

Please Print

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last Name	First Name	Date of Birth <small>(Day/Month/Year)</small>
Address (number, street, apartment number or rural route)		Member ID, if applicable:	
City / Town		Postal Code	Telephone Number ()
Case Manager's Name:		Caseload Number, if applicable:	

1. Why do you want an internal review? Please check one box.

Program:

Child Care Fee Subsidy

- I was not eligible for Child Care Fee Subsidy.
- I was not accepted to the wait list.
- I was removed from the wait list.
- I have an overpayment of subsidy determination.
- Spousal status determination.
- Eligible hours change
- Other (explain): _____

Ontario Works

- An overpayment has been set up on my case.
- I disagree with the amount provided.
- I was denied a benefit.
- I was denied basic financial assistance.
- My basic financial assistance has been cancelled.
- My basic financial assistance has been reduced.
- My basic financial assistance has been suspended.
- Other (explain) _____

Other Program (e.g. Homelessness Prevention Benefit)

- I disagree with the amount provided.
- I was not eligible for the Program.

2. What is the date on the letter telling you about the decision? / /
Day Month Year

3. Why do you disagree with the decision? *Provide any additional information that you think will be helpful. (If you require more space, please attach another sheet of paper)*

4. An internal review is supposed to be requested within thirty (30) days from the day you received the letter telling you about the decision. The letter should tell you the last day your internal review request was to be made. If it is now past that date, please explain why you could not make your request earlier. The time to request an internal review will only be extended in exceptional circumstances. You will be advised whether or not the time to request an internal review will be extended.

Signature

Date

Complete and then drop off, fax or mail to:

**United Counties of Leeds and Grenville
Human Services Division
25 Central Avenue West, Suite 200
Brockville, ON K6V 4N6
Attention: CSS Administrative Services**

**Telephone: 613-342-3840
Toll Free: 1-800-770-2170
Fax: 833-775-0561**