

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 for (C2AP and C3AP programs) or 24 months for (CAPP, CSPP, and CCTR programs). 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"/> Change in Activity | <input type="checkbox"/> Change of child care provider | <input type="checkbox"/> Income Update |
| <input type="checkbox"/> Suspension in services | <input type="checkbox"/> Increase in child care hours | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> Change in Family Size | <input type="checkbox"/> Update Child's School Schedule | <input type="checkbox"/> Other |
| <input type="checkbox"/> Add Study time | <input type="checkbox"/> Income over 85% of the State Medium Income (SMI) | |
| <input type="checkbox"/> Termination of Child Care | <input type="checkbox"/> Decrease Family fee | |
| <input type="checkbox"/> 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