USDA Child Care Subsidy Administration Program (CCS)
United States Department of Agriculture

U.S. Coast Guard (USCG) Child Care Subsidy (CCS) Program
Provider Change Request Form

_____Printed name of USCG Member

Family Information

I am withdrawing/have withdrawn my child/children from_____
Current Child Care Provider on file with the USDA

Final day of care at current Child Care Provider_____

_____ _____
Child's Full Name ***Date of Birth (DOB)***

_____ _____
Child's Full Name ***Date of Birth (DOB)***

_____ _____
Child's Full Name ***Date of Birth (DOB)***

Child Care Provider Information

My child/children's enrollment date with the New Provider listed below will be: _____

Provider Name:_____

Provider Address:_____

City:_____State:_____Zip: _____

Contact Name/Phone Number of Provider: _____

- ✓ Provider must complete and return directly to you the Family Enrollment Provider Cost Verification Form CBP 2015-01 for each child for your submission to the USDA.
- ✓ Child must be enrolled and have a start date within 30 days of submission of this document before benefits can be awarded.
- ✓ Child Care Provider must be a USDA approved Provider in order for application to be processed.
  Members who are looking for a preapproved USDA Child Care Provider and for Child Care Providers who wish to enroll in the USDA Child Care Subsidy Program should visit the USDA Child Care Provider website for information
- ✓ If your Child Care Provider is not already a USDA approved Provider, your application for a CBP Benefit will be delayed as the Provider will need to complete the application process and be approved first.

I understand and agree to the terms and conditions mandated by the USCG Child Care Subsidy Program and that the USCG Benefit awarded to me for this request will continue to be based upon the financial information that was originally provided to the USDA with my initial Application and/or Recertification.

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws, and may subject the individual to removal from the USCG CCS Program and responsible for repaying any USCG CCS benefits received that the Member was not entitled to receive based upon USCG CCS Program guidelines.

By signing this form, I certify that I am the parent or legal guardian of the child/children listed above and I may be required to submit proof of such, in order to receive USCG CCS benefits.

_____ _____
Signature of Qualifying USCG Member / Last 4 of SSN ***Date***

Submit to the USDA
Email: uscgchildcare@gsa.gov
Phone: (866) 508-0371 | Fax: (816) 823-5445
2300 Main St – 2SE, KCMO 64108