



REPORT OF CHANGE

Client Name: _____ **Effective Date of Change:** _____

Changes MUST be reported to the CCDF/OMW Program within ten(10) calendar days of the change. A change may be reported in writing, by completing this form. Some changes may require additional documentation. You must report the following changes:

- Address and/or phone number change.
- Change in name
- Change in family size
- Loss of service need (you may be eligible for child care assistance while you search for new employment, but you must contact your Child Care Coordinator)

Failure to report changes timely may result in the termination of services and result in repayment of benefits paid on your behalf. Do not report a change of provider on this form. If you are changing providers, your provider must complete a Provider Information page and you must turn it in to your Child Care Coordinator.

1). CHANGE OF ADDRESS and/or PHONE NUMBER

Old Address: _____ County: _____
(include Apt#, City, State, Zip)

New Address: _____ County: _____
(include Apt#, City, State, Zip)

Old Phone Number: _____ New Phone Number _____

2). CHANGE OF NAME (you must provide appropriate proof of identity)

Old Name in system: _____ New Name: _____

3). CHANGE IN HOUSEHOLD SIZE (report changes in family size, including but not limited to births, deaths, marriages, etc)

Remove or Add to Household	Name	Relationship	Date of Birth	Child Care Needed Yes or No	Explanation

YOUR ADDITION/REDUCTION IN HOUSEHOLD MEMBERS MUST INCLUDE ONE OF THE FOLLOWING FOR THE CHANGE TO BE PROCESSED:

Adding Adults: Driver's license; identification card issued by any government; passport; military identification card; school identification cards; work identification card; permanent residency card; ICES screen; social security card; birth certificate. Current documentation of appropriate services need, if applicable.

Adding Children: birth certificate, hospital issued certificate of birth, birth confirmation letter; ICES screens, court record of adoption, paternity or foster placement; documentation from the verifying agency of a foster child's date of birth; completed and notarized Paternity Affidavit, State Form 44780; identification card issued by government; passport, permanent residency card; Hoosier Health or Medicaid card; school enrollment record or identification card, medical immunization record. ALL DOCUMENTS MUST INCLUDE CHILD'S FULL NAME AND DATE OF BIRTH.

Removing Adults: The Applicant must provide a written statement, signed and dated, indicating the full name of the household member no longer in residence, or proof of loss (i.e. death certificate, divorce decree, etc).

4). LOSS OF SERVICE NEED (report changes in employment, schooling, or training activities)

Termination of Previous Activity:

Activity Name: _____ Termination Date: _____

Start of New Activity:

Activity Name: _____ Begin Date: _____

Client Signature: _____ Date: _____

Return to: Child Care Development Fund Program (CCDF)
On My Way Pre K Program
3801 N. Temple Avenue
Indianapolis, IN 46205
317-545-1069 FAX
ccdfvouchers@childrensbureau.org