Suspected Fraud Appeal Form

Provider/Client/Recipient Name: _____

Provider/Client/Recipient Address: _____

Please provide a detailed explanation of the reason for your appeal. Your appeal must clearly describe the nature of the error you believe was made and include any documentation that supports your claim. *You may attach additional documentation if needed.*

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Client/Recipient Signature _____ Date _____

Appeals must be submitted to the Early Learning Coalition by email, or hand delivered. Your appeal will be reviewed within 14 calendar days of receipt. You will receive written notification of the Coalition's decision via certified mail (return receipt requested) and email.

Early Learning Coalition of Pasco and Hernando Counties, Inc.
Attention: Compliance & Fraud Analyst
12107 Majestic Blvd. Hudson, FL 34667