



Parent Change Request – Standard Application

Parent Name:
Date Reported:
CCS Staff: (CCS Staff will complete)
Case ID#:

Complete and submit this form if there has been a change in your household circumstances.

IMPORTANT: I understand that I am responsible for reporting all changes that could affect my eligibility for Child Care Assistance or the local CCS office payment amount within 14 days of my knowledge of the change. Failure to timely report these changes could result in action by the local CCS office.

I must report the following changes to my local CCS office within *14 calendar days*:

- I permanently stopped working or going to school or training
- My family income went up and is now over 85% of the State Median Income for my family size
- My household has changed
- I moved
- I changed my contact information

I am also able to report the following changes to my local CCS office with this form:

- Name change (due to marriage or divorce)
- Child care provider transfer
- Change in the hours/days that my child(ren) need child care
- Addition or removal of household sponsors
- Request to suspend services
- New contact information
- New/change in specialized care needs

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I am reporting the following changes (check all that apply):

1. I no longer need child care assistance.

2. My household has moved.

Date of Move:	Phone Number:
New Mailing Address:	New Residential Address:
City:	State:
	Zip Code:

3. My email address has changed.

New Email Address:

4. **Household change.**

Enter information about each person who has moved in (including newborns) or out of your home.

Name	Birthdate	Social Security Number (Optional)	Moved In/Out	Date of Move	Care Needed
					<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

5. The number of hours or days that my child(ren) need child care has changed.

Child(ren) with a change in attendance at child care are:

Name of Child (Last, First)	Birthdate	Total Hours Needed Each Week	Days Each Week	Date of Change
			<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa	
			<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa	
			<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa	
			<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa	

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6. **My child needs summer care effective:** Begin date: _____ End date: _____
7. **I would like to change child care providers for my child(ren).**

Note: Before transferring to a new child care provider, you must first work with your Workforce Solutions Caseworker. There is a waiting period of at least two weeks before the transfer can take effect.

Child(ren) placed with a new child care provider:

Name of Child (Last, First)	Birthdate	Child Care Provider Contact Information	Type of Care: (One per Child)	Total Hours Needed Each Week	Days Each Week	Date Changed
		Name: Address: Phone #: Child Care Provider License #:	<input type="checkbox"/> In home <input type="checkbox"/> Child Care Provider's Home <input type="checkbox"/> Center <input type="checkbox"/> Other		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa	
		Name: Address: Phone #: Child Care Provider License #:	<input type="checkbox"/> In home <input type="checkbox"/> Child Care Provider's Home <input type="checkbox"/> Center <input type="checkbox"/> Other		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa	
		Name: Address: Phone #: Child Care Provider License #:	<input type="checkbox"/> In home <input type="checkbox"/> Child Care Provider's Home <input type="checkbox"/> Center <input type="checkbox"/> Other		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa	
		Name: Address: Phone #: Child Care Provider License #:	<input type="checkbox"/> In home <input type="checkbox"/> Child Care Provider's Home <input type="checkbox"/> Center <input type="checkbox"/> Other		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa	

8. **A member of my household is no longer working or attending an educational or training program.** *(Please attach letter of termination if available)*

9.

Person who has stopped working or going to class:
The last date worked or attended training classes:

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10. **A member of my household has changed jobs, started a new job, or had a change in earned income.** (*Employment validation or new wage form(s) must be attached*)

11. **Person with a change in job or earning:**

Person Employed	Name and Address of Employer	Number of Hours per Week	Gross Monthly Earned	Frequency of Pay	Date Change

12. **My total household income has exceeded the chart below for my household size.**

- **New monthly gross income \$**

2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS	9 PERSONS
\$4,971	\$6,141	\$7,311	\$8,481	\$9,650	\$9,870	\$10,089	\$10,308

13. **My name has changed due to marriage or divorce:**

Previous Last Name:	New Last Name:
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14. **My child has a change in or a new need for specialized care due to a disability.**

Diagnosis and description of need (*note: please provide as many details as possible and a Board staff member will reach out for more information*):

15. **Other** (Explain): _____

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I understand that adjustments may be made in my Child Care Assistance payments because of the above change(s) in my situation.

I understand that I will be notified in writing by my local CSS office if the change(s) affect my eligibility or the payment amount made by the Child Care Services Program.

Signature:	Date:
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TO SUBMIT THIS FORM TO WORKFORCE SOLUTIONS, PLEASE:

- Upload to the Parent Portal or TX3C
- Email [email]
- Mail [address of local office]

Notice

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request. Visit <https://www.twc.texas.gov/agency/workforce-development-boards> to find your local Workforce Solutions office for interpretation/translation assistance.

Aviso en Español (Notice in Spanish)

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud. Visite <https://www.twc.texas.gov/agency/workforce-development-boards> para encontrar su oficina local de Workforce Solutions para obtener asistencia de interpretación/traducción.

Thông báo bằng tiếng Việt (Notice in Vietnamese)

Tài liệu này có thông tin quan trọng về các yêu cầu, quyền hạn, quyết định, và/hoặc trách nhiệm để sử dụng các dịch vụ của hệ thống nhân lực. Các dịch vụ trợ giúp ngôn ngữ, bao gồm thông dịch/chuyển ngữ tài liệu này, có sẵn miễn phí khi quý vị yêu cầu. Truy cập <https://www.twc.texas.gov/agency/workforce-development-boards> để tìm văn phòng Giải pháp Lực lượng Lao động tại địa phương của bạn để được hỗ trợ phiên dịch/dịch thuật.

NOTE: CHANGE REQUEST PROCESS

1. Parent completes and signs the Change Request form.
2. Parent returns the form to their Local Workforce Boards via email, fax, mail, Parent Central, or KinderConnect.
3. Boards Processes changes within 10 business days of submission.
4. Both the parent and the Child Care Provider will receive a notice about the change when it is complete.