



Community and Health Services Department
 Social Services Branch
 EarlyON Program

EarlyON Business Change Request Form - A

EarlyON program information

Agency name	
EarlyON program name	
EarlyON program address (full address)	
Submitted by (name and position)	
Telephone	
Designated (signing) Authority	Name: Position: Telephone: Signature:
Completion date (mm/dd/yyyy)	

Section 1: Proposed business change (no impact to EarlyON Budget/Schedule B)

	Change in hours of operation <ul style="list-style-type: none"> Proposed new hours: Deleting days:
	Change in days of operation <ul style="list-style-type: none"> Proposed new days: Deleting days:
	Change in programs offered <ul style="list-style-type: none"> Proposed new programs: Deleting programs:
	Relocating an EarlyON program (temporarily) <ul style="list-style-type: none"> Proposed new programs:
	Closing an EarlyON program (temporarily) <ul style="list-style-type: none"> Proposed new programs:
	Other requirement(s) Please state the other requirement(s):

Section 2: Details of proposed business change

Date proposed change to take effect	(mm/dd/yyyy) :
Rationale for change	
Alternative options considered	
Proposed transition plan	Please include communication plan to notify families, other stakeholders and community of the proposed change.
Additional comments	

Please submit the completed form to your Community Program Coordinator via email.

York Region Review

THIS SECTION TO BE COMPLETED BY YORK REGION STAFF ONLY		
Additional information required	Yes	No
Request approved	Yes	No
Comments		
Regional sign-off		
Manager, EarlyON program (signature)		
Date (mm/dd/yyyy)		
Comments		