

## CARE CHANGE FORM

DATE	
CHILD'S FULL NAME	
CHILD CARE NAME	
TYPE OF CHANGE (Circle Choice)	Days    Hours    Rates
EXPLAIN CHANGE	
PARENT OR PROVIDER-INITIATED CHANGE (Circle Choice)	Parent    Provider
PROVIDER SIGNATURE/DATE	
PARENT SIGNATURE/DATE	

### Instructions:

All changes will take up to a maximum of 30 days to process. Parents are responsible for any increased cost while this change is in process. By signing this form, both parties acknowledge and agree to the change.

Please forward this form, which must be filled out completely, and includes both the provider and parent signatures, to Kristina Bajtka, TriShare Coordinator, via email at [kbajtka@unitedwaynwmi.org](mailto:kbajtka@unitedwaynwmi.org).