



Iowa Department of Human Services

## Child Care Assistance Change Form

### Your Name

|                         |                               |      |
|-------------------------|-------------------------------|------|
| Name                    | Phone number<br>(     )     - |      |
| Address                 | City                          | Zip  |
| Kindertrack case number | SSN                           | Date |

New address? ☐ Yes ☐ No

### Instructions

Please check the box next to the change you are reporting and complete the information in that section. If you have more than one change to report, check all of the boxes that apply. Return this form to us by mail or fax to the address shown at the bottom of this page. If you have questions, or would like to report your change by phone, call us at the number below.

### ☐ Provider Change

Complete a line for each child for whom there is a change requested.

| Child's Name | Old Provider | Date Care Ended | New Provider | Date Care Began |
|--------------|--------------|-----------------|--------------|-----------------|
|              |              |                 |              |                 |
|              |              |                 |              |                 |
|              |              |                 |              |                 |
|              |              |                 |              |                 |

Complete for new providers:

|                  |                                 |     |
|------------------|---------------------------------|-----|
| Provider name    | Provider phone<br>(     )     - |     |
| Provider address | City                            | Zip |

|                  |                                 |     |
|------------------|---------------------------------|-----|
| Provider name    | Provider phone<br>(     )     - |     |
| Provider address | City                            | Zip |

### ☐ Household Change

|  |                |
|--|----------------|
| Reason for change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Moved in <input type="checkbox"/> Moved out <input type="checkbox"/> Birth of a child |                |
| New/old household member name  | Date of change |
| Date of birth  | SSN            |

If this change is the birth of a new child, do you want this child added to Child Care Assistance? ☐ Yes ☐ No

### ADDITIONAL CHANGES ON BACK OF FORM

Department of Human Services, Centralized Child Care Assistance Unit  
2309 Euclid Avenue, Des Moines, IA 50310-5703  
Phone: 866-448-4605 FAX: 515-564-4032

☐ **Job or Income Change**

☐ Beginning Employment    ☐ Income/Work Schedule Change

|   |                         |  |  |
|---|-------------------------|--|--|
| Date of income/schedule change  | Employer's name         |  |  |
| Employer's address  |                         | Employer's phone number                                  |  |
| Start date  | Date of first pay check | Rate of pay: \$_____ per _____                           |  |
| How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly |                         |  |  |
| Do you receive tips, bonuses or commissions in addition to your wage/salary?  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, amount \$_____ per _____  |                         |  |  |

**Please list the days and hours of your work schedule:**

|            | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Start Time |        |         |           |          |        |          |        |
| End Time   |        |         |           |          |        |          |        |

☐ **Ending Employment**

|                        |                              |
|------------------------|------------------------------|
| Previous employer      |                              |
| Employment ending date | Date last pay check received |

☐ **School Change**

| Student name | Date of change |
|--------------|----------------|
|--------------|----------------|

☐ Start    ☐ Stop    ☐ Schedule change

Attach an official copy of your class schedule from the school (an on-line copy is acceptable). Copy must include class days and times, beginning and ending dates, term period, and total number of credits.

☐ **Other Changes**

Please explain:

[illegible]