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| CSO-1325A (11-16) | ARIZONA DEPARTMENT OF CHILD SAFETY | R:\DCS_round_logo_K.jpg |
|  | **ADOPTION SUBSIDY REQUEST FOR HEARING** |

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| This is a request for a hearing regarding the denial, suspension, or termination letter dated |       | , which |
|  | *Date of Letter* |  |
| I received on |       | *.* |
|  | *Date Letter Received* |  |
| **APPELLANT INFORMATION** |
| ADOPTIVE CHILD’S NAME:      | DOB:      |
| ADOPTIVE PARENT’S NAME:      | ADOPTIVE PARENT’S NAME:      |
| ADDRESS:      |
| CITY:      | STATE:      | ZIP CODE:      |
| EMAIL:      | PHONE:      |
| Action being appealed:      |
| Statement explaining why the adverse action is unauthorized, unlawful, or an abuse of discretion.      |
| **RETURN THIS FORM TO:** |
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|  | [ ]  Adoption Subsidy-Phoenix Office 1818 E. Sky Harbor Blvd North  Suite 100 Phoenix, AZ 85034 | or | [ ]  Adoption Subsidy-Tucson Office 4201 S. Santa Rita Ave., Suite 105 Tucson, AZ 85714 |  |

 |
| Adoptive Parent’s Signature:      | Date:      |
| Adoptive Parent’s Signature:      | Date:      |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Disponible en español en la oficina local.