

CHILD CARE AND DEVELOPMENT FUND (CCDF) TRANSFER FORM (v9-18)

Applicant Name: _____ Phone: (____) _____ Move Date (if known or date of new voucher): _____
The child's current voucher will end Saturday following the move date or Saturday following the date form is received, whichever is later.

Please transfer child care from County: _____ to County: _____

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

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

List ALL CCDF Household Members at New Address (if known or current CCDF Household Members):

Internal Use

FIRST NAME	BIRTH DATE	ID INCLUDED	NEW PROVIDER?	RELATIONSHIP	New to Household	AIS Voucher
APPLICANT		<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Self	NA	NA
CO-APPLICANT (IF APPLICABLE)		<input type="checkbox"/> Yes <input type="checkbox"/> No	NA		<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<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"/> Unsure		<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"/> Unsure		<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"/> Unsure		<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"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fax or email completed form to the Intake Office indicated below:

- | | |
|--|---|
| <input type="checkbox"/> 1A Geminus 219-738-5283
lakeccdf@geminus.org | <input type="checkbox"/> 3 Children's Bureau 317-545-1069
ccdfscheduling@childrensbureau.org |
| <input type="checkbox"/> 1B Brightpoint 844-510-5775
childcare@mybrightpoint.org | <input type="checkbox"/> 4A CASY 812-232-1731
help@casonline.org |
| <input type="checkbox"/> 1C Children's Bureau 765-838-3816
ccdf1c@childrensbureau.org | <input type="checkbox"/> 4B 4C 866-503-5970
smarchand@child-care.org |
| <input type="checkbox"/> 2A Brightpoint 844-510-5775
childcare@mybrightpoint.org | <input type="checkbox"/> 5A Children's Bureau 317-535-3615
adonges@childrensbureau.org |
| <input type="checkbox"/> 2B Children's Bureau 765-381-0212
denyart@childrensbureau.org | <input type="checkbox"/> 5B River Valley 812-265-2664
ccdf@rivervalleyresources.org |

FOR INTERNAL USE ONLY	
Applicant's Name:	
Applicant's Current Case Number:	
Voucher End Date:	Scheduled Subsidy End Date Prior to Transfer:
# of semesters/terms completed using CCDF funding:	Dates of transitional care in last 12 months:
Completed by:	Date:
Phone/Email:	