

Notice Date:
Case Name:
Case Number:
Staff Name:
Staff Signature:
Agency:
Telephone:
Address:

(ADDRESSEE)

Questions? Call staff at the above agency. You may also call if you think this notice is wrong.

State Hearing: if you think this action is wrong, you can ask for a hearing. The back of this page tells how.

CHANGE OF CHILD CARE SERVICES

As of _____ : the following change occurred that has affected your child care:

Your child(ren) _____ , _____ , _____

WHY:

Your days and hours of child care have changed to _____

Your child care authorization dates have been extended or changed to _____

Your child(ren) _____ no longer qualifies for child care because _____

Your child care provider is your child's parent, legal guardian, or a member of your CalWORKs assistance unit. You must choose another child care provider.

Your license-exempt child care provider _____ has his/her application for TrustLine denied, revoked or closed. You must choose another child care provider.

Other: _____

Rules: These rules apply. You may review them at your welfare office: Education Codes: 8350-8353, 8357; Welfare and Institutions Code 11322.9, 11323.6, 11323.8 and 11323.4