

For Office Use Only:
Contract # _____
Date _____

Employee Child Care Assistance Partnership Notice of Action

Your application to participate in the Employee Child Care Assistance Partnership was:

Approved Denied Terminated

The reason for this is:

Effective: _____ through (unless terminated) _____

Business contribution and frequency: _____

State match: _____

Employer/business name _____

Address _____ City _____ State _____ Zip _____

Employee name _____

Address _____ City _____ State _____ Zip _____

Child care provider/business name _____

Address _____ City _____ State _____ Zip _____

If you are dissatisfied with this decision, you may request an administrative hearing in accordance with 921 KAR 2:055 or 922 KAR 2:260.