



REQUEST TO CHANGE PROVIDER

MUST BE RETURNED WITH A COMPLETED PROVIDER INFORMATION PAGE FROM THE NEW PROVIDER.
MUST SUBMIT NO LATER THAN NOON THURSDAY, THE WEEK PRIOR TO CHANGING TO NEW PROVIDER

Parent
Name _____

Previous Provider
Name _____

New Provider
Name _____

I request the above change in childcare providers. The last day my child (ren) attended the previous provider was ____/____/____.
The first day my child (ren) will attend the new provider is ____/____/____.

This form and the Provider Information Page must be in the CASY Terre Haute office no later than noon on **Thursday for the new provider voucher to begin the following week. In addition, only one provider can be paid in the same week. The parent is responsible for any payments to the new provider prior to the begin date of the new voucher.**

Parent
Signature _____ Date _____