



SR and VPK Provider Appeal Form

Provider/ Center Name: _____

Address: _____

Phone Number: _____

Reason for Appeal (check one of the following):

Child No Longer in Care

Notification not received

Additional Documentation Provided

Other _____

Please explain reason for appeal:

Provider Signature _____ Date _____

Appeals should be forwarded to the Early Learning Coalition by mail or fax.
Your Appeal will be reviewed within 10 business days after receipt and you will
receive written notification of ELC's decision by certified mail.

Early Learning Coalition of Pinellas County, Inc.
Provider Contracts and Compliance
2536 Countryside Blvd, Suite 500
Clearwater, FL 33763
Fax: 727- 400-4472