Enter one or more of the reasons below in the letter titled “Denying Financial Aid” when you are telling the customer we have denied or discontinued her/his financial aid

| Reasons to Deny Financial Aid – New financial aid application | Appeals Form\* | Reasons to Discontinue Financial Aid –Recertification or while the customer is receiving financial aid | Appeals Form\* |  |
| --- | --- | --- | --- | --- |
| You did not return requested eligibility documents or information pertaining to your selected training program to us by the deadline [enter date] | A1 | You did not contact Workforce Solutions and provide documents to recertify your eligibility by the required deadline [enter date]. You have fifteen (15) days from the date on this letter to make other child care arrangements and to appeal this decision (A2) | A2 | 1 |
| Your family income exceeds the level allowed to receive this financial aid | A1 | Your family income exceeds the level allowed to continue to receive child care financial aid. You have fifteen (15) days from the date on this letter to make other child care arrangements and to appeal this decision | A2 | 2 |
| The documents you gave us show that you do not meet the following eligibility requirement: [enter one of the following]   * You are not working or in school, or working and in school, for at least 25 hours a week or 50 hrs a week for a two-parent family. * Your child must be younger than 13 years of age. * We do not provide child care financial aid to help you attend school when you have more than sixty-five (65) credit hours or two (2) years of post high school education * You are not a youth between the ages of 14 and 21. * You must be a citizen or resident able to work legally in the United States. * You did not register for Selective Service * To qualify for this financial aid you must be out of work because you were part of a mass layoff or plant closing, or you were laid off and are unlikely to return to the same occupation or industry. We cannot determine that you meet these criteria. | A1 | You do not meet the eligibility requirement to work, attend school, or work and attend school, for at least 25 hours a week or 50 hrs a week for a two-parent family. You have fifteen (15) days from the date on this letter to make other child care arrangements and to appeal this decision | A2 | 3 |
| We do not reimburse you for loans you’ve already taken out to go to school or tuition that you paid before we awarded you assistance.  If you are currently enrolled in school, you cannot use our scholarship assistance for your current courses. | A1 |  |  | 4 |
|  |  | We do not provide child care financial aid to help you attend school when you have more than sixty-five (65) credit hours or two (2) years of post high school education  You have 15 days from the date on this letter to make other child care arrangements. | A2 | 5 |
|  |  | You did not report, within 10 days, a change in family circumstances affecting your eligibility for financial aid. As a result, your child care financial aid has been discontinued.  You have fifteen (15) days from the date on this letter to make other child care arrangements and to appeal this decision.  You are not eligible to reapply for child care financial aid or be placed on the waiting list for 30 days from the date of this letter. | A1 | 6 |
|  |  | Our records show that your income for (insert dates) is not what you reported to Workforce Solutions.  You have 15 days from the date on this letter to make other child care arrangements. | A1 | 7 |
|  |  | 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.  You are not eligible to reapply for child care financial aid or be placed on the waiting list for 30 days from the date of this letter. | A1 | 8 |
|  |  | Your chosen child care provider will no longer care for your child. You must contact Workforce Solutions at the number below within 15 days if you want to arrange for financial aid from Workforce Solutions to another provider. | A1 | 9 |
|  |  | Your child (CHILD NAME) has exceeded the allowed 30-day limit for absences. We have notified your child care provider that we will no longer pay for (CHILD NAME) to receive care. You have fifteen 15 days from the date on this letter to make other child care arrangements.  You are not eligible to reapply for child care financial aid or be placed on the waiting list for 30 days from the date of this letter. | A1 | 10 |
|  |  | You violated the parent agreement you signed before beginning to receive child care financial aid.  You have fifteen 15 days from the date on this letter to make other child care arrangements. | A1/2 depending on violation | 11 |
|  |  | Your child was absent for five days in a row without contacting the child care provider or Workforce Solutions.  Your child care financial aid is immediately terminated and you are not eligible to reapply for child care financial aid or be placed on the waiting list for 30 days from the date of this letter.  Child care financial aid will not continue during an appeal. | A1 | 12 |
|  |  | You or your alternate cardholder violated the attendance card security agreement more than once.  You have 15 days from the date on this letter to make other child care arrangements. | A2 | 13 |
|  |  | Your child care provider [enter name] was placed on corrective/ adverse action.  This required you to notify us of your decision to either keep your child[ren] enrolled at the provider or transfer to a new provider.  You did not respond to us about your decision by the deadline [enter date].  We consider this a voluntary withdrawal from Workforce Solutions child care financial aid.  Your child care financial aid is immediately terminated and will not continue during an appeal. | A1 | 14 |
|  |  | 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. | A1 | 15 |
|  |  | You did not make a C average in your most recent semester or term as required to maintain your scholarship | A1 | 16 |
|  |  | You cannot retain your scholarship because you are on academic probation | A1 | 17 |
|  |  | You did not respond to a letter from Workforce Solutions requiring you to contact us within 10 business days. | A1 | 18 |
|  |  | You did not comply with your scholarship agreement by keeping in touch with us as promised to [insert one reason from below]   * tell us you started training within 5 business days * tell us you dropped a course, made course changes, changed course of study (major), withdrew from school within 5 business days * show us your grades for all courses within 10 business days of semester end. * tell us the days you attended school or work to continue to receive your next payment for transportation expenses, you must report attendance at least every 2 weeks to continue receiving transportation financial aid. * inform us of your progress in school at least monthly. * report your school attendance. Your scholarship depends on compliance with your agreement to work with us to maintain HHSC benefits. | A1 | 18 |

