Suspected Fraud Appeal Form

Provider/Client/Recipient Name: _____

Provider/Client/Recipient Address: _____

Please explain the reason for the appeal. The appeal must fully describe the nature of the error the client/recipient believes has been made and shall contain any documentation which supports the client's/recipient's claim: (attach additional documentation if needed)

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Client/Recipient Signature _____ Date _____

Appeals should be forwarded to the Early Learning Coalition by fax or mail. Your Appeal will be reviewed within 14 calendar days after receipt and you will receive written notification of ELC's decision by certified, return receipt requested mail or hand delivered.

Early Learning Coalition of Pasco and Hernando Counties, Inc.
Attention: Compliance & Fraud Analyst
15506 County Line Road, Westwood Park-Suite 101
Spring Hill, FL 34610
Fax: (727) 857-0151