



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 SIBLING ENROLLMENT

Parent/Guardian: _____

Secondary Parent: _____ Lives in household? Yes No

Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is sibling(s) a newborn? Yes No (If yes Birth Certificate is required.) Family Size _____

Sibling Name: _____ DOB: _____

Race/ethnicity of sibling American Indian/Alaskan Native Black/African American
 Caucasian Native Hawaiian or Pacific Islander Hispanic or Latino

School _____ District _____ Track _____ Hours _____

Provider requested for sibling _____

Provider Address: _____

Provider Telephone: _____

Requested Start Date: _____

Reason for Request: _____

Sibling Name: _____ DOB: _____

Race/ethnicity of sibling American Indian/Alaskan Native Black/African American
 Caucasian Native Hawaiian or Pacific Islander Hispanic or Latino

School _____ District _____ Track _____ Hours _____

Provider requested for sibling _____

Provider Address: _____

Provider Telephone: _____

Requested Start Date: _____

Reason for Request: _____

I understand the request for sibling enrollment procedures and agree to the terms and conditions on the reverse side of this form. I certify I have exercised my parental choice in requesting this enrollment and selecting the child care provider.

Parent /Guardian Signature _____ Date _____

FAMILY SUPPORT SERVICES

REQUEST FOR SIBLING ENROLLMENT PROCEDURES AND GUIDELINES

Please read all instructions carefully.

Upon receipt of this **completed** form, a Family Support Services representative will contact you to confirm the information and notify you of the expected timeline for sibling enrollment approval. Family Support Services will contact the prospective provider that you have chosen to explain the program and discuss the terms of the Agreement for Family Support Services and Parent/Provider Handbook and Operating Guidelines if they are not currently enrolled with us.

- Sibling Enrollments are not automatic and may take three (3) to eight (8) weeks to process.
- Completed Sibling Enrollment is processed on a first come/first served basis and is dependent on available funding.
- Family must be in compliance with all Family Support Services policies and procedures in order to process any request.
- Requests for Sibling Enrollments will not be processed for families with a Notice of Termination until the appeal is heard and a decision is reached by the OCDE FFS.
- Family will be notified when the sibling enrollment is complete.
- Child may not begin services until the selected provider has been notified and a start date has been established.
- Your provider will not be paid until the Sibling Enrollment process is complete.
- Failure to begin services for the added sibling on the established start date may result in disenrollment from subsidized services.

FOR OCDE FSS USE ONLY

Date Received: _____

Date Eligibility Verified: _____

Effective Date: _____

Comments: _____

Approved By: _____ Date: _____