Family Services Summary of Facts

Upon receiving notification of the scheduled hearing from the VDSS Appeals and Fair Hearings Unit, the local department must prepare a Summary of Facts of the case. A copy of this Summary, and all attachments, should be received by the appellant, their representative if any, and the hearing officer at least **five (5) days** prior to the hearing.

1. Identifying case information

Name of LDSS:		OASIS Case Number:				
LDSS Contact Person:						
Contact Email:		Contact Phone:				
Name of the child:						
Name of appellant/relationship to child:						
Address:						
City:	State:	Zip:				
Phone#:		Email:				

- 2. Statement of issue/action being appealed
 - a. Request for Appeal attached \Box yes \Box no
 - b. Statement of Issue (provide a brief statement of the reason for the appeal)
 - c. Determination by the LDSS
 - d. Type, amount, and date of payment, service and/or placement* that was changed, denied or terminated:

e. Statement of the alleged failure of the CPA to act, if applicable:

^{*} In in accordance to 22VAC40-201-115, a hearing shall be granted for the denial or delay in placement of a child for adoption when an approved family is outside the locality with the legal custody of a child.

Family Services Summary of Facts

3. Chronological sequence of events

Instructions: Provide a statement or listing of events which led the local department to take specific action. This would include, but not limited to, specific dates, actions that occurred or did not occur, and local department actions to resolve issues. Assume the reader is not familiar with the facts of the case or program guidance.

4. Specific calculations

Instructions: Provide the specific calculations in question and describe the reason the calculations are in question.

Family Services Summary of Facts

5. Specific citations(s) and language

Instructions: Provide the specific citation(s) and language quoted from law, regualtions, and/or the guidance manual on which LDSS action was based. Use and attach additional pages if needed. Additional pages attached \Box yes \Box no

6.	Rel	evant provisions of service plan or agreement			
	a.	Service Plan attached \Box yes \Box no			
	b.	Adoption Assistance Agreement attached 🛛 yes 🗆 no			
	c. Addendums to Adoption Assistance Agreement attached		□ ves	⊓ no	

7. List of additional documentation attached

8. LDSS Signature:

Director of Local Department Director

Date

A copy of this Summary, and all attachments, should be received by the foster/ adoptive parents, their representative if any, and the hearing officer at least **five (5) days** prior to the hearing. A copy of the Summary of Facts shall be placed in the child's foster/ adoptive paper case record.