

Change of Employment Form

IdahoSTARS ★ 1471 Shoreline Drive, Suite 202 ★ Boise, ID 83702 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

CHANGE OF PLACE OF EMPLOYMENT:

Important Note: If your name has changed, you must mail a copy of your new social security card in your current legal name and a new W9 form in order to legally issue an incentive check.

Current Date: _____

Name: _____

Home Street Address: _____

Home City, State, Zip and County: _____

Home Phone: _____ Email Address: _____

Previous Place of Employment: _____ Ending Date: _____

New Place of Employment: _____ EIN # _____

New Place of Employment Mailing Address: _____

City, State, Zip and County: _____

New Employment Phone Number: _____

Hire Date: _____ Hourly Wage: _____ Hours Per Week: _____

Please indicate the category that best describes your place of employment:

- | | |
|--|--|
| <input type="checkbox"/> Center Facility (13 or more children)
<input type="checkbox"/> Group Child Care (7-12 children)
<input type="checkbox"/> Family Child Care (1-6 children)
<input type="checkbox"/> Relative Provider
<input type="checkbox"/> Head Start Full Time Child Care
<input type="checkbox"/> Other _____ | Not eligible for incentives:
<input type="checkbox"/> Head Start Traditional Program
<input type="checkbox"/> Preschool Only |
|--|--|

Your Job Title: (check all that apply)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Child Care Assistant Teacher | <input type="checkbox"/> Child Care Lead Teacher | <input type="checkbox"/> Coordinator |
| <input type="checkbox"/> Child Care Coordinator | <input type="checkbox"/> Trainer | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> Owner/Provider | <input type="checkbox"/> Child Care Assistant Director | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Child Care Director | <input type="checkbox"/> Assessor | |

Age Range(s) (check all that apply to the age you work with)

- | | |
|---|--|
| <input type="checkbox"/> Birth to 12 Months | <input type="checkbox"/> 5 Year Olds |
| <input type="checkbox"/> Toddlers 13 to 30 Months | <input type="checkbox"/> School-Age Over 5 Years |
| <input type="checkbox"/> Preschool 31 Months to 5 Years | <input type="checkbox"/> All Ages |

SIGNATURE:

Applicant Printed Name: _____ **Date:** ____/____/____

Applicant Signature: _____

SUBMITTING FORM:

Mail Form and Supporting Documentation to:

IdahoSTARS
Attn: PDS Registry
1471 Shoreline Drive, Suite 202
Boise, Idaho 83702-9105

Remember to Attach:

- Change of Employment Form Signed by You
- Current Paystub from New Employer
- Child Care Worker License (if applicable)
- Child Care Facility License
- Employment Verification Form Signed by Your Employer (see below)

Employment Verification Form for Early Childhood Employees (Proof of Hourly Wage)

Note: This form is to be completed by the Director or Supervisor of the Applicant about the Applicant's current job. If you are an Owner of a Family Child Care facility, complete the form yourself.

APPLICANT INFORMATION

Applicant's Name: _____ Job Title: _____

Current Hourly Wage: _____ Employment Initial Start Date: _____

If applicant is an Employee:

Number of hours directly caring and/or teaching children **per week** in child care setting, for the past 12 months: _____

Number of hours directly caring and/or teaching children **per year** in a child care setting, for the past 12 months: _____

If applicant is a Director:

Number of hours directly in the facility with children, staff and parents **per week**, for the past 12 months: _____

Number of hours directly in the facility with children, staff and parents **per year**, for the past 12 months: _____

CRITERIA:

Does applicant's current role fall under the following criteria for IdahoSTARS incentives? Yes No

- Works in a child care setting designed to care for children while parent(s) and/or guardian(s) work or attend training **and**
- Works in a program that operates full time **and**
- Being paid for child care services (not volunteering) **and**
- Earn \$15.00/hr. or less **and**
- Is regularly scheduled to work directly with children as their caregiver/teacher at least 15 hrs/week or 780 hrs/yr (Category A employee)

OR

- Is regularly scheduled to work directly in the facility with children, staff, and parents a minimum of 30 hours/week (Category B director/owner)



FACILITY INFORMATION:

Business Name: _____ EIN # _____

USDA Program? Yes No If Yes, #: _____

ICCP Provider? Yes No If Yes, Vendor #: _____

Accredited Facility? Yes No (provide copy of current certificate)

Offers care for children with special needs? Yes No

Copy of Facility License provided? Yes No

QRIS (Quality Rating Improvement System) Facility? Yes No STAR Rated? Yes No

SIGNATURE:

Director/Supervisor's Signature: _____ Date: _____

Contact Number: _____