



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

[www.state.tn.us/humanserv/](http://www.state.tn.us/humanserv/)  
**CHILD CARE SERVICES**

Enter County Address  
Enter City, TN Enter Zip  
Telephone Enter phone # TTY 1-800-270-1349  
Fax Enter Fax

**BILL HASLAM**  
Governor

**RAQUEL HATTER, MSW, Ed.D.**  
Commissioner

Enter Date

Dear Parent/Guardian:

Effective click here to choose a date, your eligibility for child care assistance will be

- Reduced  
 Denied  
 Terminated

Based upon **[SELECT FROM DROPDOWN]**.

If "other" please explain: \_\_\_\_\_

If this is a two parent household, each parent must participate in thirty (30) hours of activity to be considered for **[SELECT FROM DROPDOWN]**.

Child Care assistance through the Department of Human Services is an income/activity based program. Although you may qualify based on hours worked, there is a possibility of being over the income standards for the program.

Thank you for the opportunity to serve you,

\_\_\_\_\_, Child Care Specialist

You have the right to appeal any action or decision made by this agency. If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care assistance during the Fair Hearing process and it is later decided that you were not eligible for assistance, you will be required to repay the full amount of child care assistance you were not entitled to receive.