

Office
St. address, city, state, zip
999.999.9999 phone * 999.999.9999 fax
www.theworksource.org

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 received from Workforce Solutions.

We do not agree with your recommendation, and will be forwarding an appeal on your behalf to the Texas Workforce Commission (TWC). TWC will contact you by mail to schedule a hearing before a Texas Workforce Commission Officer.

We have enclosed copies of documentation forwarded to Texas Workforce.

Sincerely,

Frankie Allred
Financial Aid Coordinator
Workforce Solutions
600 Jefferson Suite 900
Houston, Texas 77002
(713) 654-1919 extension 1153
allred_f@houworks.com

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