Change Request Form

☐ Change my child care schedule (days and/or hours)

Reason for change: __________________________________________ Effective Date __________________________

Child/ren: __________________________________________________________

Days and hours of care needed: __________________________________________

Attached one or more of the verifying documents to support change:
- Employment Verification
- Training verification & class schedule
- Job Search Form
- Statement of Incapacity
- Other: __________________________

☐ Reduction in Family fees

Attach gross income documentation (all sources) last recent 2 months

☐ Change in Family size

Increase family size: Documentation required such as birth certificate, court order, etc.
Decrease family size: Name __________________________

☐ Provider Change (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 new provider: __________________________________________
Requested Start date: __________________________

☐ Terminate Services/☐ Suspension of Services

Reason: __________________________________________________________
Child/ren no longer needing services: __________________________
Last date of care: ________________________________________________
*For Temporary Suspension of services attach form

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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 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 (printed)  Parent/Guardian signature  Date

Case Manager: ________