



RIVERSIDE COUNTY
OFFICE OF EDUCATION

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 and 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).

I am voluntarily reporting changes in order to:

<input type="checkbox"/> REDUCE MY FAMILY FEES - Due to a reduction in State Family Fees (fees), I request that my new fees be assessed to begin prior to the expiration of my appeal rights to the change in my case. I am aware that I waive my right to appeal this action. I have attached the following supporting documentation: <ul style="list-style-type: none"> All sources of family income: <ul style="list-style-type: none"> Two (2) most recent paycheck stubs or four (4) if paid weekly If income varies or if self-employed, minimum of six (6) and no more than twelve (12) months of income Any other income coming into the home Verification of incoming child support for each child 	<input type="checkbox"/> CHANGE MY NEED FOR SERVICES AND/OR CHILD CARE CERTIFICATE HOURS I have attached the following supporting documentation: <input type="checkbox"/> Employment Verification form <input type="checkbox"/> Training Verification form with Class Schedule <input type="checkbox"/> Declaration of Seeking Employment form <input type="checkbox"/> Statement of Incapacity form <input type="checkbox"/> Declaration of Seeking Permanent Housing
<input type="checkbox"/> CHANGE IN CHILD(REN)'S PUBLIC SCHOOL SCHEDULE Name of child(ren) with school change: _____ _____ School Name: _____ School Start Date: _____ School Bell Schedule: Start Time: _____ End Time: _____ Min. Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Min. Day Start Time: _____ Min. Day End Time: _____	<input type="checkbox"/> CHANGE IN FAMILY SIZE I have attached the following supporting documentation to: <input type="checkbox"/> Increase my family size: <ul style="list-style-type: none"> Child's Birth Certificate or Birth Hospital Record Child's Pre-Admission Health History form Immunization Record Emergency Information form <input type="checkbox"/> Decrease my family size: First and last name of individual(s) to be removed: _____ Reason: _____
<input type="checkbox"/> DISENROLLMENT OF SERVICES Name of child(ren) no longer needing services: _____ _____ Reason for disenrollment: _____ _____ _____ Last day of services: _____	<input type="checkbox"/> PROVIDER CHANGE Name of child(ren) changing providers: _____ New provider name: _____ New provider address: _____ New provider phone: _____ New provider Child Care License No.: _____ Potential start date with new provider: _____ Last date of care with current provider: _____ Current with State Family Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No Two-Week Notice Given (Date): _____
<input type="checkbox"/> REQUEST TO COMPLETE MY RECERTIFICATION PRIOR TO MY 12-MONTH ELIGIBILITY EXPIRATION DATE Request a recertification packet from your Child Care Liaison	<input type="checkbox"/> OTHER: _____ _____ _____

My signature below acknowledges my right to voluntarily report the change(s) listed above and that I understand I have the right to continue bringing my child to care based on the original certified service level. I swear under penalty of perjury, to the best of my knowledge, that the above information is true and correct.

Parent/Guardian Printed Name _____ Parent/Guardian Signature _____ Date ____/____/____