

Voluntary Request to Reduce Services 5 CCR § 18084.2 (b)

Families are eligible to receive services for 12 months at the certified level of services without reporting changes; however, families have the right to voluntarily request a reduction in services.

Parent Name	Family Case Manager
Address	Family Telephone Number
City, State, Zip	Effective Date of Change

Part I - Change Requested
State Reason for Change

Indicate Days and Hours Needed						
Regular Schedule						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Vacation Schedule						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Part II - Acknowledgment	
I understand that I have the right to continue to use my current level of service and that I am voluntarily requesting to reduce my hours of service.	
Parent Signature	Date

Rev 6/2018