

## INSTRUCTIONS FOR CHANGE OF STATUS FORM

**Purpose:** The purpose of the change of status form is to report any changes that have occurred with a Head Start family. The following information can be put on the change of status form:

### ENROLLMENT

1. **Transfer** - Head Start child from one classroom to another classroom at the same center or if child moves to another center.
2. **Withdrawal** - If a child withdraws from the program. The following information should be completed: withdrawal date, last date child attended, reason for child withdrawing.
3. **Re-enroll** - Child returns to re-enroll in Head Start program. Name and date child re-enroll needs to be completed.

### FAMILY INFORMATION

1. Change of number in family
2. Social Security changes
3. Child care needs change
4. Families First changes

### PERSONAL INFORMATION

1. Name change
2. Change of address
3. Phone numbers
4. Change of custody
5. Change of transportation
6. Change of insurance/TennCare information
7. Change in employment status

**Procedure:** The change of status form needs to be faxed to the South Pittsburg office every Friday with the center rolls unless it is a change in custody situation. Please refer to the change in custody procedure.

The faxed copy of the change of status form is the only copy that needs to go to the South Pittsburg office. The original will be filed in the child's center record.

# SEQUATCHIE VALLEY HEAD START

## CHANGE OF STATUS ACTION

Submit this form to update child and family information.

Center:	Center #:	Class:	Staff:	Date:
Child's name: (last)		(first)		
If enrolled, child ID:		Parent/guardian:(signature opt)		
If not, application #:				

Section I - Enrollment Status	
TRANSFER	
From Center:	Class:
To Center:	Class:
Effective Date:	
WITHDRAW	
Withdrawal date:	Date last attended:
Reason for withdrawal:	
Put back on wait list? Y N: What center?	
RE-ENROLL	
Re-enroll date:	New center:
Old child ID:	Old center:

Section II - Personal Information	
CHANGE NAME	
<input type="checkbox"/> Child	<input type="checkbox"/> Parent
Date:	
Change from:	
Change to:	
Reason:	
CHANGE ADDRESS/PHONE	
Address	
Home/Message: ( )	
Phone	Other: ( )
CHANGE OF CUSTODY	
TO <input type="checkbox"/> Foster	<input type="checkbox"/> Natural <input type="checkbox"/> Other
Date:	
New family name:	
Parent/guardian names for labels:	
CHANGE TRANSPORTATION INFORMATION	
<input type="checkbox"/> Bus	<input type="checkbox"/> Parent Trspt
Pick-up location:	
Drop-off location:	
CHANGE INSURANCE/TENNCARE INFORMATION	
<input type="checkbox"/> Add	<input type="checkbox"/> Drop
Effective date:	
TnCare/Ins.#	
Insurance co name:	

Section III - Other	
Change family # from _____ to _____	
Add Social Security #	
Specify other changes:	
Child Care Need Change:	
Family First Status Change: (circle one- include date)	
Enrolled:	Completed:
Dropped:	
Reason for drop status:	

Emergency Sheet <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name:	Phone:	Emergency release? yes no	
Address:			
City:	State:	Zip Code:	Release to? yes no
Relationship to Child:			