



Marin Child Care Council

555 Northgate Drive Suite 105 • San Rafael CA 94903 • TEL (415) 491-472-1092

CHANGE REQUEST FORM

Change my childcare schedule (days and/or hours)

Attach one or more of the verifying documents to support change (new hours are not approved until documentation verified):

- Employment Verification
- Proof of Income
- Training verification & class schedule
- Job Search Form
- Statement of Incapacity
- Other: _____

Reduction in Family fees

**Attach gross income documentation (all sources).

Change in Family size

- Increase family size: **Documentation required such as birth certificate, court order, etc.**
- Decrease family size: Name _____
- Reason: _____

Provider Change **Add** (MC3 will not approve new provider until enrollment completed, all family fees current, if applicable, and current provider has been given proper notice per their contract, case manager to verify.)

Name of current provider: _____ Last day in child care: _____

Name of new provider: _____ Requested Start date: _____

Name of Child/ren: _____

Terminate Services/ **Temporary Suspension of Services**

Reason: _____

Name of child/ren no longer needing services: _____

Last date of care: _____

*For Temporary Suspension of services complete the attach form

Request to Move to CalWORKs Stage I (once eligibility verified with county)

I understand that it is my right to voluntarily report changes and may keep my current childcare hours based on the original certified need for the 12/24 month period. However, I am requesting the change/s listed above. I understand that changes may take up to five business days to process after all required documentation is received and verified.

Parent/Guardian name (print)

Parent/Guardian signature

Date

Case Manager: _____