

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:

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

FOSTER YOUTH OMBUDSMAN: Elizabeth Esteban
PHONE: (213) 351-5720
FACSIMILE: (213) 487-4431
EMAIL: LUNAEI@dcs.lacounty.gov
ADDRESS: 425 Shatto Place, 6th Floor, 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 Ombudsman. A copy of the request for review will also be forwarded to Harvey Kawasaki, Director of Youth Development Services.

You can also submit this form to Harvey Kawasaki at kawash@dcs.lacounty.gov.