



CHILD CARE SUBSIDY PROGRAMS

School-Aged Children Change of Circumstances

YOUR NAME	SOCIAL SECURITY NUMBER
YOUR CLIENT IDENTIFICATION NUMBER	DATE

Your responsibilities to report changes: If your household gets childcare assistance, you must report changes in your children's schedule as described under WAC 170-290-0031 or WAC 170-290-3570. You must tell us about these changes within ten (10) days of the change. If your provider is changing, you must report this within five (5) days of the change. Failure to report this information timely will result in an inability to backdate changes; this could result in an overpayment to you or a debt owed by you to your provider.

School Ending (Summer Break)

My children's school is ending for summer break on: _____ (date)

Children's Activity Schedule: For additional children, attach a separate piece of paper with their information.

CHILDREN'S NAMES	CHILD CARE SCHEDULE (DAYS AND TIMES)

School Beginning / Returning

My children's school is returning from summer break on: _____ (date)

Children's Activity Schedule: For additional children, attach a separate piece of paper with their information.

CHILDREN'S NAMES	SCHOOL SCHEDULE	CHILD CARE SCHEDULE (DAYS AND TIMES)

Provider Changing

My children's school change will result in a provider change:

Last day with current provider: _____ (date) First day with new provider: _____ (date)

NEW PROVIDER'S NAME	TELEPHONE NUMBER	SSPS NUMBER (IF AVAILABLE)
<input type="checkbox"/> Licensed Provider:	()	

Unlicensed Provider (Family / Friend / Neighbor) for Working Connections Only
 To be eligible as a family/friend/neighbor provider, the provider must meet the eligibility requirements under WAC 170-290-0130 and provide the information listed under WAC 170-290-0135. The following questions will guide which additional forms will need to be sent to you. Keep in mind, you can choose to use a licensed provider while your unlicensed provider goes through the approval process.
 New Provider's Name: _____ Relationship to Children: _____
 If the care will be done from the provider's home, how many people over the age of 16 live with the provider: _____

Child Care No Longer Needed

I request termination of child care assistance because:

- My children's school change will result in no longer needing child care assistance starting on: _____ (date)
- My children will be out of the home for the summer starting on: _____ (date)
- My employment / activity ends on: _____ (date)

Other Change (if checked, describe below):

Declaration and Signature

I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law. (RCW 74.08.055)

SIGNATURE	DATE	TELEPHONE NUMBER
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