

## NOTICE OF CHANGE

PARENT/GUARDIAN NAME (Print): \_\_\_\_\_ SSN: \_\_\_\_\_

CURRENT EMAIL ADDRESS: \_\_\_\_\_

CURRENT HOME PHONE #: \_\_\_\_\_ CURRENT CELL#: \_\_\_\_\_

As an Early Learning Coalition of Pinellas (ELC) client, I understand that I am responsible for submitting all changes in writing to ELC within 10 days of the change. I am aware that I will be asked to provide documentation to support my changes. I would like to report the following changes:

**NEW HOME ADDRESS, if changed (Your Home Address CANNOT be a PO Box):**

ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_ LOT#: \_\_\_\_\_ BOX#: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**NEW MAILING ADDRESS, if changed:**  **Check if New Mailing Address is same as New Home Address**

ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_ LOT#: \_\_\_\_\_ BOX#: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**PURPOSE FOR CARE CHANGE FOR PARENT/GUARDIAN:**

PREVIOUS EMPLOYER: \_\_\_\_\_ LAST DATE OF EMPLOYMENT: \_\_\_\_\_

NEW EMPLOYER: \_\_\_\_\_ START DATE OF EMPLOYMENT: \_\_\_\_\_

NAME OF SCHOOL/TRAINING FACILITY: \_\_\_\_\_ START/END (Circle One) DATE: \_\_\_\_\_

MEDICAL LEAVE/DISABILITY: \_\_\_\_\_ START DATE: \_\_\_\_\_

**HOUSEHOLD SIZE CHANGE: THE FOLLOWING INDIVIDUAL(S) HAVE BEEN ADDED/REMOVED (CIRCLE ONE) FROM MY HOUSEHOLD:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DOB: \_\_\_\_\_

**INCOME CHANGE (RATE OF PAY/HOURS, CHILD SUPPORT, SSI, SSB):**

RECIPIENT'S NAME: \_\_\_\_\_ TYPE OF INCOME: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

RECIPIENT'S NAME: \_\_\_\_\_ TYPE OF INCOME: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_