Client Eligibility Appeal

Provider Name: _________________________________________________________________

Client Name: _________________________________________________________________

Reason for Appeal (check one of the following):

☐ ELC Staff Error

☐ Additional Documentation Provided

☐ Other: _________________________________________________________________

Please explain reason for appeal:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Name: ____________________________ 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 mail.

Early Learning Coalition
2536 Countryside Blvd., Suite 500
Clearwater, FL 33763
Fax: 727-400-4486

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