



**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