



**NMCAA CHILD DEVELOPMENT – CHANGE OF STATUS**

**FOR DMT USE ONLY**  
Date of Birth for MCIR:  
\_\_\_\_\_

Site/CFS:

Enrollee’s Name:

Parent/Guardian’s Name:

Teacher/EHS HV:

**STATUS CHANGE:**  
 EHS  GSRP  HS  Over Income  HS-GSRP Blend  101-130%  CLEO

Add – Accepted Date:                      Enroll Date:  
 Transfer Site/CFS:                              Effective Date:

Replaces:

Drop – Reason:

Eff. Date:

Last Day Attended:

NOTE: IF CHILD HAS DROPPED, FOLLOW THE DROP FILE PROCEDURE UNDER THE CHILD TAB IN THE PROCEDURE MANUAL.

**NAME CHANGE:**

Child to:

Reason/Date:

Parent to:

Reason/Date:

**ADDRESS/TELEPHONE:** (change emergency sheets)

Address (Mailing):

(Street):

(City):

Phone    H    M    W    C:

**OTHER:** (Specify Change Needed):

**INSURANCE/MEDICAID CHANGE:**

Medicaid             Drop/Add Date:

Medicaid #:                                      Eff. Date:

Health Ins. Co. Name:

Ins. Number:

Dental:    YES    NO    Ins. Co:

**CUSTODY:**

(Teacher to do a new Household Income Eligibility Statement for GSRP)

To Natural Parent(s)     To Grandparent(s)     To Foster Care

To Aunt/Uncle                       To Guardian/Other

Date:

Parent/Guardian Name(s):

Parent/Guardian Name(s):

Date of Birth(s):

Employment Status:

Education Level(s):

New Child:                                      D.O.B.:

Male     Female

(Teacher to do a new Household Income Eligibility Statement for GSRP)

Emergency Contact Change:

**Signature/Date:**

Procedure: HS and EHS staff will complete this form for any changes in a family or a child status. Email completed form to (check all that apply below):

6/2021  DMT  FES/FSS  Teacher/Child’s File  Ed.Coach  R&H  ERSEA Manager  CFS  PSC/SC  CCSC  WMECS