

CHANGE OF SPONSOR FORM

IDOE/CACFP
Revised 12/08

Directions: This form MUST be sent to the State Agency prior to a change of sponsor for a family day care home provider. Incomplete forms will not be accepted. The normal time for change of sponsor is October 1. These should be received at the State Agency no later than September 15.

Providers who wish to change sponsors at other times of the contract year must attach a letter requesting the change and giving the reasons for requesting the change. State Agency staff will review these special requests.

We require signatures from the old and the new sponsoring organization, as well as the provider.

Please contact Carol Markle if you have questions regarding this process.

Provider Name: _____

Provider ID Number (from CNPweb®): _____ Date of Birth: _____

Signature of Provider: _____

Does the provider have an outstanding over claim? Yes _____ No _____

Is this provider seriously deficient? Yes _____ No _____

If you have terminated this provider for convenience, please submit an explanation.

Current Sponsor: _____ Sponsor ID# _____

Signature of Representative: _____

Proposed Sponsor: _____ Sponsor ID# _____

Signature of Representative: _____

EFFECTIVE DATE OF CHANGE: _____

Reason for Change:

(State Agency only)

CNPweb® entry: _____ Date: _____

Staff initials