



Region of Waterloo
COMMUNITY SERVICES

Request for Review of Child Care Subsidy

Name: _____ Date of Birth: _____

Address: _____ City: _____

Postal Code: _____

Telephone: _____ (H) _____ (W) _____ (C)

Please tell us why you are appealing:

- My application for Child Care Subsidy was denied
- My Child Care Subsidy has been terminated
- Other _____

What was the date the decision was made? _____

Please explain why you disagree with the decision:

Do you wish to discuss your file in person? Yes No

Date _____ Signature _____

Please return to:

Paula Giles
Case Presenting Officer
Region of Waterloo
Community Services
99 Regina St. South, 5th Floor
Waterloo, ON N2J 4G6
(Fax) 883-0152

**Form must be completed and
submitted by:**

If not received by the above date, the current decision will remain.