

## REQUEST TO CHANGE SERVICES: CENTER-BASED

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
- ☐ Disenroll from the program due to no longer needing services
- ☐ Change my service schedule (days and/or hours of service) as follows:

<b>Effective Date:</b>		<b>Child(ren):</b>	
<b>Days &amp; Hours Requested</b>			
Consistent or Variable Child Schedule:			
Child Non-School Days & Hours:			
Child School Days & Hours:			

### REASON FOR REQUEST & SUPPORTING DOCUMENTATION

<b>Change in Income</b> <b>Income documentation</b> (all sources): <ul style="list-style-type: none"><li><input type="checkbox"/> Regular &amp; Steady Income: Total countable income from either month of the 2-month window immediately preceding</li><li><input type="checkbox"/> Fluctuating or Inconsistent Income: Total countable income from 12 months immediately preceding</li><li><input type="checkbox"/> Employment Income Verification Release</li></ul>	<b>Change in Family Size</b> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Increase in family size:</b> Documentation connecting the parent to the new child, such as a birth certificate</li><li><input type="checkbox"/> <b>Decrease in family size:</b> In writing, indicate the individuals first &amp; last name, along with reason-</li></ul>
<b>Change in Need</b> Employment Verification Training Verification, including Class Schedule Educational Program Verification, including class schedule Request to Actively Seek Employment Statement of Incapacity Request to Seek Permanent Housing	<b>Child Started/Changed School</b> In writing, indicate the child(ren) name, school name & school hours -
<b>Disenrollment of Services</b> In writing, indicate the reason for disenrollment, name(s) of child(ren) that no longer need services & the last day services are needed –	

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 a decrease to my certified schedule, I understand the new schedule would 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 swear under penalty of perjury, to the best of my knowledge, that the above information is true & correct.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date