



Community Action Program East Central Oregon

Serving Umatilla • Morrow • Gilliam • Wheeler Counties

721 S.E. 3rd, Suite D, Pendleton, OR 97801

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1565 N 1st St, Suite 1, Hermiston OR 97838

Phone: 541.289.7755 or 800.214.4776 FAX: 541.289.7757

www.capeco-works.org

NOTICE OF ACTION REGARDING YOUR _____ APPLICATION

Client Name: _____

Authorization #: _____

Address: _____

Date: _____

Cc: _____

Payment amount has been changed from \$ _____ to \$ _____

\$ _____ will be paid to _____

\$ _____ will be paid to _____

If the following information is not received by _____ your application will be denied.

YOUR APPLICATION HAS BEEN DENIED

Over income Incomplete application Other: _____

Prior notice mailed: _____

You have the right to receive a copy of your application. If you would like to receive a copy please request one.

RIGHT TO APPEAL: If you disagree with the reason stated above for denial of services, or if you want to submit additional information which may entitle you to be reconsidered, you may request a hearing. You must request a hearing either orally or in writing within thirty (30) days of the receipt of this notice. After your request is received, a hearing will be scheduled within thirty (30) days with which to appeal to Oregon Housing & Community Services (OHCS) if you are not satisfied with the results. If you do not request a hearing within thirty (30) days your hearing rights are forfeited. All rulings will be determined in accordance with OHCS regulations.

CAPECO Staff Signature

Date

Applications are processed according to the date on which they are approved.
CAPECO CANNOT GUARANTEE THAT ALL QUALIFIED APPLICATIONS WILL RECEIVE A PAYMENT.