



CHILD CARE CHANGE REQUEST FORM

Receiving Ohio Works First (OWF) Yes No
Currently receiving child care benefits? Yes No

Customer Name: Case/SS#:
Customer Email:

Complete the section for the change you would like to report.

Change in Assignment: Check all that apply. OWF Activity SNAP Activity
OWF Sanction SNAP Sanction Benefit Closed
Begin Date of Change:

Address Change: Home Mailing
New Address:

Child(ren) on Child Care Case (enter child's information below): Add Remove
Name: Name:
DOB: SS#: DOB: SS#:
Begin Date: Begin Date:

Child Care Provider Change: New Provider Change in Co-Pay
New Provider: Provider ID#:
Begin Date: Co-pay Amount:
List name of child(ren) changing provider:

Change of Hours: Check all that apply.
Employment School Hours Increase Hours Decrease
Begin Date of New Employment/School Schedule:
New Schedule:

- Please allow 10 days for processing.
Your co-pay must be paid in full with your current provider or your benefits may be subject to termination.

Submitted by: Customer CJFS Staff
Signature: Date:

Ways to Submit This Form:

Mail: 1641 Payne Avenue, Cleveland, OH 44114 | Fax: (216) 987-7700 | Online: ssp.benefits.ohio.gov

Staff Use Only: Case Closure Date: County Transfer Effective Date: