

Child Care and Development Fund (CCDF) TRANSFER FORM (V6-24-16)

Please transfer my child care from County _____ to County _____, Date of Move _____

NOTE: Your child's current voucher will end the Saturday following your move date or the Saturday following the date form is received, whichever is later.

Applicant Name (Print) _____ Signature _____ PHONE _____

OLD ADDRESS (Street) _____ (City) _____ (Zip) _____

NEW ADDRESS (Street) _____ (City) _____ (Zip) _____

List ALL CCDF Household Members at New Address:

Internal Use

FIRST NAME	LAST NAME	BIRTH DATE	RELATIONSHIP	New to Household	AIS voucher
			Self	NA	NA
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your transfer request has been processed. **You must** contact the CCDF Intake Office marked below no later than _____ to complete your application or it will be denied.
(30 days from move date)

- | | |
|--|--|
| <input type="checkbox"/> 1A Geminus 219-757-1874 | <input type="checkbox"/> 3 Children's Bureau 317-545-5281 |
| <input type="checkbox"/> 1B Brightpoint 260-423-3546 | <input type="checkbox"/> 4A Casy 812-232-3952 |
| <input type="checkbox"/> 1C Children's Bureau 765-838-3805 | <input type="checkbox"/> 4B 4C's 812-423-4008 |
| <input type="checkbox"/> 2A Brightpoint 260-423-3546 | <input type="checkbox"/> 5A Children's Bureau 317-535-3326 |
| <input type="checkbox"/> 2B Children's Bureau 765-381-0210 | <input type="checkbox"/> 5B River Valley 812-273-9270 |

FOR INTERNAL USE ONLY			
Applicant's Name			
Applicant's Current Case Number			
Voucher End Date			
# of semesters or terms completed using CCDF funding		# of weeks of Job Search used in the previous 12 months	
		Job Search begin date	
Completed by:		Date:	
Phone/Email:			