



Your families current child care services have been determined based upon your current need and circumstances. If changes occur, it is your responsibility to notify your case manager within **5 days** of the occurrence. Changes that occur and go unreported, may result in **interruption or termination of services.**

- No changes have occurred that would affect my child care services.

Employment and Income:

- My income has (will) change effective ____ / ____ / ____.
 (Enclose income verification)
- I am no longer employed, effective ____ / ____ / ____.

Household:

- My household size has (will) change effective ____ / ____ / ____.
- I have (will) move, effective ____ / ____ / ____.

My new address is: _____

My new phone # is: _____

- I will be on maternity leave effective ____ / ____ / ____.
- I will be returning to my job/school from maternity leave effective ____ / ____ / ____.
- My need of child care hours have changed. Please describe the change below.

- Any other changes. Please describe the change(s) below.

This form does not replace telephone notification to your case manager.
 Please fold this document and mail to PACEAPP.

(Parent Signature)

(Date)