



This form may be completed by an applicant or recipient for financial assistance who is aggrieved by a decision from the Department of Financial Assistance and who seeks a reconsideration of that decision. An application for a reconsideration must be made within 21 working days of the receipt of decision from the Department.

Application ID **FAS ID**

Date of Decision Received from Department

Name of Applicant/Recipient

Date of Birth of Applicant/Recipient

Physical Address of Applicant/Recipient

Select your District Bodden Town West Bay East End George Town
 North Side Cayman Brac Little Cayman

Which of the following aspects of the decision are you applying to have reconsidered (check all that apply)?

- Amount (no reconsideration is available where the amount is the maximum as set out in the Financial Assistance Regulations, 2023)
- Duration
- Conditions attached
- Refusal of an application
- Suspension
- Revocation
- Variation
- Recovery of money overpaid or improperly paid

Please provide any additional information you wish for the Director to consider in relation to the decision:

Please identify any aspect of the DFA policy which you claim was not followed in relation to the decision:

Once a reconsideration has been submitted to the Department, a decision will be issued within 21 working days.

I, _____ (applicant/recipient), confirm that the information provided above is accurate and truthful to the best of my knowledge.

Applicant/Recipient Signature

Date

If this form is being completed by the authorized representative for the applicant/recipient, the below needs to be completed.

I, _____ (representative), confirm that the information provided above is accurate and truthful to the best of my knowledge.

Representative Signature

Date

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to dfacompliance@gov.ky.