

Date

Title Fname Lname

Address

City, State Zip

Dear Title Lname,

Workforce Solutions will not be able to provide child care financial aid for your family because:

- You did not return requested eligibility documents to us by the required deadline.
- You are not working or in school, or working and in school, for at least 25 hours a week.
- Your family income exceeds the level allowed to receive this financial aid
- 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 appeal this decision. Contact us at the office location below if you have any questions.

Sincerely,

Name,

Title

Office name, address, phone number, email



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

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: _____