

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