

Name of Sponsoring Organization	Program No. TX	Month and Year of Claim
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New Child Care Facilities

						For TDA Use Only
A. Name of Child Care Facility	B. Licensing Case File No.	C. Effective Date of License	D. Date of Pre-Approval Visit Form (Initial Applications Only)	E. Date H1538 or H1630 is Signed	F. Beginning Eff. Date of Sponsor/Facility Agreement Form H1630	G. Effective Date to Begin Claiming

Child Care Facility Changes

A. Name of Child Care Facility	B. Licensing Case File No.	C. Type of Change	D. Effective Date

Deleted Child Care Facilities

A. Name of Child Care Facility	B. Licensing Case File No.	C. Reason for Termination	D. Termination Date

I certify that the information on this form is true and correct to the best of my knowledge. I understand that any deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

_____ Date

Signature – Representative of Sponsoring Organization

For TDA Use Only

The above requested changes are approved.

_____ Date

Signature – TDA Representative