

SECTION A: Individuals

Name **Eligibility Status**

SECTION B: Household Income

Name **Gross Annual**

Earned

Other

Earned

Other

Earned

Other

Earned

Other

Earned

Other

Earned

Other

SUPPORT/ALIMONY

MEDICAL

TOTAL GROSS ANNUAL INCOME

FAMILY SIZE

Your total family co-payment is _____ per week.

SECTION C: Appeal Information

LEGAL HELP AVAILABLE AT:

IF YOU HAVE CONCERNS ABOUT THE LEGAL AID ADDRESS LISTED, CONTACT THE CCIS TO DISCUSS WHETHER THERE IS ANOTHER OFFICE LOCATED CLOSER TO YOUR HOME OR WORK.

APPEAL AND FAIR HEARING

If you disagree with our decision, you have the right to appeal. See attached form for a complete explanation of your right to appeal.

Although you have 30 days from the date above to appeal, the CCIS must receive your written appeal on or before in order for your subsidized child care to continue pending the hearing decision. Your child care will not continue pending the hearing decision when the change is due to State or Federal Law, regulation or policy.

If your subsidized child care continues and the Hearing Officer finds in favor of the Department you may be required to pay back the funding that was paid on your behalf for child care.

Detach here

Detach here

IF YOU WISH TO APPEAL, COMPLETE AND RETURN TO THE CCIS THE INFORMATION ON THE BACK OF THIS NOTICE .

Notice ID: 999999999

APPLICANT NAME AND ADDRESS

Please correct your address here if necessary

CO	RECORD	CAT
		CC

CC

CCIS ADDRESS

WORKER ID:

TELEPHONE:

DATE:

YOUR RIGHT TO APPEAL TO A FAIR HEARING

You have the right to appeal any Child Care Information Services (CCIS) agency or Departmental action or failure to act, and to have a hearing if you are dissatisfied with any decision to deny, discontinue or change your subsidized child care request.

If a change in your subsidized child care eligibility is caused by a State or Federal law, regulation or policy change, you may appeal the change; however you will not be granted a hearing unless you are appealing the correctness of your eligibility determination. If you are only challenging the law, regulation or policy, your appeal will be dismissed by the Department but may be appealed to a higher court. At the hearing you can present to the Hearing Officer the reason you think the decision made by the CCIS is incorrect and present evidence or witnesses in your own behalf. You have the right to represent yourself or to have anyone represent you.

If you speak a language other than English and need an interpreter, please contact your CCIS so arrangements can be made to provide an interpreter.

If you and your representative would like to meet with the CCIS staff to discuss the matter informally or to present information which might change the proposed action, please call your CCIS worker. This will not delay or replace your fair hearing.

Your request for a hearing must be postmarked or received within 30 calendar days of the date of this notice. If your request is not received within the 30-day time limit, your appeal will be dismissed without a hearing.

HOW TO REQUEST A FAIR HEARING

To appeal and request a hearing you must put the appeal in writing as follows:

1. Include a copy of your notice.
2. Give a number where you can be reached.
3. Give your exact address.
4. Complete and return the bottom portion of the notice.

HEARING LOCATIONS

Erie for: Cameron, Clarion, Crawford, Elk, Erie, Forest, McKean, Mercer, Potter, Venango, Warren.

Harrisburg for: Adams, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Montour, Northumberland, Perry, Snyder, Union, York.

Philadelphia for: Bucks, Chester, Delaware, Montgomery, Philadelphia.

Pittsburgh for : Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Clearfield, Fayette, Greene, Indiana, Jefferson, Lawrence, Somerset, Washington, Westmoreland.

Reading for: Berks, Lehigh, Northampton, Schuylkill.

Wilkes-Barre for: Bradford, Carbon, Clinton, Columbia, Lackawanna, Luzerne, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming.

Detach here

Detach here

IF YOU WISH TO APPEAL, COMPLETE AND RETURN TO THE CCIS THE INFORMATION BELOW .

Notice ID: 9999999999

Please check one of the boxes to show which type of hearing you want I want a telephone hearing. I want a face-to-face hearing.

Please check if you require any reasonable special accommodation because of a hearing impairment or other disability.

Please check if you need an interpreter. What language? _____

NOTE: If you ask for an interpreter but later get your own interpreter, please call the Office of Hearings and Appeals (717) 783-3950

I WANT TO REQUEST A HEARING BECAUSE: (Attach additional pages if necessary.) _____

Check here if you do not want your subsidized child care to continue at the current amount pending the hearing decision.

Parent / Caretaker Signature

Address

Telephone No. (between 8 A.M. and 5 P.M.)

Date

Parent / Caretaker Rep. Signature Address

Telephone No. (between 8 A.M. and 5 P.M.)

Date