

# Early Learning Coalition of Florida's Heartland, Inc.

[www.elcfh.org](http://www.elcfh.org)

## Appeal Form

Review the ELCFH Appeal Policy before completing this form. Appeals must be received within 30 days of the occurrence and will be reviewed within 5 business days. Client or provider will be notified of the decision in writing.

Client name / Child Care Provider Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Email: \_\_\_\_\_ Current Phone: \_\_\_\_\_

County:  Charlotte     DeSoto     Hardee     Highlands

Please state your appeal and attach supporting documentation. (Type or print legibly)

\_\_\_\_\_  
Client / Child Care Provider Signature or designee

\_\_\_\_\_  
Date

### APPEAL PROCESS DECISION

ELCFH USE ONLY:

Reinstatement. Effective Date: \_\_\_\_\_  Reinstatement pending review of submitted documentation.

Termination Remains. Applications to the waiting list accepted via the Family Portal: <https://familyservices.floridaearlylearning.com/>

Other: \_\_\_\_\_