



Request to Change to Fulltime Service Hours for Spring/Summer/Winter Break

Parent/Caretaker Name: _____ Date: _____

Case Number or SS#: _____ Date: _____

**Complete this form if you need to change your childcare provider hours to
FULLTIME for School Break.**

Please allow 10 days for processing.

Name of Child/SS#	Provider Name	Provider ID#	School Break Begin Date	School Break End Date

Parent/Caretaker Signature _____ Date: _____

Childcare Worker: _____

Childcare Information Line: (216) 987-6929 / Fax Number: (216) 987-8655