



Tennessee Department of Children's Services

Notice of Denial, Termination or Change in Adoption Assistance

Date of Letter: _____

Dear _____:

This letter is to notify you that your:

The reason for this action is:

If you have any additional questions regarding the reason for this action, you may contact me at _____. If you are in agreement with the proposed action, please sign and date the enclosed agreement, when appropriate. You may mail your signed agreement to:

If you are not in agreement with the proposed action, you may also appeal this decision by completing the attached Appeal for Fair Hearing Form CS-0403. The Administrative Procedures Division must receive the completed form CS-0403, no later than 10th business day from the date of this letter. You may fax it directly to (615)-741-4518 or mail to:

**Administrative Procedures Division
Department of Children's Services
200 Athens Way, 2nd Floor, Suite B
Nashville, Tennessee 37243
Using FedEx or UPS 37228**

If you have any questions regarding your Fair Hearing process, please contact the Administrative Procedures Division, at (615)-741-1110.

Respectfully,

Always check the "Forms" Website for most current version and disregard all previous versions. This form may not be altered.

Distribution: Foster Family, Case Record, Office of Administrative Appeal

RDA 2368