



Voluntary Termination Form

I, _____, request 4C of Southern Indiana Inc., Inc. to terminate my CCDF vouchers. I understand by signing this form my child care subsidy will end. If I wish to return to the CCDF Program, I understand I must meet all eligibility requirements, fill out a new Pre-App, and be subjected to the waiting list in my current county of residence.

Effective end date (must be on a Saturday): _____

Signature of Applicant

Date