



Department of Community & Cultural Affairs
CHILD CARE and DEVELOPMENT FUND PROGRAM
 Caller Box 10007, Ascencion Court
 Bldg. 1347 Capitol Hill, Saipan MP 96950
 Tel.: 670-664-2575/76 Fax: 670-664-2547



REQUEST FOR CHANGE OF CHILD CARE SERVICE PROVIDER

- Client/s Full Name: _____
- Current Child Care Provider: _____
- Case ID #: _____ Location: _____

****Note to Client/s: Child Care services under your new service provider will not start until you have received a completely signed CCDF Certificate of Confirmation indicating the Beginning date of service.**

This is to certify that the above CCDF Client/s:

- () Has no current outstanding child care service obligation
- () Has current/outstanding child care service obligation in the amount of \$_____

I agree that I do owe my service provider the above amount and I intend to pay my arrears as indicated on the attached Notarized Affidavit.

Parent Signature

- Authorized Provider Printed Name: _____
- Authorized Provider Signature: _____ Date: _____
- Client's Signature: _____ Date: _____

Required Documents to process this request:

- Notarized Affidavit indicating intent to pay arrears and the time period (if applicable)
- Copy of Current CCDF Certificate of Confirmation
- Submit within 5 days from date of Signature/Completion of Form from Provider

CCDF OFFICE USE ONLY:

Reason for Transfer:

Transferring to: Name of New Provider and Location:	List names of children being transferred:	Verified by CCDF Received by: _____ Date: _____ Processed by: _____ Date: _____
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