



Marin Child Care Council

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

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

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: _____