

**RIVERSIDE COUNTY**  
**child care**  
**CONSORTIUM**

21250 Box Springs Road, Suite 111  
 Moreno Valley, CA 92557  
 Ph. 951.778.5003 Fax 951.248.9293

## Information Change Notification Form

Participants must notify the Riverside County Child Care Consortium if there has been a change in your information. Please complete and submit this form by mail, in person or by fax. Faxes are accepted **only** during regular business hours, which are Monday through Thursday, 7:30 a.m. to 5:30 p.m. To protect your security, notify the RCCCC staff that you are sending a fax by calling our office at the number provided above.

Last Name, First Name:	Social Security Number:
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### Old/Previous Information

Last Name, First Name:	
Home Street Address or P.O. Box:	Apartment #:
City & State:	Zip Code:
Home Telephone Number: (    )	Cellular Telephone Number: (    )

### New Information

Last Name, First Name:	
Home Street Address or P.O. Box:	Apartment #:
City & State:	Zip Code:
Home Telephone Number: (    )	Cellular Telephone Number: (    )

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date