

NOTICE OF CHANGE

Crest Drive Dry Creek Jefferson Natomas North Highlands Regency Park Ridgepoint

Parent/Guardian: _____ Child(ren): _____

Type of Change(s)

- | | | | | |
|----------------------------------|--|---|--------------------------------------|---|
| <input type="checkbox"/> BIC | <input type="checkbox"/> Disenrollment of Services | <input type="checkbox"/> Emergency Info | <input type="checkbox"/> Add sibling | <input type="checkbox"/> Extend Eligibility |
| <input type="checkbox"/> Address | <input type="checkbox"/> Need Status | <input type="checkbox"/> Day/Hours | <input type="checkbox"/> Reduce Fee | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Income over 85% | <input type="checkbox"/> Transfer | <input type="checkbox"/> Family Size | |

Changes must be received 10 business days in advance

Please describe changes: _____

Effective Date: _____ Parent/Guardian Signature: _____ Date: _____

My signature acknowledges my right to voluntarily report the change(s) listed above & that I understand I have the right to continue bringing my child to care based on the original certified service level. To the best of my knowledge, I swear under penalty of perjury that the above information is true & correct.

Name who received: _____ Site Supervisor's Initials: _____

Note: send copy to Central Office by fax: 916-344-6259 or send in the next mail run or email to the eligibility coordinator

Date sent to C/O: _____ Date received in C/O: _____