

## PARENT'S CHANGE OF PROVIDER

\*PLEASE NOTE: CHANGE WILL NOT TAKE PLACE IF THERE ARE OUTSTANDING CO-PAYS\*

\*Parent and Provider cannot reside in the same household under no circumstances and receive payment\*

WORKER'S NAME: \_\_\_\_\_

CHILD(REN) NAMES & AGES : \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

PARENT'S *Last Four Digits* SOCIAL SECURITY#: \_\_\_\_\_

PARENT'S TELEPHONE #: \_\_\_\_\_

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OLD PROVIDER'S NAME: \_\_\_\_\_

OLD PROVIDER'S ADDRESS: \_\_\_\_\_

OLD PROVIDER'S TELEPHONE #: \_\_\_\_\_

OLD PROVIDER'S RELATIONSHIP TO THE CHILD(REN): \_\_\_\_\_

ENDING DATE: \_\_\_\_\_

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NEW PROVIDER'S NAME: \_\_\_\_\_

NEW PROVIDER'S ADDRESS: \_\_\_\_\_

NEW PROVIDER'S TELEPHONE #: \_\_\_\_\_

NEW PROVIDER'S RELATIONSHIP TO THE CHILD(REN): \_\_\_\_\_

START DATE: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## PARENT SCHEDULE REVIEW

Application     
  Redetermination     
  New Work/Training Schedule     
  F2F

**THIS SECTION TO BE COMPLETED BY THE PARENT**  
 Please complete numbers 1-5 and return the form to the ELRC Office.

1. Parent Name: \_\_\_\_\_
2. List the name and age of your children who need child care: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Based on your work/training schedule, what type of care does your child need?  
 Full Time   
  Part Time   
  Weekend Care   
  Evening Care   
  Overnight Care
4. Do all of your children have the same child care need?    YES    NO. If no, please complete information for additional children on page 2.
5. What time will you drop your child off at the child care program and what time will you pick your child up each day?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Drop off Time	Drop off Time	Drop off Time	Drop off Time	Drop off Time	Drop off Time	Drop off Time
Pick Up Time	Pick Up Time	Pick Up Time	Pick Up Time	Pick Up Time	Pick Up Time	Pick Up Time

Parent Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY THE ELRC

- This is an:    Application    Redetermination    Parent initiated schedule change
- The hours of care requested correlates with the hours of employment/training and travel time
- The hours of care requested does not correlate with the hours of employment and training. *The parent shall be advised by the ELRC – the schedule will be adjusted by the ELRC worker to match the hours of care based on parent’s work/training schedule (example: p/c requested weekend care but p/c only works Mon-Fri, p/c requested 5 days of care, but p/c only works 3 days, etc.)*
- Based on the above information and a review of the EVF/Training & travel time – the **TOTAL CHILD CARE NEED** schedule was confirmed and updated in PELICAN as follows:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**ELRC Case Comments were entered** – subject line: “Schedule” Stating p/c’s actual work/training schedule from EVF/Training Form and the days p/c receives child care services. *The schedule comment should be flagged with High Importance.*

ELRC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_

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