

CCDF Report of Change Form Rev082018

Failure to report service need changes within **TEN (10)** calendar days may result in termination of services and you will be required to repay funds to the State of Indiana. You **MUST** report when your employment stops, school/training program stops, IMPACT activity stops, family status changes or your address changes.

ALL necessary verification/documentation MUST be submitted with completed form.

Date: _____ Parent Name (print): _____ Date of Birth _____

Signature: _____ Phone Number: _____

- My job or school/training ended on _____ please check one of the following:
 - I do not have a new activity and would like to request transitional care. **Important: Additional documentation may be required.**
 - I have started a new activity – date: _____ location: _____
- I would like to request additional hours for childcare. *Please provide current school schedule or previous 30 days paystubs.*
- My income has decreased and I would like to request a reduction in copay. *Please provide documentation of previous 30 days income, must include wages, child support and any other income coming into the household.*
- I adopted my foster child _____ (Child’s name) on _____ (date).
- Please close my case. I no longer need childcare assistance as of _____.
- A family member has left my home
Name of person _____ Date: _____
- I have a new family member in my home. *Identity verification is needed. Complete parent worksheet. You may need to complete an income update within 10 days.*
Name of person _____ Date of birth: _____
Relationship to me: _____ Is childcare needed for this individual? ___ Yes ___ No
- I am changing to a new child care provider. Date to Start: _____
Name of new provider: _____

New Provider form must be completed by provider and submitted with this form by Thursday before 12:00 PM for changes to start the following Monday.

Any provider changes submitted after 12:00 PM on Thursday will not go into effect until the second Sunday.

- I have moved, my new contact information is :

Street Address	City	State	Zip Code	Phone #
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- Other Changes: _____