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:

❑ New Employment  ❑ Update School Schedule  ❑ Change in Contact Number
❑ Income Update  ❑ Add Study time  ❑ Address Change
❑ Increase in Family Size  ❑ Change of child care provider  ❑ Request Job Seek
❑ Decrease in Family Fee  ❑ Increase in child care hours
❑ Termination of Child Care  ❑ 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