



**REQUEST FOR FAIR HEARING ON  
APPLICATION DENIAL OR DISCHARGE FROM THE  
EXTENDED FOSTER CARE PROGRAM; OR ON  
DENIAL, TERMINATION OR REDUCTION OF  
POSTSECONDARY EDUCATION SERVICES AND SUPPORT  
OR AFTERCARE SERVICES BENEFITS**

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

To Whom It May Concern:

My name is \_\_\_\_\_ and I am asking for a fair hearing about a notice I received. I want to appeal the decision (check one of the following):

\_\_\_\_\_ Denying my application, or discharging me from the Extended Foster Care program; or

\_\_\_\_\_ Denying my application, terminating me from, or reducing or changing my benefits from the PESS (Postsecondary Education Services and Support) or Aftercare Program.

I believe that the decision about my application or benefits is wrong because:

*(Include any information or attach any documents that you think would help you. Attach any extra pages you need to explain your situation.)*

My contact information is:

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Phone Email

\_\_\_\_\_  
Young Adult's Signature Date

**Case Manager/Designated Staff:**

I acknowledge that I have received this request for fair hearing on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
(Date)

\_\_\_\_\_  
Name (Print)                      Signature

\_\_\_\_\_  
Phone                                  Email

[A copy of this signed form shall be provided to the young adult by the case manager/designated staff.]