



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

REQUEST FOR CHANGE

- A parent has the right to voluntarily report and/or request a change to their level of approved days and/or hours of child care.
- A parent has the right to request to have their family fee reduced due to a change of income or family size.
- All appropriate documentation must be submitted to OCDE Family Support Services to support a parent's request for change. *(See back of this form for possible required documentation for change.)*

Please check the box next to the change you are requesting.

I am requesting the following change:

- Family Fee Reduction (*attach all sources of current monthly income or new Employment Verification*)
- Disenrollment of child _____ with a sibling continuing services.
(name of child disenrolling)
- Change of days and/or hours for child care: (*attach Employment Verification or class printout and indicate new schedule*)

Days Needed: _____

Hours Needed: _____

Initial

- _____ I understand that I may continue using my current level of days and hours of child care until the requested change is approved.
- _____ I understand that the change will not be approved unless supporting documentation is provided.
- _____ I understand that I will be notified in writing when my request is approved.

I declare, under **penalty of perjury**, that the information regarding my need for child care and/or income is true and correct. I understand that any fraudulent, false, incomplete, deceitful, or misleading information provided to Orange County Department of Education Family Support Services may be grounds for disenrollment from child care services. I certify that the information contained on this form is accurate and correct.

_____ Print Parent Name

_____ Parent Signature

_____ Date

TO BE COMPLETED BY OCDE FSS	
Date Received:	Effective Date:
Technician:	Date Completed:

DOCUMENTATION REQUIRED TO SUPPORT REASON FOR REQUEST	
Change of Income	Change of Family Size
<ul style="list-style-type: none"> • Regular & Steady Income: Submit Total countable income from either month or the 2-month window immediately preceding • Fluctuating or Inconsistent Income: Submit total countable income from 12 months immediately preceding request • Include all other sources of income (EDD, Disability, Child Support) • Zero Income: Written Parental Self Declaration 	<ul style="list-style-type: none"> • Increase in family size: Documentation connecting the parent to the new child such as birth certificate, adoption • Decrease in family size: Documentation to support change. • A written Parental Self Declaration may be allowed in some cases.
Disenrollment from Services	
<ul style="list-style-type: none"> • Parent must submit statement in writing when it is necessary to be disenroll one child from program and sibling will continue services. Statement must include name of child and date of disenrollment. • Parent must submit a written statement indicating their reason to terminate services along with the last date services will be required. <p><i>Parent must provide sufficient notice to child care provider.</i></p>	
Change of Hours – Due to parent need	Change of Hours - Child Started or Changed Schools
<p>Completed and submit new need form for each parent in household:</p> <ul style="list-style-type: none"> • Employment Verification • Training Documentation • Seeking employment • Seeking Housing • Statement of Incapacity 	<ul style="list-style-type: none"> • Written Parental Self Declaration including: <ul style="list-style-type: none"> ○ Child(ren) name ○ School name ○ District name ○ Grade level • Copy of School’s Bell Schedule