

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:

We recently received a child care financial aid appeal from you. You requested that we review the decision to terminate the child care financial aid you currently receive from Workforce Solutions. We agree with your request, but you must call us as soon as possible to continue receiving financial aid.

When you contact us we will ask you some questions so that we can complete an application for child care financial aid if we do not have a current one. You must return the signed application with the documents checked below. Your child care financial aid will end unless the signed application and the documents checked below arrive at Workforce Solutions by the close of business on \_\_\_\_\_ [staff enters return date = 21 days from date of this letter"].

- Application for Eligibility Certification for Services – with parent/s signature and daytime contact number.
- Parent Agreement Form – with parent/s signature
- Copy of most recent check stubs for working family members
- Copies of social security cards for family members
- Proof of U.S. citizenship or legal immigrant status for each child on whose behalf you are applying for child care financial aid (birth certificate, alien registration card I-551, etc.)
- Proof of monthly child support payment and/or Attorney General Documentation
- School/training verification     Doctor medical statement     Proof of child's disability

**Please call the local career office you have been working with or our toll free number 1-888-469-5627.** When you call the toll free number, listen for and select the option to locate a career office.

Please call us today!

Sincerely,

Name and Title