

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

Date

Title Fname Lname
Any Street
City, State Zip



Dear Title Lname:

Your child care financial aid will end on the date below unless you inform Workforce Solutions that you have returned to work or school

- Your care will end on ____ [enter date- 15 days from letter date] if we do not receive your doctor's statement
- Your doctor states that you may return to work or school on ____ [enter date]. You must call to tell us you have returned to work or your child care will end on the date above.
- Workforce Solutions will continue to provide child care financial aid for four weeks while you seek work. Care will end on ____ [enter date four weeks from date work stopped] unless you call to tell us you have returned to work or school.
- Your child care financial aid has been suspended until ____ [enter date] at your request. You must notify Workforce Solutions career office by ____ [enter same date] if you want your child care financial aid reinstated. We cannot guarantee that your current provider will hold a place for your child.

You have fifteen 15 days from the date on this letter to appeal this decision. Contact us at the office location below if you have any questions.

Sincerely,

Name,
Title
phone number with extension, email

Name:

Identifying number:

Date:



Child Care Financial Aid Appeal Form

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

You 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? _____

2) What is your recommended solution? _____

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 rules allow, Workforce Solutions will continue financial aid until TWC makes a decision on your appeal. If TWC agrees with Workforce Solutions, you may be asked to pay us back the financial aid dollars we provided you during the appeal process