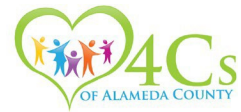


# Alameda County Pilot Program Request to Reduce Child Care Hours Form (REV. APR 2022)



I am making a voluntary request to reduce the hours of childcare currently authorized. I am requesting the following change in service:

A) Child Name:						Date of Birth:	
B) Child Name:						Date of Birth:	
C) Child Name:						Date of Birth:	
D) Child Name:						Date of Birth:	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							
Effective Date of Change:							

If the change I've requested results in shift from full-time care (130 hours or more) to part-time care (less than 130 hours). I would like to request that this information be used to reduce my family fee as well.

I understand that I have the right to keep my current certified schedule and the decrease I am requesting will replace my current schedule. I also understand that if I choose to increase my certified schedule at later time, I will need to provide additional documentation. (Title 5, § 18082.3)

Print Name of Parent/Caretaker Name	Family ID:
Signature of Parent/Caretaker	Date:

Date NOA Sent: \_\_\_\_\_ Staff Initials: \_\_\_\_\_