

Appeal Summary **SAMPLE SAMPLE SAMPLE**

Appellant:

Address:

Telephone #:

Household Members

Birthdate

Relationship

None

Appellant's Complaint:

(See attachment)

Agency Action:

Denied Child Care Provider Agreement

Basis for Agency Action:

2-13-98 Agency received Provider Agreement application papers.

2-20-98 Agency decision not to enter into a Provider Agreement at this time. Denial notice sent to provider.

2-17-98 Provider in the office wishing to discuss denial of Provider Agreement. Provider was given Request for Fair Hearing papers.

Manual References:

KEESM 10030

Attachments:

Request for Fair Hearing AH-1105

EES Supervisor: _____

PC 1: _____

Date: _____