

Name of Child Care Provider:		
Address:		
City and Zip:		
Area of Change	Proposed Effective Date	Explain Change/ Provide Detail
<input type="checkbox"/> Director/Staffing		
<input type="checkbox"/> Any Contact Information (email, mailing address, phone, fax)		
<input type="checkbox"/> SR holiday form		
<input type="checkbox"/> SR Rate Request Form		
<input type="checkbox"/> ACH form (banking change)		
<input type="checkbox"/> VPK Calendar due to changes		
<input type="checkbox"/> VPK 11A Staff changes (include all supporting documents for review)		
<input type="checkbox"/> VPK 11B Class/time changes		
<input type="checkbox"/> VPK advance authorization form		
<input type="checkbox"/> Other		
Notes:		

<p>For office use only: Change approved: _____ Change denied: _____ Change effective date: _____</p> <p>Copy e-mailed to provider on : _____ by: _____</p>



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