South Dakota Department of Social Services

Child Care Assistance Change Form

To ensure continued eligibility for Child Care Assistance, you must report changes. To report changes online, you may visit the Customer Portal at https://eaportal.sd.gov/ or you may complete the enclosed form and return it to our office.

First and Last Name:	**Date:**

WHAT TYPE OF CHANGE ARE YOU REPORTING?

Please select the type of change:

☐ New Address	☐ End of Education or Training Program (graduated or no longer attending)
☐ End of Employment (termination, resignation)	☐ Change in Household Members
☐ End of TANF Participation	☐ Change in Child Care Provider

HAS YOUR ADDRESS CHANGED? IF YES, COMPLETE BELOW.

Residential Address:			
City:	State:	County:	Zip Code:
Mailing Address (if different from residential address)			
City:	State:	County:	Zip Code:
Phone Number:	Secondary Phone Number: (Optional)		
Directions to your home: (if no street address)		Do you live on an Indian Reservation? ☐ Yes ☐ No	
E-mail address: (optional)			

HAS YOUR EMPLOYMENT, EDUCATION, OR TANF PARTICIPATION ENDED? IF YES, COMPLETE BELOW.

Name of Employer or Program that Ended:	Date Ended:

HAS YOUR JOB CHANGED? IF YES, COMPLETE THE INFORMATION BELOW.

Please list any changes in job and income received, including self-employment.

Household Member Name	Employer Name	Employer Address	Amount of Pay	Pay Frequency (e.g. hourly, weekly, bi-weekly, monthly, etc.)	Average number of hours worked per week	Employment start date	Employment end date

HAS ANYONE MOVED IN OR OUT OF YOUR HOME? IF YES, COMPLETE THE INFORMATION BELOW.

Please provide the following information for the people in your household. This section can also be used to report any changes for the existing household members.

*SSN: Optional

**Marital Status Codes: N- Never Married/Single M- Married S- Separated D- Divorced W- Widow/ Widower

*** Race Codes: W- White A- American Indian/Alaska Native B- Black H- Hawaiian/Pacific Islander O- Asian M- Middle Eastern/North African L-Hispanic/Latino

Full Legal Name	Relationship	*SSN	DOB (mm/dd/yy)	Gender (M/F)	**Marital Status	Last Grade Completed	*** Race	Citizenship	Date entered home (mm/dd/yy)	Child in Need of Care (Yes/No)
										☐ Yes ☐ No
										☐ Yes ☐ No
										☐ Yes ☐ No
										☐ Yes ☐ No

Does any child in your household have a parent living outside of the home? ☐ Yes ☐ No If yes, complete the complete the questions below.

Parent Name:	Child(ren) Name(s):
Parent Name:	Child(ren) Name(s):
Parent Name:	Child(ren) Name(s):

List below the name(s) of any child you live with receiving an adoption or guardianship subsidy.

Child(ren) Name(s):	Child(ren) Name(s):

HAS YOUR CHILD CARE PROVIDER INFORMATION CHANGED? IF YES, COMPLETE BELOW.

Please use the following section to update the provider information for each child in your household (as applicable). If additional space is needed, please attach additional pages. **Each child may only have a maximum of two child care providers at a time.**

Child(ren) Name – Include all children attending this provider

Current Provider	Current Provider End Date		
New Provider Name	New Provider Address	Provider ID	Provider Phone
New Provider Start Date:			
Is this provider caring only for your children?		☐ Yes ☐ No	
Is this provider a relative?	☐ Yes ☐ No	If yes, please list the relationship to the child:	
Where is the care for this child being provided?		☐ Child's Home ☐ Provider's Home ☐ Location other than the home of the child or provider	
Does this child have a special need that requires accommodation while in care at this provider?		☐ Yes ☐ No	
Non-School Age Children (Children not yet in kindergarten)			
How many hours per week does this child attend this provider?			
School Age Children (Children in kindergarten or age 6+)			
Does this child attend School?		☐ Yes ☐ No If yes, does this child attend kindergarten or above? ☐ Yes ☐ No	
Does this child need care all year (during the summer and during the school year)?		☐ Yes ☐ No	
When does this child need care with this provider?		☐ School year only ☐ Summer Only ☐ School year and Summer	

How many hours per week does this child attend or is planned to attend this provider during the school year?	When does this child need care during the school days?	Does this child typically attend care with this provider on weekends or overnights during the school year?	Does this child typically attend care with this provider before 5am or after 8pm on weekdays during the school year?	How many hours per week does this child attend or is planned to attend tis provider during the summer?
	☐ Before School ☐ After School ☐ Before and After School	☐ Yes ☐ No	☐ Yes ☐ No	

How many hours per week does this child attend this provider?	

If you have additional provider changes, please complete the section below.				
Child(ren) Name – Include all children attending this provider				
Current Provider	Current Provider End Date			
New Provider Name	New Provider Address	Provider ID	Provider Phone	
New Provider Start Date:				
Is this provider caring only for your children?		☐ Yes ☐ No		
Is this provider a relative?	☒ Yes ☐ No	If yes, please list the relationship to the child:		
Where is the care for this child being provided?		☐ Child's Home ☐ Provider's Home ☐ Location other than the home of the child or provider		
Does this child have a special need that requires accommodation while in care at this provider?		☐ Yes ☐ No		
Non-School Age Children (Children not yet in kindergarten)				
How many hours per week does this child attend this provider?				
School Age Children (Children in kindergarten or age 6+)				
Does this child attend School?		☐ Yes ☐ No If yes, does this child attend kindergarten or above? ☐ Yes ☐ No		
Does this child need care all year (during the summer and during the school year)?		☐ Yes ☐ No		
When does this child need care with this provider?		☐ School year only ☐ Summer Only ☐ School year and Summer		
How many hours per week does this child attend or is planned to attend this provider during the school year?	When does this child need care during the school days?	Does this child typically attend care with this provider on weekends or overnights during the school year?	Does this child typically attend care with this provider before 5am or after 8pm on weekdays during the school year?	How many hours per week does this child attend or is planned to attend tis provider during the summer?
	☐ Before School ☐ After School ☐ Before and After School	☐ Yes ☐ No	☐ Yes ☐ No	
How many hours per week does this child attend this provider?				

If you have more changes, please attach additional pages.