

**Child Care Assistance Program
Change of Eligibility Form**

Please use this form to send in any changes listed below within 11 days of when the change occurred. **Please include verification of the changes with this form.** If you do not report your changes then you may owe a recovery of child care benefits received or no longer be able to receive assistance with your child care.

Check the box in the left hand column for those changes that have occurred and complete the blanks on the right with the specific information.

Employment

	2 nd	
Me	Parent	
<input type="checkbox"/>	<input type="checkbox"/>	Work hours increased to _____ per week.
<input type="checkbox"/>	<input type="checkbox"/>	Work hours decreased to _____ per week.
<input type="checkbox"/>	<input type="checkbox"/>	Salary/Income has changed to \$ _____ per month (before taxes).
<input type="checkbox"/>	<input type="checkbox"/>	New Job: _____
	Employer Name	Address
		Phone Number

Training

<input type="checkbox"/>	<input type="checkbox"/>	Training hours increased to _____ hours per week.
<input type="checkbox"/>	<input type="checkbox"/>	Training hours decreased to _____ hours per week.

Family Income (other than wages)

	<u>Previous</u>	<u>Current</u>
<input type="checkbox"/> Child Support	\$ _____	\$ _____
<input type="checkbox"/> Alimony Payments	\$ _____	\$ _____
<input type="checkbox"/> Unemployment Insurance	\$ _____	\$ _____
<input type="checkbox"/> Workers Compensation	\$ _____	\$ _____
<input type="checkbox"/> Retirement/Pension Payments	\$ _____	\$ _____
<input type="checkbox"/> Dividends, Interest, Income From Estates Or Trusts, Net Rental Income Or Royalties	\$ _____	\$ _____
<input type="checkbox"/> Life or Health Insurance	\$ _____	\$ _____
<input type="checkbox"/> Inheritance, Cash Gifts or Prizes	\$ _____	\$ _____
<input type="checkbox"/> Social Security Survivor's benefits, permanent disability insurance, Supplemental Security Income	\$ _____	\$ _____
<input type="checkbox"/> Lease Bonuses and royalties	\$ _____	\$ _____
<input type="checkbox"/> Military Allotments	\$ _____	\$ _____
<input type="checkbox"/> Strike Benefits	\$ _____	\$ _____
<input type="checkbox"/> Other Income _____	\$ _____	\$ _____

Family Size Changes

<input type="checkbox"/>	My family is larger _____
	Name of new member Relationship to me Date of birth
<input type="checkbox"/>	My family is smaller _____
	Name of member who left Relationship to me

Changes in Address/Phone

<input type="checkbox"/>	New address _____
	# and Street City Zip Code
<input type="checkbox"/>	New Phone _____
	New number

Other Comments/Changes _____

Thank your for completing this form. If you have any questions, call the Child Care Assistance Program at your county department of social/human services.

I certify that the information I have filled in on this form is correct.

Client Signature	Social Security Number	Date
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