



Child Care Subsidy Programs Site Change Form

Please complete the following information for a change in provider site.
For children attending a provider outside of your Corporation, please have the parent/guardian contact
our office at 844-626-8687 to report.

Please submit forms to ProviderHelp@dcyf.wa.gov

Temporary Permanent

Previous SSPS Provider Number: _____

Client Identification Number: _____

Child(ren) Name(s):

New SSPS Number: _____

Start Date: _____

Date of Return to Previous Site (if applicable): _____

By signing this form, you are reporting a change in your provider site.

Parent Name (printed) _____

Parent Signature _____ **Date** _____

Notice: Change in providers must be reported within 5 days of the change occurring. WAC 110-15-0031
Please submit copy of form to ProviderHelp@dcyf.wa.gov