



CHILDCARE PROVIDER CHANGE REQUEST FORM

Parent/Caretaker Name: _____ Date: _____

Social Security Number: _____ Phone Number: _____

Complete this form if you need to change your childcare provider.

- Your co-pay must be paid in full with your current provider or your benefits may subject to termination.
- Please allow 10 days for processing.

Name of Child/SS#	Current Provider Name	New Provider Name	New Provider's ID #	Beginning Date of Service

Parent/Caretaker Signature: _____ Date: _____

Childcare Worker: _____ Date: _____

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