

CHANGE OF STATUS



1. Site/CFS	2. Child/Expectant Mother:	3. Date of Birth	
4. [] STATUS CHANGE:			
[]EHS []GSRP []HS []CLEO	[] HS-GSRP Blend [] 101-1309	% [] Over Income [] Homeless [] FI	P []SNAP []SSI
[] Add Accepted Date	Enrolled Date Drop/Transfer Explanation		
[] Drop Effective Date	Last Day Attended		
[] Transfer to Site/CFS	Effective Date		
[] Replaces	Remove from Waitlist?	<u> </u>	
NOTE: If the Participant has dropped, follow the Drop File Procedure. It can be found on the Weebly site for your program.			
5.[] NAME CHANGE: From			
[] Child/Expectant Mother To	Reason_		Date
Parent/Guardian To	Reason		Date
6. [] ADDRESS/TELEPHONE/Email Belonging to: First & Last Name (Update Child Information Record)			
[] Living	Zip Code Mailing (if di	fferent from living)	Zip Code
[] Phone Cell	_ Can they receive a Text Message	Work Email_	
7. [] CUSTODY TO: (Teacher completes a new Household Income Eligibility Statement. GSRP Only.)			
[] Natural Parents [] Foster Care []	Guardian [] Family Member [Date of Change	
Parent/Guardian Name	Date of Birth	Employment Status	Education Level
Parent/Guardian Name	Date of Birth	Employment Status	EducationLevel
8. [] NEW CHILD IN FAMILY THROUGH: (Check which applies) Birth Adoption Guardianship Power of Attorney			
Child's Name	Date of Birth Ge	ender	
9. [] INSURANCE CHANGE			
Health Insurance [] Drop Date	[] Add Date	Insurance Company/Type Name	
Dental Insurance [] Drop Date	[] Add Date	Insurance Company/Type Name	
Other			
Notes		Staff Signature/Date	