**\*A1** – We use this form when we do not give the customers the option of continuing to receive financial aid during the appeals process.

**\*A2** – This appeals form adds a statement at the end telling the customer she may chose to continue to receive child care financial aid during her appeal. If she does not win the appeal, she is required to pay the money back.

We sometimes temporarily discontinue child care financial aid. We use the appropriate letter and appeals form to tell the customer we are “suspending” financial aid

| Letter | Appeals Form \* | When to use this letter | Requirements |
| --- | --- | --- | --- |
| Suspension – Medical leave | A1 | The parent is on medical leave from school or work for a period not to exceed 90 days during a one-year period.  We may pay Child Care financial aid for up to 60 days of medical leave and suspend care while holding the customers slot for up to 30 additional days | 1. The parent tells us she/he will not be working/in school due to temporary incapacitation not to exceed 90 days **and** 2. The parent has given us one of the 3 documents below to show she/he will be returning to work or school **and** the doctor’s statement:  * Any document from the school showing the customers intent to resume education/training **or** * Written notification from the customer of her intent to enroll in training after the suspension **or** * A written statement from an employer saying the person will be returning to work **and** * A doctor’s statement that the customer needs medical leave from work or school with an end date no more than 90 days from the initial suspension  1. You must ask a customer when she/he contacts you to end the suspension if circumstances have changed that would affect her eligibility – pay, hours, support for or from family members etc. 2. Summarize the conversation in a counselor note. You do not need a new financial aid application if the customer’s circumstances have not changed. |
| Suspension – Parent not working/in school 25 hours a week or 50 hrs a week for a two-parent family | A1 | The parent will not be working or in school for 25 hours a week or 50 hrs a week for a two-parent family for a time not to exceed 90 days a year | 1. The parent is not on medical leave, **and** 2. The parent provided document/s to show she/he will be returning to work or school. Acceptable documents include:    * Any document from the school showing the customers intent to resume training, **or**    * Written notification from the customer of her intent to enroll in training after the suspension, **or**    * A written statement from an employer saying the person will be returning to work. 3. When the customer contacts you to end the suspension, determine if any circumstances have changed that affect her eligibility – pay, hours, support for or from family members, etc. You do not need a new financial aid application if circumstances have not changed. However, you must summarize the conversation in a counselor note. |
| Suspension – Child does to need care | A1 | The parent continues to work/train for 25 hours a week or 50 hrs a week for a two-parent family but the child does not need care for a time not to exceed 90 days a year  The parent maintains all eligibility [continues in work/school for 25 hours a week or 50 hrs a week for a two-parent family and meets financial eligibility] | 1. The parent does not need to provide any documents. We suspend care for the period requested and start it on the day the parent says she/he needs it again. |
| Suspension – After 4 weeks seeking work | A1 | We tell a customer that she has 4 weeks of child care to look for work after losing a job. | 1. We will pay for up to 4 weeks of child care beginning on the date the customer became unemployed. The letter tells the customer when the financial aid will end unless she/he contacts us to re-establish eligibility |