



Childcare Provider Change Request Form

Parent/Caretaker Name: _____ Caseworker: _____

Social Security Number: _____ Phone No.: _____ Email: _____

Complete this form if you need to change your childcare provider.

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

Child Name / SSN	Current Provider's Name	New Provider's Name	New Provider's ID Number	Beginning Date of Service

Parent/ Caretaker Signature: _____ Date: _____

Childcare Information Line: 216.987.6929

Fax Number: 216. 987.8655

Cuyahoga Job and Family Services • 1641 Payne Avenue, Cleveland, Ohio 44114 • (216) 987-7000
Ohio Relay Service (TTY) 711

Our Mission:
To promote economic self-sufficiency and personal responsibility
for families by providing a broad range of quality services.



Cuyahoga County Department of Employment & Family Services

Request to Change Full time Service Hours for Spring/Summer/Winter Break

Parent/Caretaker Name: _____ Date _____

Case Number or SS#: _____ Phone Number: _____

Complete this form if you need to change your childcare provider hours to FULL TIME for School Break

Please allow 10 days for processing

Name of Child/Social Security Number	Provider Name	Provider Id Number	School Break Begin Date	School Break End Date

Parent/Caretaker Signature: _____

Date: _____ Childcare Worker: _____

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