounts, minus the co-payment which I am to pay directly to the child care provider.

I understand that I must notify the county child care agency identified above of any change in family circumstances immediately but no later than ten (10) calendar days from the occurrence.

I understand that the county child care agency is authorized to issue payment to only one child care provider for a specific period of service.

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Parent Signature Date