

Child Care Center Change Request

Type of Change:	□ Initial □ Redetermination	□ Case Termination ✓ Change		
Provider E-mail Ad sclark@columbus.k	dress: 12.oh.us			

	onange n	cquest										
First	Middle	Last		Case Number:					Requested Start Date of Care:			
			City:	State:				Zip Code:				
Provider Name: Ecole Kenwood Alternative K-6			Provider Address: 3770 Shattuck Columbus, Ohio 43220						ovider Vendor Number/ State Id:			
	First Name		Last Name Gend		Social Security Number	y <u>Dat</u> Month			Primary (P) or Multiple (M)	Full time(FT)/ Part time (Pt)		
									7,50.2.2			

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	dren at the above scl	nool.										
PLEASE READ BEFORE SIGNING: The undersigned child care provider hereby certifies that the information contained herein is true and accurate, and understands that it (child care provider) will be held responsible for any overpayment th occurs as a result of having provided inaccurate and/or misleading information. (To be signed by provider using ink)			ment that	Provider Signature Date								
The undersigned parent/customer hereby acknowledges that a Child Care Center Change Request form must be signe order to initiate services, to add children, and/or to change a schedule, and that the failure to sign may delay or preve the processing of the change. By signing this form, I certify that the information contained herein is true and accurate understand that I will be held responsible for any overpayment that occurs as a result of having provided inaccurate and/or misleading information.		signed in	Provider Name PRINTED				Telephone Number					
		prevent	Shanna Clark				(614) 365-5891					
			· · · · · · · · · · · · · · · · · · ·		Parent/Customer Signature				<u>Date</u>			
			X									
My signature below also serves as authorization for (<i>Provider Name</i>) Ecole Kenwood Alternative K-6 to provide FCDJFS with information necessary to determine eligibility for publicly funded child care, and/or to monitor or evaluate the delivery of said care. Any information shared pursuant to this document shall remain confidential according to state and federal law. This authorization shall remain in effect, as needed, unless revoked by me in writing. (<i>To be signed by parent/customer using ink</i>)				according To be	Parent/Customer Name PRINTED Telephone Numb							
	Alternative Alternative anage: Elisted chil signing: Frate, and under ving provided in the control of the co	Alternative K-6 First Name First Name SIGNING: The undersigned child care proving a continuous provided inaccurate and/or misleading at/customer hereby acknowledges that a Ches, to add children, and/or to change a schemange. By signing this form, I certify that the held responsible for any overpayment the mation. This authorization for (<i>Provider Name information necessary to determine eligibity and care.</i> Any information shared pursually. This authorization shall remain in effect, to mer using ink)	Alternative K-6 First Name La First Name La SIGNING: The undersigned child care provider hereby certifies the rate, and understands that it (child care provider) will be held reving provided inaccurate and/or misleading information. (To be int/customer hereby acknowledges that a Child Care Center Changes, to add children, and/or to change a schedule, and that the fail hange. 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Last Name Ecole Kenwood Alternative K-6 information necessary to determine eligibility for publicly funded child care, and/or to me for sid care. Any information shared pursuant to this document shall remain confidential information shall remain in effect, as needed, unless revoked by me in writing. (Internation Internation	First Middle Last City: City: Provider Address: 3770 Shattuck Columbus, Of First Name Last Name Gender Gender Gender Signing: The undersigned child care provider hereby certifies that the information contained rate, and understands that it (child care provider) will be held responsible for any overpayment that vinig provided inaccurate and/or misleading information. 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(To be other using ink)	First Middle Last Case Number: City: Provider Address: 3770 Shattuck Columbus, Ohio 43220 First Name Last Name Gender Number Last Name Gender Number Last Name Gender Number Social Security Number Social Security Number Signing: S	First Middle Last Case Number: City: State: Provider Address: 3770 Shattuck Columbus, Ohio 43220 First Name Last Name Gender Number Month Last Name Gender Number Month Social Security Dat Month Last Name Hold Representation of the Address o	First Middle Last Case Number: City: State: Provider Address: 3770 Shattuck Columbus, Ohio 43220 First Name Last Name Gender Social Security Number Month Day First Name Last Name Gender Social Security Number Month Day Last Name Gender Social Security Number Month Day Social Security Number Month Day Bisted Children at the above school. SIGNING: The undersigned child care provider hereby certifies that the information contained rate, and understands that it (child care provider) will be held responsible for any overpayment that ving provided inaccurate and/or misleading information. (To be signed by provider using ink) It's, to add children, and/or to change a schedule, and that the failure to sign may delay or prevent hange. By signing this form, I certify that the information contained herein is true and accurate, and be held responsible for any overpayment that cours as a result of having provided inaccurate rate and or misleading information shall remain as a result of having provided inaccurate ration. So serves as authorization for (Provider Name) Ecole Kenwood Alternative K-6 information shared pursuant to this document shall remain confidential according view unless revoked by me in writing, (To be mere using link) Provider Name PRINTED	First Middle Last Case Number: Reque City: State:	First Middle Last Case Number: Requested Start Date of City: State: Zip Code: City: State: Zip Code:		