

## NOTICE OF CHANGE IN CHILD CARE STATUS

<b>TO:</b>	<b>Date Mailed:</b>
	<b>RFA #:</b>
	<b>SSN:</b>

**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 Provider 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 Contracted Provider | <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):** \_\_\_\_\_

**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.