



Child Transfer Form

From the Child Care Subsidy Program to RRNC Mixed Delivery Program

From: Name of Mixed Delivery ECCE Provider (per state license):

To: VDSS Child Care Subsidy Case Manager: _____

Email: _____

Child's Name: _____ Child's Birthday: _____

Subsidy Case Number: _____

*Child's Mixed Delivery Enrollment Date: _____

Staff Member's Name: _____

Signature: _____

Email: _____

Phone: _____

I understand that the local child care case worker will zero out authorized weekday hours for the specified child and vendor within one week of receipt of this form. If there is no remaining child care need for the family, the case will be closed. Local departments will contact parents prior to making any changes to authorizations.

Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____

Date: _____

Date shared with local department of social services: _____

***Once child is enrolled, parents/legal guardians must not swipe for periods covered by MDG.**