

Office  
St. address, city, state, zip  
999..999.9999 phone \* 999.999.9999 fax  
www.wrksolutions.com

Date



Title Fname Lname  
Address  
City, State Zip

Dear Title Lname,

**Workforce Solutions will no longer provide child care financial aid for your family because:**

- You did not contact Workforce Solutions and provide eligibility documents to us by the required deadline. You have fifteen 15 days from the date on this letter to make other child care arrangements and to appeal this decision.
- You are not working or in school, or working and in school, for at least 25 hours a week. You have fifteen 15 days from the date on this letter to make other child care arrangements and to appeal this decision.
- Your family income exceeds the level allowed to receive this financial aid. You have fifteen 15 days from the date on this letter to make other child care arrangements and to appeal this decision.
- You may not receive child care financial aid while attending school because you have more than sixty-five (65) credit hours or two (2) years of post high school education. You have fifteen 15 days from the date on this letter to make other child care arrangements and to appeal this decision.
- You did not report, within 10 days, a change in family circumstances affecting your eligibility for financial aid. As a result, your child care has been discontinued. You have 15 days from the date on this letter to appeal this decision.

**Contact us at the office location on the letterhead if you have any questions.**

Sincerely,

Name, Title  
Email address



# Child Care Financial Aid Appeal Form

Name: \_\_\_\_\_

Identifying number: \_\_\_\_\_

Date: \_\_\_\_\_

You have the right to a review of Workforce Solutions decision to reduce or discontinue your child care financial aid. We must receive your written request to review the decision within fifteen (15) days of the date on this letter. The request must be mailed to the address below or delivered in person to any of Workforce Solutions career offices.

Workforce Solutions – Gulf Coast Workforce Board  
Attn: Child Care Financial Aid Appeals  
Street Address  
City, State Zip code

Your may submit your written request for a review of the decision to reduce or discontinue financial aid on the lines below. You may include additional pages if the space below is not sufficient.

1) What is the decision that you want reviewed? \_\_\_\_\_

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2) What is your recommended solution? \_\_\_\_\_

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3) Are you submitting supporting documents you believe are relevant?  Yes  No

We will send you our decision within 30 days of date we received your recommendation. If we don't agree with your recommendation, we will forward an appeal on your behalf to the Texas Workforce Commission (TWC). TWC will contact you to schedule a hearing before a Texas Workforce Commission hearing officer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

*Workforce Solutions may continue your financial aid while TWC makes its decision. However, if TWC agrees with Workforce Solutions, you may be asked to pay us back the money we provided you during the appeal process.*

If this box is marked and the law allows, Workforce Solutions will continue financial aid until TWC makes a decision on your appeal. If TWC agrees with Workforce Solutions,



## Child Care Financial Aid Appeal Form

you may be asked to pay us back the financial aid dollars we provided you during the appeal process.