



Department of Public Health and Social Services
Division of Public Welfare ♦ Bureau of Economic Security
♦ Bureau of Management Support
123 Chalan Kareta, Mangilao, Guam 96913
Telephone 735-7245 (BES) / 735-7344 (BMS) ♦ Fax 473-7165 (BMS)

Request for Client and Provider Separation Clearance

Case Name:	Case Number:
Provider Name:	Elig. Specialist:
Change of child care provider shall only be authorized when this clearance form is completed by the client and the provider. This document must be submitted to Department of Public Health and Social Services, Division of Public Welfare, Bureau of Economic Security, as soon as possible.	
<p>I, _____, certify that the above CCDF participant:</p> <p style="margin-left: 40px;"><input type="checkbox"/> has current or outstanding child care service obligation.</p> <p style="margin-left: 40px;">Remarks: _____</p> <p style="margin-left: 40px;"><input type="checkbox"/> has NO current or outstanding child care service obligation. I authorize the participant to choose another child care provider effective _____.</p> <p>I understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%;"><p>_____</p><p style="text-align: center;">(Provider's Signature)</p></div><div style="width: 35%;"><p>Date: _____</p></div></div> <p>Concurred by:</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%;"><p>_____</p><p style="text-align: center;">(Participant's Signature)</p></div><div style="width: 35%;"><p>Date: _____</p></div></div>	
FOR OFFICE USE	
<p>Received by: _____ Date: _____</p> <p style="text-align: center;">(BES Staff)</p> <p>Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Remarks: _____</p> <p>_____</p> <p>Eligibility Specialist: _____ Date: _____</p>	