



**PROVIDER CHANGE FORM**

**PROVIDER INFORMATION PAGE (Child Care and Development Fund Voucher Program)**

State Form (10-11) BCC 0805Adem DRAFT

Parent (Guardian) Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Caregiver's Name \_\_\_\_\_ Business Name (if applicable) \_\_\_\_\_

Street Address (where care is provided) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security or EIN Number (last 4 digits only) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Days (Please circle) S M Tu W Th F S

<input type="checkbox"/> Licensed Home <input type="checkbox"/> Licensed Center <input type="checkbox"/> Registered Ministry <input type="checkbox"/> License Exempt Home <input type="checkbox"/> License Exempt Facility <input type="checkbox"/> Providing care in child's home	<b>Type of Provider</b> License # _____ License # _____ Registration # _____ Registration # _____	Shift: 1 2 3
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Child's Name (first & last)	Child's Age Years / Months	Kindergarten Indicate HD = 1/2 Day FD = Full Day	Current Charge (List charges for School- Age School Year) Week / Day / Hour	Charge for next age group (if child is currently 2 list charge at age 3) Week / Day / Hour	School-age (List charges for summer/evening care) Week / Day / Hour

**FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE**

School Year Begins \_\_\_\_\_ Ends \_\_\_\_\_

Does school-age child need break care vouchers? \_\_\_\_\_ No \_\_\_\_\_ Yes  
*If yes, a school schedule must be provided.*

**PROVIDER AFFIRMATION**

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program. (Available on BCD website www.in.gov/fssa) In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Are you related to the children listed above? \_\_\_\_\_ If yes, explain \_\_\_\_\_

PLEASE NOTE: Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

Parent / Guardian: Your caregiver must complete this information in its entirety. Please bring the completed form to your appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility.

Provider: Please complete all information and sign the form in the box to the left.

If you have any questions, please contact

For change of Provider: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Applicant signature \_\_\_\_\_