

CLIENT REQUEST TO FILE AN APPEAL-GRIEVANCE

School Readiness clients have the right to appeal eligibility decisions made by the ELC. To file an appeal, please indicate the eligibility decision you are appealing, sign and date the form, attach appropriate documentation, and submit the documents to your local ELC office.

TO BE COMPLETED BY THE CLIENT
<p> <input type="checkbox"/> Cancellation of School Readiness services due to the failure to meet one or more eligibility requirements. <input type="checkbox"/> Cancellation of School Readiness services due to the failure to respond to an ELC request for required program documents. Attach proof of the extenuating circumstances that prevented you from submitting required program documents by the stated due date and attach the required program documents. <input type="checkbox"/> Cancellation of School Readiness services due to suspected fraud. <input type="checkbox"/> Cancellation of School Readiness services due to the extended absence of a child (ten (10) or more consecutive days) without contacting the Early Learning Provider. Attach proof of the extenuating event that prevented you from contacting the Early Learning Provider during your child's extended absence. <input type="checkbox"/> Other: _____ </p> <p>Describe your grounds for disputing an ELC Decision and attach documentation to support your position:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Attach an additional page if more space is needed.</i></p> <p>I understand that the ELC will process my appeal within five (5) calendar days of receipt and that I will receive a copy of this completed form which will indicate the appeal decision. In the event the appeal is denied, I understand that within fifteen (15) calendar days of the appeal decision I have the right to request another review of my appeal which will be conducted by the CEO.</p> <p>Printed Applicant Name: _____ Email: _____</p> <p>Applicant Signature: _____ Date: _____</p>

COALITION USE ONLY
<p>REQUEST FOR APPEAL DECISION: Note: Appeals related to the School Readiness services may only be approved or denied.</p> <p>Is the client eligible to receive School Readiness services if the appeal is approved? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> APPROVED: Client must be eligible for School Readiness services <u>and</u> one or more of the following must apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client submitted documentation of the extenuating circumstance that prevented the client from adhering to program participation requirements. <input type="checkbox"/> The eligibility decision resulting in the suspension or cancellation of School Readiness services was made in error. <p><input type="checkbox"/> DENIED: The appeal is denied for one or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The client is not eligible for School Readiness services. <input type="checkbox"/> The client failed to document the extenuating circumstances that prevented the client from adhering to program participation requirements, which resulted in the <u>suspension</u> of School Readiness Services. <input type="checkbox"/> Can Apply to Waitlist <input type="checkbox"/> Not Waitlist eligible at this time <p>Reviewer Signature: _____ Date: _____</p> <p>A copy of this appeal/grievance was sent to the client on: _____</p>

