

Declaration of Need for Child Care Services

Family Name: _____ **County Case ID #:** _____

Requested Start Date of Child Care: _____

1. Reason for needing child care:

2. The days and hours of care needed:

3. List the names and date of birth for each child who will need child care services:

Child's Name	Date of Birth

My signature below declares my need for child care services. I understand I have the right to full time or part time care. I may request in writing to change my service level at any time during my current certification period . I attest under 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

Effective Date of Change: _____

OFFICE USE ONLY
Notes: _____

Family Enrollment Specialist (Print)

Family Enrollment Specialist (Signature)

Date