



Requirement to Report when Income Exceeds 85% of SMI

State law requires a family who is initially certified or recertified on the basis of income eligibility to notify the agency within 30 calendar days of any current and on-going income change that causes the family's adjusted monthly gross income to exceed 85% of the State Median Income (SMI). *Title 5 section 18082.2*

NOTIFICATION PEOLIDEMENTS

Parent/Guardian Signature

I. NOTIFICATIO	N KEQUIKE	MENIS					
Families shall, within thirty (30) calendar days notify the enrollment office: If the family's gross monthly (pre-tax) income exceeds the maximum allowable, outlined below.							
Family Size	1 or 2	3	4	5	6	7	8
Monthly Income	\$6,595	\$7,472	\$8,712	\$10,106	\$11,500	\$11,761	\$12,023
II. FAMILY'S RIGHT TO VOLUNTARILY REPORT CHANGES [Title 5 section 18084.2]							
A family may, at any time, voluntarily request to: Reduce a family fee; Increase their certified schedule; Reduce their certified schedule							
III. ABSENCES							
 Contractors shall not disenroll any family due to excessive absences. However, the contractor shall issue a notice of action to disenroll the family on the basis of abandonment of care when there has been no communication with the provider or the contractor for a total of 30 consecutive calendar days. 							
IV. PARENT SIGNATURE							
I declare, under information prov	vided is true a	and accurate	e. I understand	•			

Date