



County of Los Angeles  
 Office of Child Care  
 Service Integration Branch/Chief Executive Office  
 222 South Hill Street, 5<sup>th</sup> Floor, Los Angeles, CA 90012  
 Ph. (213) 974-4103 • Fax (213) 217-5106  
[www.childcare.lacounty.gov](http://www.childcare.lacounty.gov)

<u>Office Use Only</u>
Vendor #:

**INVESTING IN EARLY EDUCATORS – STIPEND PROGRAM**  
**Address Change Notification Form**

Stipend participants must notify the Office of Child Care if there has been a change in your address by completing and submitting the following forms:

- Address Change Notification Form, and
- W-9 Form, Request for Taxpayer Identification Number and Certification - available for download from the Internal Revenue Service Web site at:
  - English: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
  - Spanish: <http://www.irs.gov/pub/irs-pdf/fw9sp.pdf>

**\*\* Print "Address Change" in the upper right hand corner of the W-9 Form**

Submit the completed forms to the Office of Child Care, Investing in Early Educators Stipend Program by fax to (213) 687-1152. Faxes are accepted **only** during regular business hours, which are Monday through Friday, 8:00 a.m. to 5:00 p.m. To protect your security, notify the Stipend Program staff that you are sending a fax by calling (213) 974-4674.

Last Name, First Name:	Social Security Number:
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**OLD ADDRESS**

Home Street Address or P.O. Box:	Apt. #:
City & State:	Zip Code:

**NEW ADDRESS**

Home Street Address or P.O. Box:	Apt. #:
City & State:	Zip Code
Current Cell Telephone Number: ( )	Current Home Telephone Number: ( )

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

