

# Weld County CCCAP Child Care Change Request Form



Weld County Child Care Assistance Program  
 315 N. 11<sup>th</sup> Avenue, Building B, Greeley, CO 80631  
 Phone: (970) 400-6017 Fax: (970) 346-7981  
 Email: [HS-CCCAP@weldgov.com](mailto:HS-CCCAP@weldgov.com)

Please complete this form when requesting a change in providers, or child care schedule, and submit at least ten (10) days in advance of change need. A separate form is required for each child care site.

**Change of Provider**  **Schedule Change** – including summer, breaks and school-off days

**CCCAP Parents or Adult Caretakers Please Note:**

- Changing providers requires at least ten (10) days' advanced notice to your CCCAP worker, including changes for non-school days/breaks.
- Contact your Child Care Provider directly for their change in provider notice requirements, as contracts vary.
- Before you can change providers, any parent fees must be paid in full or alternate acceptable payment arrangements approved, which will be verified with your current provider.

CCCAP Case #: \_\_\_\_\_ CCCAP Clients Name: \_\_\_\_\_

Current Provider: \_\_\_\_\_ Location: \_\_\_\_\_

**New Provider Name:** \_\_\_\_\_ **Provider ID Number:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Provider Location: \_\_\_\_\_ New Provider Start Date: \_\_\_\_\_

Circle the weekdays for care, as needed. Circle Yes or No if you need care on non-school days\*.

Provider Name and License Number	Child Name:				
	Start Date:				
	Before School Only	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No
	After School Only	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No
	Before and After School	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No
	Full-time, Non-school Days	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No
	Summer	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No	M T W Th F Yes/No

\*Please submit school calendar for non-school days.

CCCAP Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_