

**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 with 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