



Department of Public Health and Social Services
 DIVISION of CHILDREN'S WELLNESS
 Bureau of Child Care Services
 130 University Drive Rm. 15 Mangilao, Guam 96913
 Telephone: 671-735-7256

CHANGE REPORT

Head of Household's Name:		Contact Number :	
Case or SS Number:		Email address:	
ALL CHANGES MUST BE REPORTED WITHIN TEN (10) CALENDAR DAYS			
NAME CHANGE			
<i>(Attach the following documents: Marriage Certificate, Divorce Decree or other court documents or Naturalization Certificate)</i>			
Member's previous name:			
Member's new name:		Effective Date :	
EMPLOYMENT INCOME			
<i>(Attach the following documents: Verification of Employment, Check Stubs, Termination of Employment Verification or other court documents)</i>			
Amount Received for: () Child Support and/or () Alimony: \$		How Often?	
1.) Household member's Name :			
Hourly Rate: () Increased or () Decreased: \$		Effective Date:	
2.) Household member's Name :			
Hourly Rate: () Increased or () Decreased: \$		Effective Date:	
() Found a Job () Quit a Job () Laid Off () Terminated () Self Employment Effective Date:			
Household Member's Name:		Hourly/Salary/Monthly Rate: \$	
Employer's Name or Business(Self):			
HOUSEHOLD SIZE			
<i>(Attach the following documents: Mayor's Verification, Birth Certificate, Picture ID, Social Security Card, Court Order Documents, Death Certificate or Obituary)</i>			
Member who moved in.			
1.) Newborn Baby's name:		Date of birth:	
2.) Household member's name:		Date moved in:	
3.) Household member's name:		Date moved in:	
4.) Household member's name:		Date moved in:	
Member who moved out.			
1.) Household member's name:		Date moved out:	
2.) Household member's name:		Date moved out:	
3.) Household member's name:		Date moved out:	
4.) Deceased member's name:		Effective date:	
ADDRESS <i>(Attach the following documents: Mayor's Verification or Lease Agreement)</i>			
New Mailing Address:			
New Residential Address:			
Home Phone:		Work Phone:	Cellphone:
CHILD CARE ARRANGEMENT			
<i>(Attach the following document: Child Care Provider Data Form and Separation Clearance if switching providers. Forms must be completely filled out)</i>			
Name of Child(ren) <small>(Indicate what changes are being made to child care services on other changes)</small>	Child Care Need <small>(Indicate Days, Time & Effective Date)</small>	Name of Provider	Rate <small>(Indicate if Increase or Decrease, Amount & Effective Date)</small>
1.)			
2.)			
3.)			
4.)			
5.)			
OTHER CHANGES <i>(Please indicate on the space below and attach supporting documents)</i>			

I HEREBY ACKNOWLEDGE THAT ALL INFORMATION GIVEN BY ME IS TRUE CORRECT AND COMPLETE.

Signature

Date