

### Client/Recipient Fraud Appeal

Client/Recipient Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Please explain reason for appeal. The appeal must fully describe the nature of the error the recipient believes has been made and shall contain any documentation which supports the recipient's claim:

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(attach additional sheets as applicable)

Client/Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appeals should be forwarded to the Early Learning Coalition by mail or fax within 14 days of the fraud determination. **Failure to file a timely appeal waives the right to an appeal.**  
The appeal will be reviewed within 30 business days after receipt and the client/recipient will receive written notification of ELC's decision by mail.

Early Learning Coalition  
2536 Countryside Blvd., Suite 500  
Clearwater, FL 33763  
Fax: 727-400-4472