

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:**

Identifying Vendor Number_____

Workforce Solutions records for MM DD, YYYY to MM DD, YYYY indicate that we paid you for providing full time child care at the same time you were working full time at another job.

You must provide information verifying the truthfulness of your billing for child care services in 15 days from the date on this letter. Failure to do so may result in non-payment of child care services and the removal of children currently in care.

You have 15 days from the date on this letter to contact us if you have questions or disagree with this information.

Sincerely,

Name
Title
Telephone number and extension

Name:

Identifying number:

Date:

You have the right to a review of Workforce Solutions decision to have you repay for childcare services. We must receive your written request to review the decision within



Child Care Financial Aid Appeal Form

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 – Financial Aid Payment Office
Attn: Child Care Financial Aid Appeals
P.O. Box 741361
Houston, TX 77274-1361

You may submit your written request for a review of the decision to have you repay for childcare services 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: _____