

REQUEST FOR REVIEW OF ILP FUNDS/SERVICES DECISION

If you were not granted Independent Living Program funds or services and you disagree with the reason for this decision, please complete the following steps:

Email or mail this form to the Los Angeles County Foster Youth Ombudsman (advocate for foster youth) or call to fill out the form by phone:

: cghYf7 Ufy 'C a Vi Xga Ub, Youth Ombudsman Office, DCFS Public Inquiry Section
Phone: (213) 739-6454 Email: pinquries@dcfs.lacounty.gov
425 Shatto Place, 6th Floor, Suite 604, Los Angeles CA 90020

SERVICES/FUNDS REQUESTED:.....
DATE OF SERVICES/FUNDS NOT GRANTED: ___/___/_____ NAME OF ILP COORDINATOR:.....
REASON FOR REVIEW:

.....
.....
.....

(list and attach any other information or supporting document to the form)

DATE: _____
YOUR FULL NAME: _____ FIRST NAME _____ LAST NAME _____
ADDRESS: _____
EMAIL: _____
PHONE NUMBER(S) WHERE YOU CAN BE REACHED: _____
BEST DAY/TIME TO REACH YOU: _____

If this form was filled out by someone other than the youth, contact information:

DATE: _____
NAME OF PERSON: _____
ORGANIZATION: _____
ADDRESS: _____
EMAIL: _____
PHONE NUMBER(S): _____

The Los Angeles County Foster Youth Ombudsman will respond to you in 10 calendar days. If you have not received a response, please call or email the Youth Ombudsman Office.