



Childcare Provider Change Request Form

Parent/Caretaker Name: _____ Caseworker: _____

Social Security Number: _____ Phone No.: _____ Email: _____

Complete this form if you need to change your childcare provider.

Your co-pay must be paid in full with your current provider or your benefits may be subject to termination. Please allow 10 days for processing.

Child Name / SSN	Current Provider's Name	New Provider's Name	New Provider's ID Number	Beginning Date of Service

Parent/ Caretaker Signature: _____ Date: _____

Childcare Information Line: 216.987.6929

Fax Number: 216. 987.8655

Cuyahoga Job and Family Services • 1641 Payne Avenue, Cleveland, Ohio 44114 • (216) 987-7000
Ohio Relay Service (TTY) 711

Our Mission:
To promote economic self-sufficiency and personal responsibility
for families by providing a broad range of quality services.