

SOLANO FAMILY & CHILDREN'S SERVICES

421 Executive Court North – Fairfield, CA 94534-4019 – (707) 863-3950 – Fax: (707) 863-3975

FSS: _____

REQUEST FOR A LIMITED TERM SERVICE LEAVE

At this time I, _____, do not plan to participate in any activity
Parent/Caretaker
that meets the need criteria for receiving Child Development Services because: (state reason for LTSL):

Therefore, please place my family on Limited Term Service Leave status from:

First day of leave	through	Last day of leave	Student Parent's Only:	Day after school term ends	through	Day before new term begins
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At this time the children listed below are attending an After School Education and Safety Program or a Federal 21st Century Community Learning Center program. Therefore, please place them on Limited Term Service Leave (LTSL) status from: First day of leave through Last day of leave

- ❖ Not Limited to 12 or 16 weeks
- ❖ Family fees must be paid if another child is receiving Subsidized Child Care Services (as applicable)

Child's Name:	_____	Program Name/Location	_____
Child's Name:	_____	Program Name/Location	_____

I understand that Solano Family & Children's Services (SFCS) will not pay for child care services during this time. Because of this, I also understand that my provider may not be able/willing to keep a slot open for my children during this time.

Initials

I understand that I will not owe any Family Fees during my LTSL period. However, my current Family Fee amount will still be effective upon my return from leave – unless there has been a change in my gross family income that affects my family fees.

Initials

I will contact my Family Services Specialist if any changes in my need for Child Development Services occur while my family is on a LTSL.

Initials

I understand that it is my responsibility to contact my Family Services Specialist to update my application or schedule a recertification appointment at least two weeks prior to the end of my LTSL. I also understand that once I am placed on a LTSL, no Child Development Services will be approved prior to updating my application or attending a recertification appointment.

Initials

I understand that SFCS cannot approve a LTSL request for more than a 12-week period (per Fiscal Year) for non-medical reasons. However, a LTSL can be approved for up to a 16-week period for medical reasons or during a period when the training program is not in spring, fall or winter session. Furthermore, I understand that if I do not begin using child care services (upon SFCS approval of my recertification) within this time period, my child care services will be terminated by SFCS.

Initials

Medical Documentation Attached

Parent/Caretaker Signature

Date

The purpose of this agency is to promote an advocate for the well-being of children and families in Solano County by providing Subsidized Child Care, Resources & Referrals, Provider/Parent Training and Education, the Child Care Food Program and Community Outreach to address the community's diverse and ever changing needs.