



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.
- All appropriate documentation must be submitted to OCDE Family Support Services to support a parent's request 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*)
- 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 have included all required documentation to support the above requested change.

_____ 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::

Tech Signature:

Date Completed: