



## Child Care Center Change Request

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

|                 |       |        |      |              |                               |
|-----------------|-------|--------|------|--------------|-------------------------------|
| Case Name:      | First | Middle | Last | Case Number: | Requested Start Date of Care: |
| Street Address: | City: |        |      | State:       | Zip Code:                     |

|  |   |   |
|--|---|---|
| Provider Name:<br>Clinton Elementary School Latchkey | Provider Address:<br>10 Clinton Heights Ave. Columbus, Ohio 43202 | Provider Vendor Number/State Id:<br>10000 19842 |
|--|---|---|

| Household Composition | First Name | Last Name | Gender | Social Security Number | Date of Birth | Primary (P) or Multiple (M) | Fulltime(T)/Part time (P) |
|-----------------------|------------|-----------|--------|------------------------|---------------|-----------------------------|---------------------------|
| 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.

I, signature below also serves as authorization for (Provider Name) Clinton Elementary School Latchkey 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. *(To be signed by parent/customer using ink)*

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