



West Virginia Department of Health and Human Resources  
Change of Information Notification

In accordance with your Child Care Parent Services Agreement (Section IV A), all changes in your status must be reported to your Child Care Resource & Referral agency within 5 days. *All changes must be submitted in writing.* Failure to report changes can result in the loss of child care assistance. Changes that occur in any of the following areas must be reported: Please put a check mark next to the appropriate option.

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ County of Residence: \_\_\_\_\_

**1. Child Care Provider -Changes or Additions**

**A. Change in Child Care Provider:**

Previous Provider's Name:		End Date:	___ / ___ / ___		
New Provider's Name:		Start Date of Change:	___ / ___ / ___		
Street Address:					
City:		State:		Zip:	
				Phone Number:	

**B. Add a Child Care Provider:**

New Provider's Name:		Start Date of Change:	___ / ___ / ___		
Street Address:					
City:		State:		Zip:	
				Phone Number:	
Children Attending:					

**2. Changes in Family Size:**

**A. New Child:**

- Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_
- Gender:  Male  Female
- Ethnicity:  Hispanic or Latino or Spanish Origin  Not Hispanic or Latino or Spanish Origin
- Race:  American Indian/Alaska Native  Asian
- Black/African American  Native Hawaiian/other Pacific Islander
- White

**B. Marriage:**

- Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_
- Spouse's Place of Employment or School: \_\_\_\_\_  
Please send employment and/or school verification for spouse (i.e. pay stubs, work schedule, school schedule)

**C. Divorce:** Date Effective: \_\_\_ / \_\_\_ / \_\_\_ (Please provide a copy of your divorce decree)

**D. Separation:** Date Effective: \_\_\_ / \_\_\_ / \_\_\_ (Please provide a copy of legal documentation or 2 notarized statements from 2 sources other than relatives verifying separation.)

**E. Addition of Household Member:** i.e. Boyfriend, girlfriend, biological parent of child in care

- Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_
- Place of Employment or School: \_\_\_\_\_  
Please send employment and/or school verification for new household member (i.e. pay stubs, work schedule, school schedule)

**3. Change in Contact information:**

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**A. Name Change:** Previous Name: \_\_\_\_\_ New Name: \_\_\_\_\_

**B. New Address:** \_\_\_\_\_

**C. New Phone Number:** \_\_\_\_\_

**4. Change/Addition in Employment Status:**

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**A. Job Change** - provide verification of new employment

**B. Schedule Change** - provide verification of new schedule

**C. Loss of Job** - Last date of employment \_\_\_ / \_\_\_ / \_\_\_

**D. Job Search** - I am requesting Job Search time

**5. Change/Addition to School Status:**

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**A. Schedule Change** - provide copy of new schedule.

**B. Graduation** - Date of Graduation: \_\_\_ / \_\_\_ / \_\_\_

**C. Termination/Withdrawal** - Date of last class attended: \_\_\_ / \_\_\_ / \_\_\_

**D. Job Search** - I am requesting Job Search time.

**6. Changes/Additions to Income (child support, social security, disability income, etc.)**

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**Please attach verification.**

My income has been reduced.

My income has increased.

**7. Additional Information:** \_\_\_\_\_

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\_\_\_\_\_  
Client Signature

\_\_\_ / \_\_\_ / \_\_\_  
Date

Attach all necessary verifications and return to: