



NMCAA CHILD DEVELOPMENT – CHANGE OF STATUS

FOR DMT USE ONLY
Date of Birth for MCIR:

Site/CFS _____

Enrollee's Name _____

Parent/Guardian's Name _____

Teacher/EHS HV _____

STATUS CHANGE:

EHS GSRP HS Over Income HS-GSRP Blend 101-130% CLEO

Add – Accepted Date: _____ Enroll Date: _____

Transfer Site/CFS: _____ Effective Date: _____

Replaces: _____

Drop – Reason: _____

Eff. Date: _____

Last Day Attended: _____

NOTE: IF CHILD HAS DROPPED, FOLLOW THE DROP FILE PROCEDURE UNDER THE CHILD TAB IN THE PROCEDURE MANUAL.

NAME CHANGE:

Child to _____

Reason/Date _____

Parent to _____

Reason/Date _____

ADDRESS/TELEPHONE: (change emergency sheets)

Address (Mailing) _____

(Street) _____

(City) _____

Phone _____

OTHER: (Specify Change Needed)

INSURANCE/MEDICAID CHANGE:

Medicaid Drop/Add Date _____

Medicaid # _____

Health Ins. Co. Name _____

Ins. Number _____ Eff. Date: _____

Dental: Ins. Co: _____

CUSTODY:

(Teacher to do a new Household Income Eligibility Statement for GSRP)

To Natural Parent(s) To Grandparent(s) To Foster Care

To Aunt/Uncle To Guardian/Other

Date: _____

Parent/Guardian Name (s): _____

Parent/Guardian Name(s): _____

Date of Birth(s): _____

Employment Status: _____

Education Level(s): _____

NEW CHILD:

Full Name: _____

Male Female Date of Birth: _____

(Teacher to do a new Household Income Eligibility Statement for GSRP)

Signature/Date: _____

Procedure: HS and EHS staff will complete this form for any changes in a family or a child status. Email completed form to (check all that apply below):

11/2020 DMT FES/FSS Teacher/Child's File Ed.Coach R&H ERSEA Manager CFS PSC/SC CCSC WMECS