

OhioMeansJobs Sandusky County

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Child Care Change Report / Request Form

Case Name: _____ Case Number: _____ or SSN: _____

PLEASE CHANGE MY CHILD CARE PROVIDER

Provider Name: From _____ to _____

Provider Address: _____

For the following Children: _____

Starting Date of Provider Change: _____

MY HOUSEHOLD MEMBERS OR ADDRESS HAS CHANGED

New Address: _____
STREET ADDRESS CITY STATE ZIP

Mailing Home All members of my Household have moved

These Household members no longer reside with me: _____

New Household Members:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>	<u>RELATIONSHIP</u>	<u>INCOME</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please provide a birth certificate for any children you need added to your child care case, and verification of any income reported for new household members.*

MY EMPLOYMENT OR SCHOOLING HAS CHANGED

<u>Employer Name</u>	<u>Employer Address</u>	<u>Begin / End Dates</u>	<u>Rate of Pay</u>	<u>Weekly Hours</u>	<u>Schedule</u>
_____	_____	/	_____	_____	_____
_____	_____	/	_____	_____	_____
_____	_____	/	_____	_____	_____

My school schedule has changed or I am no longer attending school.

I am now attending school. Name of school: _____ Credit hours per semester: _____

**Please provide verification of your employment or school changes.*

Comments or Other Changes

Signature: _____

Date: _____

My contact information: Phone Number: _____

Email: _____