

# CCDF Report of Change Form Rev082018

Failure to report service need changes within **TEN (10)** calendar days may result in termination of services and you will be required to repay funds to the State of Indiana. You **MUST** report when your employment stops, school/training program stops, IMPACT activity stops, family status changes or your address changes.

**ALL necessary verification/documentation MUST be submitted with completed form.**

Date: \_\_\_\_\_ Parent Name (print): \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- My job or school/training ended on \_\_\_\_\_ please check one of the following:
  - I do not have a new activity and would like to request transitional care. **Important: Additional documentation may be required.**
  - I have started a new activity – date: \_\_\_\_\_ location: \_\_\_\_\_
- I would like to request additional hours for childcare. *Please provide current school schedule or previous 30 days paystubs.*
- My income has decreased and I would like to request a reduction in copay. *Please provide documentation of previous 30 days income, must include wages, child support and any other income coming into the household.*
- I adopted my foster child \_\_\_\_\_ (Child’s name) on \_\_\_\_\_ (date).
- Please close my case. I no longer need childcare assistance as of \_\_\_\_\_.
- A family member has left my home  
 Name of person \_\_\_\_\_ Date: \_\_\_\_\_
- I have a new family member in my home. *Identity verification is needed. Complete parent worksheet. You may need to complete an income update within 10 days.*  
 Name of person \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_ Is childcare needed for this individual? \_\_\_ Yes \_\_\_ No
- I am changing to a new child care provider. Date to Start: \_\_\_\_\_  
 Name of new provider: \_\_\_\_\_

*New Provider form must be completed by provider and submitted with this form  
by **Thursday before 12:00 PM** for changes to start the following Monday.*

*Any provider changes submitted after 12:00 PM on Thursday will not go into effect until the second Sunday.*

I have moved, my new contact information is : \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Other Changes: \_\_\_\_\_