

# AmeriCorps Childcare Program Member Update



Please use this form to notify GAP Solutions of changes to your AmeriCorps Child Care Benefit Application. If you are starting a new term with AmeriCorps you must submit a New AmeriCorps Member Child Care Application.

## AmeriCorps Member Information

AmeriCorps Member Name: _____ _____	Member's National Service Participant ID#: _____ <i>(your NSPID # may be found in the My AmeriCorps Portal)</i>
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## Change/Update to Child Care Application (check all that applies to you)

<input type="checkbox"/>	Change of Address	<input type="checkbox"/>	Change of Work Site
<input type="checkbox"/>	Change in Family Size	<input type="checkbox"/>	Change of Projected Service End Date
<input type="checkbox"/>	Change in Marital Status	<input type="checkbox"/>	Change in Work Hours of Service
<input type="checkbox"/>	Change in Household Income	<input type="checkbox"/>	Report Termination/Resignation from Service
<input type="checkbox"/>	Adding or Removing Child to/from Benefit	<input type="checkbox"/>	New Child Care Provider (A NEW Provider Application must be submitted)
<input type="checkbox"/>	Change in hours child needs child care	<input type="checkbox"/>	Other

Use the explanation of change section below to further describe the changes or updates to your current application on file. Submission of additional forms/supporting documentation relating to the changed indicated above may be required; a Child Care Coordinator will contact you should additional information be needed.

## Explanation of Change

Use this space to explain and describe the change(s) indicated above:

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## CONFIRMATION

**I affirm that the information provided in this update form (and any supporting documentation I provide) is true, correct and complete to the best of my ability, knowledge, and belief.**

\_\_\_\_\_ AmeriCorps Member's Signature

\_\_\_\_\_ Date



The information requested on the AmeriCorps Childcare Application forms is collected pursuant to 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended. Purposes and Uses - The information requested is collected to evaluate applications for the childcare subsidy made available to AmeriCorps members by law, and to evaluate applications to provide the childcare. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and contractors that have a need to know the information for the purpose of assisting the agency's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside of AmeriCorps and CNCS without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

OMB Control Number: 3045-0142

Expiration: October 31, 2018