



CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

REPORT OF CHANGE FORM

You are required to report changes within 10 calendar days from the date of occurrence. A Non-Compliance Form will be issued if you fail to report changes timely and may result in repayment of childcare benefits. You must report an address change, change in family size, change in TANF status, and loss of service need. A medical leave cannot exceed 13 weeks if you continue using services/16 weeks if you do not use the services. In order to have your case transferred to another county in Indiana, must report the move within 10 days of the occurrence. If you report the move late, your case will not be transferred. You will need to place your name on the waiting list in the new county.

I, Case Name _____ SS# XXX-XX-_____ Date _____
(PLEASE PRINT)

I have moved. Date moved _____.

New Street Address _____ Apt # _____ City _____ State _____ Zip _____ Phone Number _____

Attach proof of new address. The item must be dated within 30 days from the date you sign this form. Submit one item: ■rent receipt ■utility bill (any type of phone bill will not be accepted) ■check stub ■valid driver's license or State ID that has not expired ■lease that has not expired which states your name, full address including city/state/zip code and period of the lease ■documentation from a homeless shelter or domestic violence shelter which states the county of residence. ■letter from a State or Federal Agency ■online documentation from the United States Postal Service showing an updated or changed address which includes a confirmation code.

PLEASE NOTE: If your school aged child has changed to a different school corporation, please attach a copy of the school year calendar. We want to make sure the winter/spring/summer break vouchers are created for the correct dates.

My school or job ended on _____ & I am requesting childcare so I can job search.

I have stopped my Impact activity. I work or attend school at _____.
(Please attach proof of new activity.)

I no longer work or attend school at _____. My last day was _____.

I now work or attend school at _____. My start date was _____. (Attach a copy of your last check stub and proof of your new job or school.)

Please close my case. I no longer need childcare assistance as of _____.

Transfer my case to _____ County, Indiana. My phone #(_____) _____

Date of move _____. My new address _____.

I adopted my foster child _____ (child's name) on _____ (date).

My child _____ will have visitation with _____ (name of person) and will not need the childcare services effective _____ will need care to resume on _____.

I am on leave from my activity. Please check one: My leave is maternity leave medical leave
My leave started on _____ and I will return to work or school on _____.
Please check one: I will continue to use the voucher. I will stop using the voucher.

My household size has changed. Check one: Someone has moved in or has left the home.
Name of Person _____ Relationship to me _____ D.O.B. _____
Date change occurred _____ Is childcare needed for this individual? Yes No

Other Changes: _____