**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 Score  Date of Review: \_ Score: \_  Comprehensive Review Score  Date of Review: Safety Score: Permanency Score: Well-Being Score:  Quarterly Report  Date of Report: Current Quarter/ Score : \_  Foster Home Evaluation Score  Date 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](mailto:CWPscores@dhs.ga.gov%20). A response will be provided within 10 calendar days.

**1** PBP Score Dispute Notification

r. July 2017