



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

TERMINATION OF CHILD CARE SERVICES

First and Last Name of Parent	ICCIS Case Number, if known
Child Care Provider Name and phone number	ICCIS Case Number, if known

This serves as the minimum required 10 business day written notice that child care services will end. The last date of service will be: _____ .
(MMDDYY)

The Family is in good standing with payment of all charges/fees or with a payment plan for monies owed to the child care provider: Yes No or Waived – collection of any monies owed by this family is hereby waived.

OR

The minimum required 10 business day written notice is hereby mutually waived. The last date of service will be: _____ .
(MMDDYY)

Family is in good standing with payment of all charges/fees or with a payment plan for monies owed to the child care provider: Yes No or Waived – collection of any monies owed by this family is hereby waived.

Both the family’s primary Parent and child care provider must sign the form when mutually waiving the required notice.

Printed Name of Child Care PROVIDER	Signature of Child Care Provider
	Date
Printed Name of primary Parent	Signature of primary Parent
	Date

It is the responsibility of the party ending the services to notify the other party and the child care assistance office, within ten (10) business days, at: