



**CHILD CARE SERVICES
CHILD CARE ATTENDANCE AUTOMATION (CCAA)
PRIMARY AND SECONDARY CARDHOLDER REQUEST FORM**

As the primary cardholder you may request up to 3 secondary cardholders. Please complete this form and fax it to your child care specialist immediately if you have a change in secondary cardholder or their card is lost or stolen. Additional cards will not be ordered or reissued if the information below is incomplete and the signature is missing. Primary and secondary cardholders must keep their CCAA cards and PIN in their possession. Sharing or leaving the CCAA card and PIN with anyone else including the child care provider is a violation of the CCAA Requirements and, as a CCS customer, you and your provider may be subject to fact finding for suspected fraud.

Primary Cardholder Name: _____ **Phone #:** _____

TWIST #: _____ **Do you have your CCAA Card?** Yes No

Please complete the following section for current and new secondary cardholders.

Note: If applicable, list ALL secondary cardholders and indicate if they already have a card or if they need a replacement card.

Be aware that if you do not list your secondary cardholders below, their cards will be inactivated.

Please ensure that this form is completely filled out.

Secondary Cardholder #1:	<input type="checkbox"/> Has Card	<input type="checkbox"/> Needs Card	
Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth: _____	Relationship to you: _____		

Secondary Cardholder #2:	<input type="checkbox"/> Has Card	<input type="checkbox"/> Needs Card	
Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth: _____	Relationship to you: _____		

Secondary Cardholder #3:	<input type="checkbox"/> Has Card	<input type="checkbox"/> Needs Card	
Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth: _____	Relationship to you: _____		

Primary Cardholder Signature: _____ **Date:** _____