Please complete the following information for a change in provider site.

For children attending a provider outside of your Corporation, please have the parent/guardian contact our office at 844-626-8687 to report.

 Please submit forms to ProviderHelp@dcyf.wa.gov

[ ]  Temporary [ ]  Permanent

Previous SSPS Provider Number:

Client Identification Number:

Child(ren) Name(s):

|  |  |
| --- | --- |
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|       |       |
|       |       |
|       |       |

New SSPS Number:

Start Date:

Date of Return to Previous Site (if applicable):

***By signing this form, you are reporting a change in your provider site.***

**Parent Name** (printed)

**Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

Notice: Change in providers must be reported within 5 days of the change occurring. WAC 110-15-0031

Please submit copy of form to ProviderHelp@dcyf.wa.gov