

Child Care Center Change Request

Type of Change:	<input type="checkbox"/> Initial	<input type="checkbox"/> Case Termination
	<input type="checkbox"/> Redetermination	<input type="checkbox"/> Fee Review
	<input type="checkbox"/> Change	

Case Name	First	Middle	Last	Case Number	Requested Start Date of Care	
Street Address			City	State	Zip Code	
Provider Name My Second Home Child Care & Learning Center			Provider Site or Designation 1396 South High Street Columbus, Ohio 43207		Provider Vendor Number 400538	
<u>Household Composition</u>	<u>First Name</u>	<u>Last Name</u>	<u>Social Security Number</u>	<u>Date of Birth</u> Month Day Year		<u>Gender</u> M or F
Male Adult						
Female Adult						
1 st Child						
2 nd Child						
3 rd Child						
4 th Child						
5 th Child						
6 th Child						
7 th Child						
8 th Child						

Comments:

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**) My Second Home Child Care & Learning Center to provide FCDJFS with information necessary to determine eligibility for publically 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)**

<u>Provider Signature</u>	<u>Date</u>
X	
<u>Provider Name PRINTED</u>	<u>Telephone Number</u>
Robin Creer	614-449-6688
<u>Parent/Customer Signature</u>	<u>Date</u>
X	
<u>Parent/Customer Name PRINTED</u>	<u>Telephone Number</u>

Distribution: Original - FCDJFS; Yellow – Parent/Customer; Pink – Child Care Provider

