



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 / <del>PM</del>	: AM / <del>PM</del>	: AM / <del>PM</del>	: AM / <del>PM</del>	: AM / <del>PM</del>
End Time	: <del>AM</del> / PM	: <del>AM</del> / PM	: <del>AM</del> / PM	: <del>AM</del> / PM	: <del>AM</del> / PM

**3. Reason/Description** \_\_\_\_\_

**4. Documentation provided:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Print** \_\_\_\_\_

ERSEA: \_\_ CP; Processed date: \_\_\_\_\_ NOA Update: Yes/No; NOA/Letter sent: \_\_\_\_\_