

VOLUNTARY REQUEST TO CHANGE SERVICES

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.

Family Name: _____ Requested Start Date of Change: _____

SELECT TYPE OF CHANGE BEING REQUESTED: *Must Provide Supporting Documentation*

☐ **REDUCE MY FAMILY FEES**

Attach Gross income documentation (ALL SOURCES: paystubs, child support print out, etc.): Predictable Income: Last four (4) weeks, Unpredictable Income: Last 3 to 12 months, Seasonal, agricultural, bonuses or commission income: Last 12 months of income.

☐ **CHANGE IN FAMILY SIZE** Indicate the individuals first & last name, along with reason.

Attach documentation, such as a birth certificate, marriage certificate, death certificate, court order, etc.

☐ Increase in family size: _____
☐ Decrease in family size: _____

☐ **INCREASE/DECREASE IN APPROVED CHILD CARE HOURS**

Attach documentation, such as Employment/Training Verification, Class Schedule, Request to Actively Seek Employment, Statement of Incapacity, Request to Seek Permanent Housing

Name(s) of child(ren): _____
New days requested: (Example: Monday-Friday) _____
New hours requested: _____
{Example: 8:00am-5:00pm (set) or 40 hours/week between 8:00am-5:00pm (variable)}: _____

☐ **DISENROLLMENT FROM THE PROGRAM (PERMANENT)** Indicate the reason for disenrollment, include name(s) of child(ren) that no longer need services & the last date services are _____

My signature below acknowledges my right to voluntarily report the change(s) listed above. I understand I have the right to retain my current certified schedule and that a decrease to my certified schedule will replace my current schedule, and if I choose to increase my certified schedule at a later time, I will be required to provide additional documentation. I attest under the penalty of perjury, to the best of my knowledge, that the above information is true & correct.

Parent/Guardian Printed Name _____ Signature _____ Date _____

Parent/Guardian Printed Name _____ Signature _____ Date _____

OFFICE USE ONLY

Effective Date of Change: _____

Notes: _____

Family Enrollment Specialist (Print) _____

Family Enrollment Specialist (Signature) _____

Date _____