REQUEST FOR APPEAL/REVIEW OF SUBSIDY ELIGIBILITY DECISION

It is the mandate of the Child Care Fee Subsidy Program to determine subsidy eligibility in a fair and equitable manner by following the guidelines and legislation determined by the Ministry of Education, and the policies and practices determined by the City of Hamilton. However, every case involves variables that can change how we view an application. Applicants have the right to request an Appeal/Review of their case should they feel the process is not reflective of their individual circumstances.

Your Subsidy Eligibility Worker may assist you in the Appeal/Review process by helping you to complete an Appeal/Review Request Form, and provide you with an estimated date by which a decision will be reached.

After completion, your request for Appeal/Review will be submitted to the Supervisor/Manager for Child Care Fee Subsidy. The Supervisor/Manager will undertake an objective review of your file, and if necessary take your case to the Director of the Children’s Services and Neighbourhood Development Division for their input. A decision of your appeal/review will be made and you will be informed of the decision.

This information can be submitted to our office to the attention of APPEAL:

In Person:
The Lister Block
28 James St. North,
6th Floor Hamilton, ON L8R 2K1

By Mail:
Child Care Services Management
Lister Block, 6th Floor
P.O. BOX 2040
Hamilton, ON L8P 4Y5

By Fax:
905-546-3064

Client Information

Date: _______________ Name: _____________________________________________

Telephone (Bus/Cell.): (         ) ________________ (Home): (        ) ________________

Email: __________________________________________________________________

Child’s Name: __________________________________________Age: _____________

Child’s Name: __________________________________________Age: _____________

Child’s Name: __________________________________________Age: _____________

Child’s Name: __________________________________________Age: _____________

Childcare Centre/Program: ____________________________________________

Subsidy Eligibility Worker: ____________________________________________

Provide details of Appeal on back
Situation Requiring Review

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Signature: ___________________________  Date: ______________________