

Family Request for Changes to Services (Need/Income)

Pursuant to Education Code, once a family establishes eligibility and need at initial certification or recertification, a family shall be considered to meet all eligibility and need requirements for not less than 12 months. Families are no longer required to report changes, unless it pertains to the families gross income exceeding the 85% of the State Medium Income (SMI), which must be reported within 30 days.

Any and all changes requested to your certified need and eligibility must be requested in writing. Supportive documentation must also be submitted to initiate the change.

Change(s) being reported/requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> New Employment | <input type="checkbox"/> Update School Schedule | <input type="checkbox"/> Change in Contact Number |
| <input type="checkbox"/> Income Update | <input type="checkbox"/> Add Study time | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> Increase in Family Size | <input type="checkbox"/> Change of child care provider | <input type="checkbox"/> Request Job Seek |
| <input type="checkbox"/> Decrease in Family Fee | <input type="checkbox"/> Increase in child care hours | |
| <input type="checkbox"/> Termination of Child Care | <input type="checkbox"/> Income over 85% of the State Medium Income (SMI) | |

Reduction to the Certified Child Care Hours: _____
Please indicate days and hours requested

1.) Description of requested change: _____

2.) Effective Date of Change: _____

3.) The change above is being requested for the following child(ren):

I certify that the above change in service is being made voluntarily and understand that I may maintain my current service level regardless of the change in my family's circumstances. I certify under penalty of perjury that the information is true and accurate and I understand that the changes being requested cannot be completed until the supporting documents that justify the changed are submitted to my case manager.

Parent Name (Print) Parent Signature Date

I certify that the supporting documents were received on: _____	
_____	_____
Case Specialist Name	Date