

Child Care Payment Program

711 E. Main St. - Quincy, CA 95971 - (530) 283-4453 - Fax: (530) 283-3647

Parental Choice - Voluntary Family Request for Changes to Services

Family Name: _____

Type of change being requested:

- Reduce authorized hours of child care
- Increase authorized hours of child care
- Suspension of Services

Date the change is requested to begin: _____

Child which the change is being requested for: _____

Description of the change being requested:

____ I attest that the above disclosure and request for change in service is being made voluntarily and that I am exercising my parental choice privilege in doing so.

____ I understand that I will be required to supply documentation to verify the need for additional authorized child care hours.

____ I understand that I have the right to request that my schedule of authorized child care hours be restored to the original certified hours of care at any time within the 12 months of eligibility for child care services.

Parent Signature _____ Date _____

Counselor Signature _____ Date _____