



CHILD CARE CHANGE REQUEST FORM

Receiving Ohio Works First (OWF) **Yes** **No**
Currently receiving child care benefits? **Yes** **No**

Customer Name: _____ Case #/SS#: _____

Customer Email: _____ Case Worker: _____

Complete the section for the change you would like to report.

Change in Assignment: Check all that apply.	OWF Activity	SNAP Activity
OWF Sanction	SNAP Sanction	Benefit Closed
Begin Date of Change: _____		

Address Change:	Home	Mailing
New Address: _____		
Street	City	State Zip Code

Child(ren) on Child Care Case (enter child's information below):	Add	Remove
Name: _____	Name: _____	
DOB: _____ SS#: _____	DOB: _____ SS#: _____	
Begin Date: _____	Begin Date: _____	

Child Care Provider Change:	New Provider	Change in Co-Pay
New Provider: _____	Provider ID#: _____	
Begin Date: _____	Co-Pay Amount: _____	
List name of child(ren) changing provider): _____		

Change of Hours: Check all that apply.
Employment School Hours Increase Hours Decrease
Begin Date of New Employment/School Schedule: _____
New Schedule: _____

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

Submitted by: Customer CJFS Staff

Signature: _____ **Date:** _____

Child Care Department Contacts

Information Line: (216) 987-6929 | **Fax:** (216) 987-8655 | **Email:** Cuy-Childcare-Assistance@jfs.ohio.gov

Staff Use Only: Case Closure Date: _____ County Transfer Effective Date: _____

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Cuyahoga Job and Family Services provides access to an interpreter at no charge to customers who are limited – English proficient and individuals with impaired vision and/or hearing.