

Weld County CCCAP Child Care Change Request Form



Weld County Child Care Assistance Program
 315 N. 11th Avenue, Building B, Greeley, CO 80631
 Phone: (970) 400-6017 Fax: (970) 346-7981
 Email: HS-CCCAP@weldgov.com

Please complete this form when requesting a change in providers, or child care schedule, and submit at least ten (10) days in advance of change need. A separate form is required for each child care site.

Change of Provider **Schedule Change** – including summer, breaks and school-off days

CCCAP Parents or Adult Caretakers Please Note:

- Changing providers requires at least ten (10) days' advanced notice to your CCCAP worker, including changes for non-school days/breaks.
- Contact your Child Care Provider directly for their change in provider notice requirements, as contracts vary.
- Before you can change providers, any parent fees must be paid in full or alternate acceptable payment arrangements approved, which will be verified with your current provider.

CCCAP Case #: _____ CCCAP Clients Name: _____

Current Provider: _____ Location: _____

New Provider Name: _____ **Provider ID Number:** _____

Child's Name: _____ Child's Date of Birth: _____

Provider Location: _____ New Provider Start Date: _____

Circle the weekdays for care, as needed. Circle Yes or No if you need care on non-school days*.

Provider Name and License Number	Child Name:				
	Start Date:				
	Before School Only	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No
	After School Only	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No
	Before and After School	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No
	Full-time, Non-school Days	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No
	Summer	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No

*Please submit school calendar for non-school days.

CCCAP Client Signature: _____ Date: _____ / _____ / _____