

## Child Care Center Change Request

Type of Change:	<input type="checkbox"/> Initial <input type="checkbox"/> Case Termination <input type="checkbox"/> Redetermination <input checked="" type="checkbox"/> Change
Provider E-mail Address: lsimmons@columbus.k12.oh.us	

Case Name:	First      Middle      Last	Case Number:
Street Address:	City:	State:
Provider Name:	Provider Address:	Requested Start Date of Care:
Avalon Elementary School Latchkey	5220 Avalon Ave. Columbus, Ohio 43229	Zip Code:
	Provider Vendor Number/ State Id:	
	1000018037	

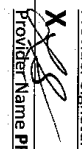
Household Composition	First Name	Last Name	Gender	Social Security Number	Date of Birth			Primary (P) or Multiple (M)	Full time (FT) / Part time (PT)
					Month	Day	Year		
Male Adult									
Female Adult									
1 <sup>st</sup> Child									
2 <sup>nd</sup> Child									
3 <sup>rd</sup> Child									
4 <sup>th</sup> Child									
5 <sup>th</sup> Child									
6 <sup>th</sup> Child									
7 <sup>th</sup> Child									
8 <sup>th</sup> Child									

**Instructions for change:**  
Please place the listed children at the above Latchkey Program.

**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 that occurs as a result of having provided inaccurate and/or misleading information. *(To be signed by provider using ink)*

The undersigned parent/customer hereby acknowledges that a Child Care Center Change Request form must be signed in order to initiate services, to add children, and/or to change a schedule, and that the failure to sign may delay or prevent the processing of the change. By signing this form, I certify that the information contained herein is true and accurate, and understand that I will be held responsible for any overpayment that occurs as a result of having provided inaccurate and/or misleading information.

My signature below also serves as authorization for (Provider Name) Avalon Elementary School Latchkey to provide FCDFIS 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. *(To be signed by parent/customer using ink)*

Provider Signature  Provider Name <b>PRINTED</b> Leasa Simmons	Date  Telephone Number (614) 365-5891
Parent/Customer Signature <b>X</b>	Date  Telephone Number
Parent/Customer Name <b>PRINTED</b>	Telephone Number