



Changing Tides Family Services
2379 Myrtle Avenue
Eureka, CA 95501
(707) 444-8293
(707) 444-8298 fax
www.changingtidesfs.org

Request to Change Provider

Notification Date: _____ Case Manager: _____

Parent Names: _____

Children Names:

I am voluntarily requesting a provider change for the above listed child(ren):

Previous Provider's Name: _____

Last day child care was used with Previous Provider: _____

New Provider's Name: _____

First Day of Care with New Provider: _____

Drive Time:

I declare under penalty of perjury that I need to request travel time to support my need/activity with my new provider. I am requesting _____ minutes of drive time from my provider to my need/activity on file and _____ minutes of drive time from my place of need/activity to my provider.

Statement of Understanding

The California Department of Social Services requires Changing Tides Family Services to inform you that you can voluntarily change your child care provider (see program handbook regarding parental choice). If you change your provider, you are not required to change your schedule or end services. By signing below you acknowledge that:

- I have heard/or read the above information
- I understand that this is a voluntary request to change provider
- I can retain my current child care schedule that I have, if I am changing my provider
- Providers are independent contractors and not employees of Changing Tides Family Services

I declare under penalty of perjury under the laws of the United States and the State of California that this information is complete and accurate.

Signature: _____

Date: _____