

NOTICE OF CHANGE IN CHILD CARE STATUS

TO:	Date Mailed:
	RFA #:
	SSN:

SECTION A: Your child care is being: terminated denied needs to be redetermined.
 You may be eligible to receive continued child care. Contact the child care agency for more information.

Your last day of child care services will be _____ because of the following:

- 1. You are no longer eligible for child care for the following reason: _____.
- 2. You failed to provide _____ needed to verify your eligibility. If you want your child care to continue, you must provide the items above before your last day of services.
- 3. Your authorization ends on the above date, if you want child care to continue please contact _____.
- 4. You may be eligible for transitional child care (TCC). Please contact the Department of Children and Families Public Assistance Specialist or the RWB Career Manager for information on TCC.
- 5. Non-payment of parent fees.
- 6. Continuation of your child care services needs to be reviewed.
- 7. Your child care provider failed to complete the required 3 hour training.
- 8. Your child care provider failed the background screening.

SECTION B: CHILD CARE SERVICES FOR THE FOLLOWING CHILDREN WILL BE AFFECTED BY THIS ACTION

Child's Name:	Date of Birth:	SSN or RFA #:

SECTION C: This notice sent by:

Agency: _____ Address: _____ Phone #: _____

Worker's Name: _____ Worker's Signature: _____ Unit #: _____

- Copies sent to:
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Welfare Transition | <input type="checkbox"/> Economic Self-Sufficiency | <input type="checkbox"/> Protective Services/Protective Investigations | <input type="checkbox"/> Child Care Provider |
| <input type="checkbox"/> Family Safety & Preservation | <input type="checkbox"/> Privatization Provider | <input type="checkbox"/> 4C Agency | <input type="checkbox"/> Other |

SECTION D: Comments: (For agency use only): _____

Distribute copies to: RWB Career Manager, DCF PAS, Child Care Service Provider, and Participant

PRIVACY ACT STATEMENT: *You have not been asked to provide your social security number on this form. For your information however, the Social Security Act (42 U.S.C. 1137) provides that your social security number may be used to administer the program, including determination of eligibility, attributing the receipt of services, correspondence and participation, as well as for reporting purposes.

**INSTRUCTIONS FOR THE NOTICE OF CHANGE
IN CHILD CARE STATUS FORM**

WHEN COMPLETING THE FORM, PLEASE PRINT CLEARLY

INTRODUCTION:

This form is intended to be the universal Notice of Change in Child Care Status form for child care services. It is designed to be used by authorized employees of the Department of Children and Families, Economic Self-Sufficiency and Family Safety and Preservation programs, Welfare Transition Providers and contract providers of these programs.

The person completing the form should indicate the name and address to whom the form is to be sent.

To: Enter client's name and address. **Date Mailed:** Enter date form is completed and mailed.

RFA #: Enter the request for assistance number.

SSN: Enter the social security number.

SECTION A: STATUS

Terminated: Check box if services are being terminated for a current client.

Denied: Check box if the client cannot be enrolled in services.

Redetermined: Check box if services for a current client need to be redetermined.

Note: Referring agencies will check either terminated or denied.

4C agencies will check terminated, denied or redetermined.

Date: Enter last day of child care services. (Allow no more than 10 calendar days before terminating.)

Check the box *to the left of the statement* that applies to the client's situation.

If using 1, 2 or 3, fill in the blanks with the appropriate information.

SECTION B: CHILDREN'S INFORMATION

Child's Name: Enter name of child affected by the action.

Date of Birth: Enter date of birth.

SSN or FLORIDA #: Enter child's social security number.

SECTION C: AGENCY/WORKER INFORMATION

Complete agency name and address in full.

Complete worker's information in full.

Copies sent to: Check appropriate boxes.

SECTION D: COMMENTS

Agency will enter any additional comments.