



## Cuyahoga Job and Family Services

### Request to Change to Fulltime Service Hours for Spring/Summer/Winter Break

Parent/Caretaker Name: \_\_\_\_\_ Date \_\_\_\_\_

Case Number or SS#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Complete this form if you need to change your childcare provider hours to FULLTIME for School Break**

**Please allow 10 days for processing**

Name of Child/Social Security Number	Provider Name	Provider Id Number	School Break Begin Date	School Break End Date

**Parent/Caretaker Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Childcare Worker:** \_\_\_\_\_

**Childcare Information Line:** 216 987-6929 / **Fax Number:** 216 987-8655