**ABOUT THIS FORM:**

This form must be completed when a family who is receiving funding through the Delaware County Child Care covid support program wishes to make a change from the original contracted agreement with CCPN. No funding changes can be implemented without this form being completed and approved by CCPN.

**HOW TO COMPLETE THIS FORM:**

Everyone must complete Section 1A and 1B. Complete each of the following sections as applicable. Also, new Fee Agreement(s) must be submitted for each child that a change is being requested for, and the information on the Fee Agreement(s) must match the change that is being requested.

**HOW TO SUBMIT THIS FORM AND UPDATED FEE AGREEMENT(S):**

Submit all pages of this form, even if some pages contain skipped sections. You may submit this form and updated Fee Agreement(s) one of the following two ways:

1. **EMAIL:** Email this form and Fee Agreement(s) to [ccpnpa.org@gmail.com](mailto:ccpnpa.org@gmail.com) . This is the fastest way to submit. You will be notified via email once the request has been processed.
2. **MAIL:** Mail this complete form and copies of updated Fee Agreements to: “Child Care Professionals Network, PO Box 5355, Springfield, PA 19064”. The speed that this form will be received depends on the speed USPS delivers it.
3. **IN PERSON:** You may make an appointment to drop this completed form and copies of updated Fee Agreement(s) to the CCPN office. An appointment can be made online at [ccpnpa.org/ecprc](http://www.ccpnpa.org/ecprc) or by calling CCPN at 484-478-0024.

**BEGIN REQUEST FOR CHANGE FORM**

**SECTION 1: PARENT/GUARDIAN AND CHILDREN INFORMATION**

**1A.** **REQUIRED.** Write information of the parent/guardian who completed the original application.

|  |  |
| --- | --- |
|  | **Write Responses Here:** |
| First Name: |  |
| Last Name: |  |
| Email: |  |
| Phone: |  |

**1B.** **REQUIRED.** List all currently funded children for which the requested changes apply. Only children who are already approved for funding can be included.

|  |  |
| --- | --- |
| **Write First Name(s) here:** | **Write Last Name(s) here:** |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION 2: ECE PROGRAM TRANSFER REQUEST**

**2A.** If you are requesting to transfer funding to a new ECE Program, write both the “Original ECE Program” and “New ECE Program” information below.

|  | **Write “Original ECE Program” info here:** | **Write “New ECE Program” info here:** |
| --- | --- | --- |
| Program Name: |  |  |
| Street: |  |  |
| Suite: |  |  |
| City: |  |  |
| State: |  |  |
| ZIP: |  |  |
| Last Date attending “Original ECE Program”: |  | |
| ***Note****: If funding for this request is approved, CCPN will give you a new Funding Start Date. The new Funding Start Date is the date that attendance at the “New ECE Program” will begin to be funded. The immediately preceding scheduled service day is the last date that attendance at the “Original ECE Program” can be funded. Any attendance at the new ECE Program before the new Funding Start Date cannot be funded.* | | |

**SECTION 3: DAYS OF WEEK CHANGE REQUEST**

**3A.** If you are requesting a change to the original days of week for which children were funded, check off both of the following: The original days of week children were funded for, and check off of the days of week you are requesting your funding to be change to. **The number of days you are requesting cannot be greater than the amount you were originally funded for.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Check off boxes below:** | | | | | | |
|  | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | **Su** |
| Check off previously approved Days of Week: |  |  |  |  |  |  |  |
| Check off all requested Days of Week *(Maximum 5)*: |  |  |  |  |  |  |  |
| ***Note****: If funding for this request is approved, CCPN will give you a new Funding Start Date. The new Funding Start Date is the date that funding for the new weekly schedule goes into effect. All attendance before this date will be funded according to the previously approved weekly schedule.* | | | | | | | |

**SECTION 4: NEW FEE AGREEMENT(S)**

* Include an updated Fee Agreement signed by both the parent/guardian and the ECE Program. The Fee Agreement must indicate the information you are requesting to change.

**SECTION 5: ADDITIONAL INFORMATION**

In the box below, write anything relating to this request that may be relevant but was not reflected on this form.

|  |
| --- |
|  |

**SECTION 6: ATTESTATION**

I attest that all information submitted on this form is true and accurate to the best of my knowledge. I understand that not all requests to change funding can be accommodated. I understand that if my request is approved, I will be given an Effective Date which is the date that the approved requested changes begin, and that these changes supersede the previous approval letter. I understand that no changes that are made to child(ren)’s care that are done before any approved funding changes go into effect will be funded. I understand that I will be responsible for any additional costs incurred for changes made to care before their approved Effective Date.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/guardian Signature: |  | Date: |  |

**! Before submitting: Make sure a new Fee Agreement is included with your submission. !**

**END REQUEST FOR CHANGE FORM**