

Department of Public Health and Human Services  
Child Care Licensing Bureau

**Change of ADDRESS/STATUS form**

Provider Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date this change is effective: \_\_\_\_\_ Email: \_\_\_\_\_

**OLD** Physical Address: \_\_\_\_\_  
Street City Zip

**OLD** Mailing Address: \_\_\_\_\_  
Street or PO Box City Zip

**NEW** Physical Address: \_\_\_\_\_  
Street City Zip

**NEW** Mailing Address: \_\_\_\_\_  
Street or PO Box City Zip

Directions to new Child Care site (from nearest major street or highway): \_\_\_\_\_

**STATUS CHANGE:**

FROM Status Type:  Family  Group  Center

TO Status Type:  Family  Group

To Change to Center status, a Center Application must be submitted to Child Care Licensing.

Is the child care located in a residence?  YES  NO

If yes, please complete this Household Member table for all persons presently living in the building where child care will be provided. (Include yourself, if you reside there.)

| Name | Date of Birth | Relationship |
|------|---------------|--------------|
|      |               |              |
|      |               |              |
|      |               |              |
|      |               |              |

^^ **For Change of Address**, you must also submit a new Square Footage form, Floor Plan, and Insurance proof for your new location. Please notify your Licensor prior to moving and submit the forms direct to your Licensor within 10 days of moving.

^^ **To Change Status from a Family Child Care to a Group Child Care**, submit verification of Liability Insurance for the maximum number of children, as well as a square footage report.

***To the best of my knowledge and belief, all information I have given to the Department of Public Health and Human Services and/or its authorized agents on this form is true and correct. I will supply true and correct information requested during all subsequent contacts.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date