



Department of Public Health and Social Services
 Divisions of Children's Wellness
 Bureau of Child Care Services
 130 University Drive Rm. 15, Mangilao, Guam 96913
 Telephone: 671-735-7256

Child Care Provider Separation Clearance

Parent's Name:
Case or SS Number:
Child Care Provider's Name:

Change of child care provider shall only be authorized when this clearance form is completed by the client and the child care provider. This document must be submitted to the Department of Public Health & Social Services, Bureau of Child Care Services.

I, _____, certify that the following child(ren) participating:

- | | |
|----------|----------------------|
| 1. _____ | Date of Birth: _____ |
| 2. _____ | Date of Birth: _____ |
| 3. _____ | Date of Birth: _____ |
| 4. _____ | Date of Birth: _____ |
| 5. _____ | Date of Birth: _____ |
| 6. _____ | Date of Birth: _____ |
| 7. _____ | Date of Birth: _____ |
| 8. _____ | Date of Birth: _____ |

() has a current or outstanding child care service obligation.

Remarks: _____

() has NO current or outstanding child care service obligation. I authorize authorize the participant to choose another child care provider.

Effective date: _____

I understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements.

Provider's Signature: _____ Date: _____

Client's Signature: _____ Date: _____