



MOAPA BAND OF PAIUTES
TRIBAL CHILD CARE

ADDRESS: 700 N. RAINBOW BLVD.
 LAS VEGAS NV 89107
 PHONE: (702) 333-6565

Documentation of Child Care Provider Change

Date: _____

Please Print - Form must be completed by applicant(s)

Applicant(s) Requesting Change: _____

Child(ren) who will transition to the new provider: _____

Current Child Care Provider Name & Address: _____

New Child Care Provider Name & Address: _____

Tribal Child Care requires a 2-week notice for provider changes. Licensed centers may require up to a 30-day notice. If parent(s) switch to a new provider before proper notice is given, the parent(s) may be responsible for any lapse in services while Tribal Child Care honors the 2-week and/or 30day notice.

Signature(s) of Applicant(s): _____

CASE MANAGERS ONLY

Contact current providers and give them their end date of 2 weeks (in some cases providers will accept immediate notice and other cases providers may need 2 weeks-30 days depending)

Current Certificate Period: _____

End Date For Current Provider: _____

Date For New Provider: _____

Updated Certificate Period: _____

Send old providers a close letter and new providers a welcome letter & Certificate

