

**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:

**Workforce Solutions will no longer provide child care financial aid for your family because:**

- Your chosen child care provider will no longer care for your child. You must contact Workforce Solutions within 15 days if you want to make other arrangements for financial aid from Workforce Solutions to another provider. If you do not contact us within 15 days your childcare will be discontinued. You have 15 days from the date on this letter to appeal this decision.
- You failed to pay your portion of the child care fee to your child's care provider. You have fifteen 15 days from the date on this letter to make other child care arrangements and to appeal this decision.
- Your child was absent without notice for more than the number of days allowed. Your care has been discontinued. You have 15 days from the date on this letter to appeal this decision.
- Your chosen child care provider has not returned required documents. If we receive all required documents from the chosen provider within 15 days from the date on this letter we will begin to pay for your child's care. If you want to choose another child care provider, you must call the number below within 15 days and tell us who you want to care for your children.

Please contact us at the office listed in the letter head if you have any questions or call **1-888-469-JOBS (5627)**. When calling the toll free number, listen for and select the option for financial aid, including child care.

Sincerely,

Name,  
Title



## 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  
P.O. Box 741361  
Houston, TX 77247-1361

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?

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2) What is your recommended solution?

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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: \_\_\_\_\_