

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 need to upload documentation to support my changes into my Family Portal Account. 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: _____

- 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: _____

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- ADD TO WAITLIST: ADD THE FOLLOWING CHILDREN TO THE WAITLIST IF DEEMED ELIGIBLE:**

NAME(S) OF CHILD(REN): _____

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

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

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PARENT/GUARDIAN SIGNATURE: _____ TODAY'S DATE: _____