

REQUEST TO CHANGE SERVICES

This form is used for the purpose of voluntarily reporting changes during a family's certification period.

Note: After receipt of this form & documentation to support the requested change, our office will issue a Notice of Action indicating the outcome of your request. No other changes will be made to your service agreement, other than the requested change(s).

REQUEST TO CHANGE SERVICES

I am voluntarily reporting changes in order to:

- Reduce my family fees
- Temporarily suspend service: Note: Services may only be suspended during your current certification period & provider is not reimbursed
- Self-terminate services
- Change my service schedule (days and/or hours of service) as follows:

Effective Date:		Child(ren):	
Days & Hours Requested			
Set or Variable Child Schedule:			
Child Non-School Days & Hours:			
Child School Days & Hours:			

REASON FOR REQUEST & SUPPORTING DOCUMENTATION

Change in Income Gross income documentation (all sources): <ul style="list-style-type: none"> ▪ Predictable Income: Month preceding ▪ Unpredictable Income: Preceding 3 to 12 months ▪ Seasonal, agricultural, bonuses or commission income: Preceding 12 months Employment Income Verification Release 	Change in Family Size <input type="checkbox"/> Increase in family size: Documentation connecting the parent to the new child, such as a birth certificate <input type="checkbox"/> Decrease in family size: In writing, indicate the individuals first & last name, along with reason-
Change in Need Employment Verification Training Verification, including Class Schedule Request to Actively Seek Employment Statement of Incapacity Request to Seek Permanent Housing	Child Started/Changed School In writing, indicate the child(ren) name, school name & school hours -
Notes/Comments: 	Self-Terminate or Suspension of Services In writing, indicate the reason for disenrollment or suspension of services, name(s) of child(ren) that no longer need services & the last date services are needed or start & end date services will be suspended-

My signature below, acknowledges my right to voluntarily report the change(s) listed above & that I understand I have the right to continue bringing my child to care based on the original certified service level. If I am requesting to suspend services, I understand & have informed my provider that she/he will not be reimbursed during this time period. I swear under penalty of perjury, to the best of my knowledge, that the above information is true & correct.

Parent/Guardian Printed Name

Signature

Date