

HEARING SUMMARY FORMAT  
Qualifying Statement for Agency Witness

My name is \_\_\_\_\_ and I have been employed by (Division Name) since (Date of Employment with Agency). My current assignment is to process Subsidy Child Care Provider Registrations, as well as determining on-going eligibility for active registrations.

It is the policy of the (Division Name) to maintain case records on all applicants and registered child care providers. In the normal course of business, (Title)'s are required to make entries in the case record as information is obtained which may affect the provider's registration eligibility. I have with me the official case record of (Name of Provider). I will discuss and enter into evidence copies of original forms from the case record.

These forms were completed in the normal course of business and are a permanent part of the case record, which is stored according to federal and state guidelines.

Case Action Being Appealed:

(Reason for Denial)