

Date

Title Fname Lname

Address

City, State Zip

Dear **Title Lname**:

**Please contact us immediately at the number below!**

Some of the information that we use to assess your family’s eligibility for child care financial aid appears to be incorrect. Help us get the correct information!

To continue providing you child care financial aid, we must have accurate information about you and your family. We must receive [enter clear description of the document/s] at our offices **no later than [enter date and time 15 days from letter date]**.

If you do not provide the required information by the deadline above or the information you provide renders you ineligible, we will stop paying your child care financial aid immediately.

Please call us at the telephone number shown below as soon as possible! Thank you.

Sincerely,

### Name

Title

Telephone number and extension

Email address

Name: Id #: Last 4 digits of SSN: 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. You must mail the request to the address below or deliver it in person to any of Workforce Solutions career offices.

Workforce Solutions – Gulf Coast Workforce Board

Attn: Financial Aid Appeals

Street Address

City, State Zip code

Fax number, Email address

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 contact you to schedule a hearing with a hearing officer.

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

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like us to contact you by text message?[ ]  Yes[ ]  No (**Applicable carrier fees may apply)**

How would you prefer we contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Workforce Solutions may continue your financial aid while a decision on your appeal is pending. However, if the final decision supports the denial of financial aid, we will ask you 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 child care financial aid until a final decision on your appeal. If the decision supports the denial of financial aid we will ask you to pay us back the money we provided you during the appeal process.