

# Client Request to File an Appeal/Grievance



This form is used to file an appeal of an adverse action taken by the Early Learning Coalition of Palm Beach County regarding your childcare services and **must be submitted within 30 days of notification of adverse determination.** Once this request is received, ELC will take the necessary actions to review your case. This process may take up to 10 days to complete.

Please upload the completed form and supporting documentation at <http://fss.elcpalmbeach.org>

## TO BE COMPLETED BY THE CLIENT

- Cancellation of School Readiness services due to the failure to meet one or more eligibility requirements.
- Cancellation of School Readiness services due to the failure to respond to an ELC request for required program Documents. Attach proof of the extenuating circumstances that prevented you from submitting required program documents by the stated due date and attach the required program documents.
- Cancellation of School Readiness services due to suspected fraud.
- Cancellation of School Readiness services due to excessive unexplained absences that exceed 10 calendar days. Attach proof of the extenuating event that prevented you from contacting the Early Learning Provider during your child's extended absence.
- Purpose of care is not re-established at the end of a three (3) month period.
- The family income exceeds 85% of the current state median income.
- Other: \_\_\_\_\_

Describe your grounds for disputing an ELC Decision and attach documentation to support your position:

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Attach an additional page if more space is needed.

I understand that the ELC will process my appeal within ten (10) calendar days of receipt and that I will receive a copy of this completed form which will indicate the appeal decision; apart from statewide automated system interruptions that may delay file reviews. In the event the appeal is denied, I understand that within ten (10) calendar days of the appeal decision I have the right to request another review of my appeal which will be conducted by the Coalition's Chief Executive Officer or Chief Operations Officer.

Printed Applicant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Phone # \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Print Staff Member: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

EV#: \_\_\_\_\_



# Client Request to File an Appeal/Grievance

**THIS SECTION FOR COALITION OFFICE USE ONLY**

**REQUEST FOR APPEAL DECISION:** Appeals related to the School Readiness Program services may only be approved or denied.

**Is the client eligible to receive School Readiness services if the appeal is approved?**  Yes  No

**Approved:** Client must be eligible for School Readiness services and one or more of the following must apply:

- Client submitted documentation of the extenuating circumstance that prevented the client from adhering to the program participation requirements.
- The eligibility decision resulting in break in care, suspension or termination was made in error.

**Denied:** The appeal is denied for one or more of the following:

- The client is not eligible for School Readiness services.
- The client failed to submitted documentation of the extenuating circumstance that prevented the client from adhering to the program participation requirements which resulted in break in care, suspension or termination of School Readiness services.

Can apply to wait list immediately  Not waitlist eligible at this time

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy of this appeal/grievance was sent to the client on: \_\_\_\_\_