



Cuyahoga Job and Family Services

Request to Change Full time Service Hours for Spring/Summer/Winter Break

Parent/Caretaker Name: _____ Date _____

Case Number or SS#: _____ Phone Number: _____ Email: _____

Complete this form if you need to change your childcare provider hours to FULL TIME for School Break. Please allow 10 days for processing

Child Name / SSN	Provider Name	Provider ID Number	School Break Begin – Date	School Break End – Date

Parent / Caretaker Signature: _____ Date: _____

Childcare Information Line: 216.987.6929

Fax Number: 216.987.8655