



Orange County Department of Education  
Business Services

**FAMILY SUPPORT SERVICES**  
Tel. (714) 708-3860 • Fax (714) 708-2916

**Mailing Address**

Family Support Services  
P.O. Box 9050  
Costa Mesa, CA 92628-9050

**CHANGE OF ADDRESS/PHONE NUMBER**

Parent/Guardian Name(s) \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Family Services Technician \_\_\_\_\_

I have attached proof of my new address (rental/lease agreement, utility bill)

**NEW ADDRESS** **EFFECTIVE DATE** \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**NEW PHONE NUMBER** (\_\_\_\_\_) \_\_\_\_\_ **EFFECTIVE DATE** \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare this information is true and correct. I understand that a willful statement of false information, for the purpose of receiving subsidized child care services, is considered fraud and is an offense punishable by law. I certify under penalty of perjury that the above information is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_