



CHANGE OF CIRCUMSTANCES

Family: _____ Date: _____

Agency Representative: _____ Ext.: _____

Please use this form only to report the following changes. You may be required to submit additional documentation to support the change you request. PACEAPP reserves the right to update your family's status to reflect any changes reported by your family within five (5) business days of receipt of this document.

Residence & Contact Information:

- Effective _____ my new address is:
 Street Name & Number: _____
 City, State, Zip Code: _____
- Effective _____ my new phone number is: (____) _____

Child School Information

- Effective _____ my child's new school name/district name is:
 School/District Name: _____ Child Name: _____
 School/District Name: _____ Child Name: _____
 School/District Name: _____ Child Name: _____
 School/District Name: _____ Child Name: _____
- Effective _____ my child's track schedule/school hours is/are:
 Track/Hours: _____ Child Name: _____
 Track/Hours: _____ Child Name: _____
 Track/Hours: _____ Child Name: _____
 Track/Hours: _____ Child Name: _____

Need Status:

- I would like to request a 12 week regular Limited Term Service Leave to be effective _____
 Reason: _____
- I would like to request a 16 week family Limited Term Service Leave to be effective _____
 Reason: _____
- I would like to terminate my child care services effective _____
 Reason: _____

I certify under penalty of perjury that information I have provided is an accurate representation of my family's changed status.

_____ (Print Parent's Name) _____ (Date)

 (Parent's Signature)

ADMINISTRATIVE USE ONLY:

Telephone Request Received By: _____ Date Received: _____

Comments: _____

