



SCHEDULE CHANGE REQUEST

Please complete and sign this form at least two (2) weeks (i.e., 14 days) in advance of your request for a schedule change with Jacob's Promise. Jacob's Promise attempts to meet the scheduling needs of all of its families. While we will try to meet your desired request(s), because of the many families that we serve, we cannot guarantee that we will be able to do so. Schedule changes may necessitate a change in the behavior technician and result in an interruption in service delivery to your child. Kindly note that we will only contact you about this request when it can be granted; however, you may contact us if you have questions. Thank you for your ongoing understanding and support. **PLEASE NOTE: Parents may not use this form to change the number of approved hours. Authorization must be granted from the Clinical Supervisor in order to change the amount of approved hours of service.**

I. SCHEDULE CHANGE

Learner's name

Date

Please check ALL that apply: Change of Schedule Change in Service Location

Please indicate your current schedule with us and indicate your requested change in schedule.

Service	Current Day and Time	Requested Change

II. LOCATION CHANGE

If the requested service change location is an agency or organization, an authorized representative from the agency must fill out and sign the *Waiver-Release of Liability* prior to receiving confirmation from Jacob's Promise.

Current Service Location Address

Requested Change of Service Location

Agency Phone Number (if applicable)

Agency Fax Number (if applicable)

If this schedule change necessitates a change in technician then I wish to (Check One):

Wait until the current technician has an opening - no matter how long it takes

Change the schedule as requested on the following date: _____

If Jacob's Promise is unable to accommodate my request, then I understand that my child may be placed on the waiting list. Until this change is effective, I wish to (Check One):

Continue Services as Scheduled

Terminate Services (Please complete Termination Request Form)

Print Name

Signature