



CHILD CARE AWARE® of AMERICA MILITARY FEE ASSISTANCE
INFORMATION CHANGE REQUEST FORM

- CHANGE OF MAILING ADDRESS/ EMAIL ADDRESS
- CHANGE IN INCOME STATUS (Please attach income verification if applicable.)
- CHANGE IN CONTACT INFORMATION (PHONE NUMBER, EMAIL ADDRESS, CELL PHONE, ETC.)
- CHANGE IN FAMILY STATUS (MARRIED, DIVORCED, ADDITIONAL CHILD, ETC.) (Please submit document verification and birth certificate[s].)
- CHANGE OF DUTY STATION OR STATUS (Please submit copy of deployment orders if applicable.)
- CHANGE IN CHILD(REN) SCHEDULE/RATES (Please attach schedule and/or rate change letter from child care provider)

TODAY'S DATE: _____

SPONSOR INFORMATION:

Family ID# _____

Name: _____

Sponsor/Spouse Work/Cell Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMAIL ADDRESS: _____

ADDITIONAL CHILD(REN) TO BE ADDED TO SUBSIDY

Child(ren)'s Name:	Date of Birth
_____	_____
_____	_____
_____	_____

PROVIDER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FIRST DAY OF CARE: _____

Please Fax or Email to:

Child Care Aware® of America
Email: msp@usa.childcareaware.org
Phone: 1-800-424-2246
Fax: 703-341-4103
www.childcareaware.org