

Childcare Resources
1904 First Avenue North
Birmingham, Alabama 35203-4006

SCCP CHANGE REPORT FORM

CLIENT'S NAME _____ **SSN** _____

All changes must be reported within ten (10) days from the first day the change occurs. Some changes reported may require additional paperwork which will be mailed to you. Please check all boxes for changes you are reporting.

SECTION I NEW ADDRESS

New mailing address _____ County _____

City _____ State _____ Zip Code _____ New Phone # _____

Previous(old) address? _____

SECTION II INCOME (attach additional sheets if needed)

(a) Name of person whose income changed _____

What income changed? (Examples: wages, child support, SSI, TANF, Unemployment, etc.)

Date of the change _____ Reason _____

(b) Person who started work _____ Date Started _____

Employer _____ Anticipated Monthly Wages _____

Is this a Second Job? _____

(c) Person who lost job _____ Last day worked _____

Reason for losing job _____

(d) If a change of employment:

Old Employer/ Address _____

New Employer/Address _____

SECTION III HOUSEHOLD MEMBERS (attach additional sheets if needed)

(a) New household members:

(1) Name _____ Date of Birth _____

Date moved in _____ Relationship to Client _____ SSN _____

Income \$ _____ How often received? _____ What source? _____

(2) Name _____ Date of Birth _____

Date moved in _____ Relationship to Client _____ SSN _____

Income \$ _____ How often received? _____ What source? _____

(b) Former household members:

(1) _____ left the household. Date left _____

(2) _____ left the household. Date left _____

(c) Has anyone in your household recently turned 18? Name _____

SECTION IV SCHOOL & TRAINING

(a) _____ has () started () stopped attending high school, GED program, college,

(Name of student)

vocation or technical school at _____

(Name of school)

(b) What kind of educational income does this person have? _____

(Educational Income)

*Please include all grants, scholarships, loans, contributions, work study, etc. Use additional sheets if needed.

[] SECTION V CHANGE IN CHILDCARE NEEDS

(a) Has any child in your household recently turned 13 ? Yes _____ No _____

Child's Name _____

(b) Do you need to withdraw a child from care? Yes _____ No _____

Child's Name _____

Childcare Provider's Name: _____

Please check reason for withdrawal:

_____ Withdraw for summer only

_____ Withdraw from the program, no service needed

_____ Temporary withdrawal Reason _____

Ending date of care _____

Beginning date of care _____

(c) Do you need to increase your childcare from Part Time to Full Time? Yes _____ No _____

Reason _____

**If you are increasing care because of a change in your job, you need to include proof of your change.

(d) Do you need to decrease your childcare from Full Time to Part Time? Yes _____ No _____

Reason _____

(e) Do you need to change childcare providers? Yes _____ No? _____

Old Provider's name: _____

Provider Address: _____

Date to end care: _____

Child's Name: _____

New Provider's name: _____

Provider Address: _____

Date to start care: _____

PENALTY WARNING

I understand that my benefits may be changed or terminated because of the information reported by me on this form. I also understand that I may have to pay back any benefits I receive if I give untrue or incomplete information. By signing my name below, I am saying that I have read each item, and that the information given on this form is true and correct to the best of my knowledge.

Signature _____

Date _____