



Child Care Assistance Program Change of Eligibility Form

Client Name: _____ CCAP Caseworker: _____

Please notify your caseworker in writing 15 days in advance of changes. **Please include written verification of the changes with this form if needed.** If you do not report changes, you may owe a recovery of child care benefits received or no longer be able to receive assistance with your child care.

Check the box in the left-hand column for those changes that have occurred and complete the blanks on the right with the specific information.

Employment:

Verification of Employment, Termination, or Leave form completed by employer must be turned in to CCAP.

Me Second Parent

- Work hours increased/decreased (circle one) to _____ per week.
- Salary/Income has changed to \$ _____ per month (before taxes).
- New Job: _____

Employer Name
Address
Phone Number
- Work Schedule change (Enter new schedule)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours per week

School/Training

Letter from school or program with changes must be turned in to CCAP.

Me Second Parent

- School/training hours increased/decreased (circle one) to _____ hours per week.

Family Income (other than wages)

Me Second Parent

		Previous	Current
<input type="checkbox"/> <input type="checkbox"/>	Type of Income _____	\$ _____	\$ _____

Provider

- Provider Change (Please notify your case worker 15 days before changing providers):

Name and License # of new provider: _____ Phone: _____

For Child(ren): _____ Start date for new provider: _____

- Child care schedule change (Enter new schedule on next page. **Schedule cannot exceed the maximum number of hours of care for which you are eligible.**)

