

375 Lake Blvd. Ste. #100 Redding, CA 96003

Change in State Contract Request

Please print in blue or black ink only.

Date _____

Child Name: _____ Birth Date: _____

Parent(s) Name(s): 1. _____ 2. _____

Center: _____ Classroom: _____

1. Request:

- Reduction in family fees – Will not change certified hours unless requested below
 - Change in family size: New family size _____
 - Change in income: Estimated new monthly income \$ _____
- Change from variable work schedule to predictable work schedule
 - I understand that I may retain my current service level. _____ Parent Initials
- Increase contract hours
- Decrease contract hours - Effective date: _____
 - I understand that I may retain my current service level. _____ Parent Initials

Add child to contract:

- Child Name _____ Center/Class: _____

Approved hours and days of need and date effective:

	Mon	Tue	Wed	Thur	Fri
Start Time	: AM / PM				
End Time	: AM / PM				

3. Reason/Description _____

4. Documentation provided: _____

Parent Signature: _____ **Print:** _____

ERSEA: __CP; Processed date: _____ NOA Update: Yes/No; NOA/Letter sent: _____