



CHILD CARE GRANT PROGRAM

Division of Public Assistance
Child Care Program Office
3601 C Street, Suite 140
Anchorage, AK 99503

Office Use Only

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: _____ ICCIS Number: _____

Mailing Address: _____

City: _____ Zip: _____ Phone Number: _____

Please provide the reason for your request:

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.

By signing below I certify under penalty of perjury all the information contained on this form is true and correct.

Printed Name of individual with CCG signing authority

Signature of individual with CCG signing authority

Date

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.