



## CHILD CARE GRANT PROGRAM

Department of Health and Social Services  
Division of Public Assistance  
Child Care Program Office

Office Use Only  
Date Received

### CHILD CARE GRANT REQUEST FOR ADMINISTRATIVE REVIEW

**If you disagree with a written determination made by the Child Care Program Office, you may request an administrative review of the determination. Complete the following information and submit within 15 days of the date you receive the notice of determination by: hand delivering to 3601 C Street, Suite 140, Anchorage, AK; mailing to the Child Care Program Office, PO Box 241809, Anchorage, AK 99524-1809; or faxing toll free to 1-888-224-4536.**

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide the reason for your request below.**

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**Please attach the following information with this completed form:**

- \_\_\_\_\_ 1. A copy of the written determination for which administrative review is requested;
- \_\_\_\_\_ 2. An itemized list of each alleged violation of a statute or regulation upon which the request is based;
- \_\_\_\_\_ 3. Factual arguments supporting the allegations in #2; and
- \_\_\_\_\_ 4. The specific relief sought.

#### **7 AAC 39.800**

The request for administrative review must be signed by the aggrieved facility or its authorized representative.

The department will stay a determination that would result in the termination of grant payments pending the outcome of the administrative review.

The department will deny a request for administrative review if the issues raised in the request do not fall within the department's jurisdiction.