

**Notice of Change in Child Care Status Form
Certified Domestic Violence Center or Designated Homeless Program**

TO:	Date Mailed:
Address:	

SECTION A: STATUS

Your child care status:	<input type="checkbox"/> Is being terminated	<input type="checkbox"/> Needs to be redetermined
Your last day of child care services will be:		
Due to the following reason:		
<input type="checkbox"/> You are no longer eligible for child care because		
<input type="checkbox"/> You failed to provide the following information needed to verify your eligibility:		
If you want your child care to continue, you must provide the item(s) above before your last day of services.		
<input type="checkbox"/> Your authorization period ends on the above date. To continue child care, contact:		
<input type="checkbox"/> Your continuation of child care services needs to be assessed.		

SECTION B: CHILD CARE SERVICES AFFECTED FOR THE FOLLOWING CHILDREN

Child's Name	Date of Birth	SSN (optional)

SECTION C: NOTICE AUTHORIZED BY REFERRING AGENCY/WORKER INFORMATION

Agency	
Mailing Address, City, Zip Code	
Phone Number	
Worker Authorizing Referral Name (print): _____	
Worker Authorizing Referral Signature: _____	Date: _____
Copies sent to:	
<input type="checkbox"/> Early Learning Coalition of _____	
<input type="checkbox"/> Other _____	

Instructions for Notice of Change in Child Care Status Form Certified Domestic Violence Center or Designated Homeless Program

WHEN COMPLETING THE FORM, PLEASE PRINT CLEARLY

INTRODUCTION

This form is intended to be the Notice of Change in Child Care Status form for school readiness child care services for families currently residing in a certified domestic violence center or participating in a Department of Children and Families (DCF)-designated homeless program. It is designed to be used by staff of the DCF-certified domestic violence centers and DCF-designated lead agencies on homelessness.

The person completing the form should indicate the name and address to whom the agency must send the form.

TO: Enter client's name.

Address: Enter client's mailing address.

Date Mailed: Enter the date the form is completed and mailed.

SECTION A: STATUS

Terminated: Check box if the agency is terminating services for a current client.

Redetermined: Check box if the agency needs to redetermine services for a current client.

Note – Referring agencies will check either terminated or needs to be redetermined and send a copy to the early learning coalition and client. The early learning coalition will contact the child care provider and the client to inform them of the change in services.

Date: Enter the last day of child care services. (Allow at least two weeks before terminating. However, in some instances the notice may be less than two weeks because the two week notice should not extend beyond the original authorization period.)

Reason: Check the box **to the left of the statement** that applies to the client's situation. Fill in the blanks with the appropriate information.

SECTION B: CHILDREN'S INFORMATION

Child's Name: Enter name of child(ren) the action affects.

Date of Birth: Enter child(ren)'s date of birth.

SSN (optional): Enter child(ren)'s Social Security Number.

SECTION C: AGENCY/WORKER INFORMATION

Agency: Enter the referring agency's name.

Mailing Address, City, Zip Code, Phone No.: Complete agency mailing address, city, zip code and telephone number in full.

Worker's Information Enter agency worker's name and signature.

Copies Sent To: Check appropriate boxes, and send to the individuals checked. Retain a copy for the agency's file.