

Alabama Department of Human Resources
 Child Care Services Division
 Child Care TAS Adjustment Request Form

Facility Name		Provider 10-Digit ID	
Facility Legal/License Name		FEIN	
Name of Facility Owner/Operator		Phone	
Facility Mailing Address		Email	

Section 1: Reason for Request:

Section 2: Child and Parent Information

Name of Child(ren)	Authorization ID	Name of Parent
1.		
2.		
3.		
4.		
5.		

Facility Owner/Operator Signature *Date*

Section 3: Decision (to be completed by DHR)

Approved
 Denied
 Approved with modifications

DHR Representative _____ **Date:** _____

Comments: