**Office of Provider Management Room, Board and Watchful Oversight PBP Score Dispute Notification Form**

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| --- | --- |
| Date of Form: | Agency Name: |
| Executive Director Name: | Executive Director Email Address: |
| Contact Person Name/Title: | Email Address: |
| SCORE DISPUTED: |
| Safety Review ScoreDate of Review: \_ Score: \_  Comprehensive Review ScoreDate of Review: Safety Score: Permanency Score: Well-Being Score:  Quarterly Report Date of Report: Current Quarter/ Score : \_ Foster Home Evaluation ScoreDate of Review: Score: Foster Home: \_ Other  |
| DESCRIPTON |
| Describe Scoring Dispute (include resolution sought): Describe Other Attempts to Resolve Dispute: |
| SIGNATURE |  |
| Agency Director or Designee: | I have reviewed and concur with this notification. | Date |

Submit form with supporting documentation to CWPscores@dhs.ga.gov. A response will be provided within 10 calendar days.

**1** PBP Score Dispute Notification

r. July 2017