



- New Provider
  Change of Provider
  Update/Schedule Change

**CCCAP Parents or Adults Caretaker Please Note:**

\*\*\*You must give a minimum of 10 days notice to your CCAP worker if you wish to change child care providers, including changes for non-school days/breaks. Contact your CCAP caseworker in case of an emergency situation. \*\*\*

\*You must contact your current child care provider directly to give notice before leaving. You may have signed a contract that specifies a required notice period (ex. "2 weeks' notice".)

\*You must have paid your parent fee in full or have made acceptable payment arrangements before you can change providers. Unpaid parent fees will result in the closure of your case only at Redetermination.

Your Name: \_\_\_\_\_ Case # or Last four of Social: \_\_\_\_\_

Current Provider: \_\_\_\_\_ End date w/current provider: \_\_\_\_\_

New Provider: \_\_\_\_\_ Start with new provider: \_\_\_\_\_

Provider's license #: \_\_\_\_\_ Provider Email & Phone #: \_\_\_\_\_

(If Child is in School)

Name of school & district: \_\_\_\_\_ School start/end dates: \_\_\_\_\_

Child's Name and Age*	Grade/Child in half-day or full-day kindergarten?***Public School or Daycare?	Care needed for: Please check all that apply***	Days and anticipated time in/out (Ex: M-F 8am-5pm)*
		<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Non-school days/breaks <input type="checkbox"/> All Day	
		<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Non-school days/breaks <input type="checkbox"/> Summer Break <input type="checkbox"/> All Day	
		<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Non-school days/breaks <input type="checkbox"/> Summer Break <input type="checkbox"/> All Day	
		<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Non-school days/breaks <input type="checkbox"/> Summer Break <input type="checkbox"/> All Day	

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

Date: \_\_\_\_\_

Adams County Department of Human Services  
 Colorado Child Care Assistance Program  
 11860 Pecos St  
 Westminster, CO 80234

Phone: 720-523-2337  
 Fax: 720-523-2201