



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 / 671-735-7344 + Fax 671-735-7165
Request for Client and Provider Separation Clearance

Client/Case Name:	Case / Social Security Number:
Provider Name:	Elig. Specialist:

Change of child care provider shall only be authorized when this clearance form is completed by the client and the provider. This document must be submitted to Department of Public Health and Social Services, Division of Public Welfare, Bureau of Economic Security, as soon as possible.

I, _____, certify that the above CCDF participant:

Child name: _____	Date of Birth: _____
Child name: _____	Date of Birth: _____
Child name: _____	Date of Birth: _____
Child name: _____	Date of Birth: _____
Child name: _____	Date of Birth: _____
Child name: _____	Date of Birth: _____
Child name: _____	Date of Birth: _____

has current or outstanding child care service obligation.

Remarks: _____

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

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

Concurred by:

 (Provider's Signature) Date: _____

 (Client Signature) Date: _____

FOR OFFICE USE

Received by: _____ Date: _____
 (BCCS Staff)

Disposition: Approved Disapproved

Remarks: _____

Eligibility Specialist: _____ Date: _____