

## CHILDREN'S HOME SOCIETY OF CALIFORNIA

### DECLARATION

Children's Home Society of California (CHS) has received your voluntary request for a reduction in services during your twenty-four (24) month eligibility period. A reduction in services may only be granted upon receipt of a written request that includes the following information:

- a) days and hours per day requested;
- b) effective date of proposed reduction of service level (may not be backdated);  
and
- c) an acknowledgement that you understand that you may retain your current service level and that a decrease to your certified schedule would replace your current schedule, and if you choose to increase your certified schedule at a later time, you will be required to provide additional documentation.

CHS is unable to make any reductions to the service level until a voluntarily written request is received that meets the above mentioned requirements. If more information is necessary in order to process the requested change, you may be contacted by your Program Specialist for additional information.

**Parent Name (Please Print):** \_\_\_\_\_

☐ I would like to voluntarily disenroll from the program. I am requesting zero (0) days and zero (0) hours of care, effective \_\_\_\_\_.

Or:

☐ I would like to temporarily stop using child care while searching for a new provider. I am requesting zero (0) days and zero (0) hours of care, effective \_\_\_\_\_.

Or:

**Please check both boxes below to acknowledge your understanding:**

☐ I acknowledge that I understand that I may retain my current service level and that a decrease to my certified schedule would replace my current schedule, and if I choose to increase my certified schedule at a later time, I will be required to provide additional documentation.

☐ I declare this information is true and correct. I understand that a willful statement of false information for the purpose of receiving state subsidized child care services is considered fraud and is an offense punishable by law. I certify, under penalty of perjury, that the above information is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR CHS OFFICE USE ONLY:**

☐ Primary Parent ☐ Secondary Parent

Notes: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Title: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_