



## Fee Assistance Provider Change of Information Request

<input type="checkbox"/>	Change of Physical Address/Mailing Address
<input type="checkbox"/>	Change in Contact Information (Phone Number, Email Address, Cell Phone, etc.)
<input type="checkbox"/>	Change in Licensing Status (Full, Conditional, Probationary, Revoked, Surrendered, etc.)
<input type="checkbox"/>	Change in Type of Care/License Number (Family Child Care to Center, Group Child Care to Family Child Care, etc.)
<input type="checkbox"/>	Change in Rates (Please attach rate sheet)
<input type="checkbox"/>	Change in Ownership/Business Name (Please attach new W-9 form)
<input type="checkbox"/>	Change in Tax-ID Number (Please attach new W-9 form)
<input type="checkbox"/>	Military Family No Longer Attending
<input type="checkbox"/>	Change in Banking Information (Attach Pg. 2 of Provider Application & voided check)

Today's Date: \_\_\_\_\_

### Provider Information:

Provider ID#: \_\_\_\_\_ Tax-ID#: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address 1: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address 2: \_\_\_\_\_



1515 N. Courthouse Rd., 2<sup>nd</sup> Floor, Arlington, VA 22201  
Toll Free: 1-800-424-2246 [usa.childcareaware.org](http://usa.childcareaware.org)

**Change in Type of Care:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Licensing Status: (Please circle your licensing status and indicate the effective dates.)**

Status	Effective Dates
Full	
Conditional	
Probationary	
Surrendered	
Revoked	

**Change in Ownership/Business Name:** \_\_\_\_\_

**Families No Longer Attending:**

Family Name	Family ID#
1.	
2.	
3.	
4.	

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_