



# Change of Address Application Form

Chicano Federation / Child Nutrition Program

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Phone: (619) 285-5600 Fax: 619 285-5618

[www.chicanofederation.org](http://www.chicanofederation.org)

## Previous Child Day Care Home Address.

ID	Facility Name (Same as your License)	Phone
Address		City
State	Zip Code	Last date you worked in your old address?

## Previous License Information.

License Number	Capacity	Effective (through)
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## New Child Day Care Home Address.

ID	Facility Name (Same as your License)	Phone
Address		City
State	Zip Code	Date you started working in your new address?

## New License Information.

License Number	Capacity	Effective from
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**Attention dear provider:** Sign application form and submit to our office along with a copy of your new license. Your copy of your license and change of address application form needs to be in our office no longer than last day of the month. (Except for month of September, this needs to be any given day before 15th).

If we do not receive your documents on time, your claim will not be process until you submit documents and will be consider late, which means you won't be reimbursed on time.

I hereby certify that the above information is complete and accurate. I understand that this information is given in connection with the receipt by the above named provider of State and Federal funds; that officials may verify this information and that misrepresentation will subject me to prosecution under State and Federal Statutes.

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Documents Received (Office Use Only)

Comments:	By:	Date:
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