



Tennessee Department of Children's Services

Notice of Denial, Termination or Change in Subsidized Permanent Guardianship (SPG)

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,