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

CHANGE REPORT

Head of Household's Name:	Contact Number :
Case or SS Number:	Email address:

ALL CHANGES MUST BE REPORTED WITHIN TEN (10) CALENDAR DAYS

NAME CHANGE

(Attach the following documents: Marriage Certificate, Divorce Decree or other court documents or Naturalization Certificate)

Member's previous name:	
Member's new name:	Effective Date :

EARNED INCOME

(Attach the following documents: Verification of Employment, Check Stubs, Termination of Employment Verification or other court documents)

( ) Found a Job ( ) Quit a Job ( ) Laid Off ( ) Furlough ( ) Terminated ( ) Self Employment

Pay Codes : ( ) Weekly - WK ( ) Bi-Weekly - BW ( ) Semi-Monthly - SM ( ) Monthly - M

Household Member	Employer	Effective Date	Stop Date	Increase or Decrease	Hourly or Salary Rate	Hours per Week	How Often Paid?
1							
2							

UNEARNED INCOME -*(Child Support, Social Security Benefit , VA & Other)*

Who is receiving the income?	Type of Income	Effective Date	Stop Date	Amount Receiving
1				$
2				$

HOUSEHOLD MEMBER

(Attach the following document(s): Mayor's Verification, Birth Certificate, Valid ID Social Security Card, Court Order, Death Certificate or Obiturary)

Household Member	Relationship to you	Date moved in or date of birth?	Date moved out or deceased?
1			
2			
3			
4			

ADDRESS *(Attach the following documents: Mayor's Verification or Lease Agreement)*

New Mailing Address:		
New Residential Address:		
Home Phone:	Work Phone:	Cellphone:

CHILD CARE ARRANGEMENT

(Attach the following document(s): Child Care Provider Data Form and/or Child Care Separation Clearance - if swithcing providers)

Name of Child(ren)	Child Care Need (Indicate Days & Time)	Effective Start Date	Name of Provider	Increase or Decrease	Effective Date	Rate
1						
2						
3						
4						
5						

OTHER CHANGES *(Please indicate on the space below and attach supporting documents)*

I HEREBY ACKNOWLEDGE THAT ALL INFORMATION GIVEN BY ME IS TRUE CORRECT AND COMPLETE.

Signature _____ Date _____