



## End of Child Care Placement Form

If you need to end a placement or need to change providers *prior to the scheduled end date of a voucher*, please do the following:

Parents:

- Provide a two week notice in writing indicating the child(ren)'s expected last day of attendance.
- Complete and submit this form along with the completed *Confirmation of Provider* form to verify a start date for a new provider.

Provider:

- Please fill this out to completion and fill out the child's last day in care and the last billing date you will bill in CCFA for this child(ren)

FID #: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_

**Date of Notice Given:** \_\_\_\_\_

**The child(ren)'s last day of care** with my program will be on (date): \_\_\_\_\_

**The last day I will be billing** for care for this child(ren) is on (date): \_\_\_\_\_

Reason for end of placement (Please Check All That Apply):

- Failure to Follow Parent Fee Policy       Voluntary       Custody Change  
 More than 30 Consecutive Unexplained Absences       Changing Providers  
 Other: \_\_\_\_\_

Program Name \_\_\_\_\_

Program Address \_\_\_\_\_

Provider Signature \_\_\_\_\_

Date: \_\_\_\_\_