



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**

Case Name:	Case 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:	
<input type="checkbox"/> has current or outstanding child care service obligation.	
Remarks: _____	
<input type="checkbox"/> 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.	
_____	Date: _____
(Provider's Signature)	
Concurred by:	
_____	Date: _____
(Participant's Signature)	
<b>FOR OFFICE USE</b>	
Received by: _____	Date: _____
(BCCS Staff)	
Disposition: [ ] Approved [ ] Disapproved	
Remarks: _____	
Eligibility Specialist: _____ Date: _____	