



Provider Transfer Request
Parent Form
(To Be Completed by Parent)
This is not a Voucher

Please complete the following to request a provider transfer for your children:

Parent Name: _____ Daytime Phone #: _____

Current Address: _____

Children to be transferred:

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

My current provider _____
(Current Provider)

Last day of care will be _____
(Date)

Do you currently owe any parent fees to this provider? Yes ____ No ____
(A transfer will not be authorized if parent fees are not paid in full).

Requested new provider _____
(New Provider, if known)

Date I wish children to start: _____
(Date)

Reason for transfer: _____

Please allow three (3) working days for this request to be processed by the Resource and Enrollment Specialist.

Parent Signature: _____ Date: _____

Staff Use Only: Date Completed Request Form received: _____

RES: _____ Date in EFS: _____