



**Cares Childcare Services Change of Care Form**

Parent informational status:

Change of care:

Parent name: \_\_\_\_\_  
\_\_\_\_\_

Case number:

Child \_\_\_\_\_

D.O.B. \_\_\_\_\_

Child: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Child: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Child: \_\_\_\_\_

D.O.B. \_\_\_\_\_

**Current Provider/ EPPIC#** \_\_\_\_\_

Last day of childcare: \_\_\_\_\_

**New Provider/ EPPIC #:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

Received WFNJ Counselor : \_\_\_\_\_

date: \_\_\_\_\_

**Reason for change of care: (10 day notice must be given, new care to start \_\_\_\_\_)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office use:**

**Change of care start date:** \_\_\_\_\_

**stop payment date:** \_\_\_\_\_

**Authorized by WFNJ Coordinator: Audra Polite-Caballero**

**ECC UNIT:**

Provider EPPIC # \_\_\_\_\_

Information checked requires the attention of the ECC unit: