Workforce Solutions – Financial Aid Support Center
PO Box 924586 Houston, TX 77292
MAIN: 713.334.5980 FAX: 713.222.0000
www.wrksolutions.com

Request for Review

Name:	TWIST ID:	Decision Date:

Services were denied, reduced, suspended, or terminated due to:

☐Income Requirement ☐Absences ☐Hour Requirement ☐Failure to redetermine eligibility

☐Other:_____

You have the right to a review of Workforce Solutions' decision to deny/reduce or discontinue your financial aid. We must receive your written request to review the decision within 14 days of the date on this letter. You may email, mail, or fax your request and supporting documents to:

Workforce Solutions – FASC
Attn: Financial Aid Review
PO Box 924586
Houston, TX 77292
Fax: 713.222.2222 Email: appeals@wrksolutions.net

****You do NOT need to complete this form if you are providing requested documents by the deadline.**

Explain why you feel Workforce Solutions' decision to deny, reduce, or discontinue your financial aid is unfair or unjust. You may include additional pages if the space below is not sufficient.

_____

_____

_____

_____

Are you submitting supporting documents you believe are relevant? ☐ Yes ☐ No

We will send you our decision within 15 days of date we received your request. If we are unable to resolve your issue, a Board Review will be scheduled.

Signature: _____ Date: _____

Printed Name: _____

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Workforce Solutions is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. (Please request reasonable accommodations a minimum of two business days in advance.) **Relay Texas:** 1.800.735.2989 (TDD) 1.800.735.2988 (voice) or 711