Grievance/Appeal Form – SR Eligibility

Right to Appeal If you do not agree with a decision regarding your child care scholarship(s) funding, you have the right to appeal that decision if you believe it was made in error and not based on policy. Decisions based on policy cannot be appealed. You must submit an Eligibility Appeal Form (G-10F-15) to Family Services within 10 business days from your termination date to begin the case review process. It is recommended that you keep copies of all paperwork provided by the Early Learning Coalition to determine your eligibility. You can visit the ELC website to review the complete Grievance/Dispute Resolution Policy. Data Exchange and Release of Information Florida's Division of Early Learning and the Early Learning Coalition has the right to initiate and/or receive data through direct contact.

Extenuating Circumstances can include, but are not limited to the following: [e.g. Loss of Family Member (i.e. Obituary), Natural Disaster, Accidents (i.e. Car Accident, Injury, Hospitalization, Lock Down, Grand Theft), Involuntary Arrest/Incarceration/Confinement, Child(ren) Illness (i.e. Physical note, or hospital documentation)]

1. Date:	2. Phone and/or Cell Number:
3. Parent Name *(first, middle, last, Jr./Sr./III)*:	
4. Parent Current Address: (Full street address, City, Zip)	

5. Mark the Box Indicating the ELC action which led to the Grievance/Appeal:

Failed to report in writing, within 10 calendar days of any of the following **(individually or combined)** change(s) in your household:

- ☐ Employment and/or Education: change of employer(s), pay, work hours/schedule, loss of employment(s), from temporary agency assignment to permanently hired, or while working for a temporary agency your assignment changed.
- ☐ Family Status: marriage, divorce, separation, parent of any child residing in the home, birth of child, change in family size
- ☐ Income Change: begin receiving or stop receiving any income and other income changes, decrease or increase in pay, decrease or increase in hours (e.g. child support, food stamps, cash assistance, second job, bonuses, lotto winnings)
- ☐ Residence/Contact Info: address changes, phone numbers, etc.
- ☐ Leave of Absence (e.g. maternity, medical, FMLA, worker compensation due to injury)
- ☐ Child absences (e.g. serious injury, health, medical procedure, death)

Termination of Services due to the following:

- ☐ Unable to verify Employment and/or Education and/or Guardianship and/or there is no Purpose for care
- ☐ Last day authorized (LDA) passed and you were unable to keep your appointment to be recertified or re-determined to continue to be eligible for services.

07/13/16 - Grievances Appeals Procedures Directed to ELC of Seminole

Notification of Appeal Decisions

By filling out this form, you agree to accept the final decision made by ELCS's management/designated personnel as it will be the outcome determined from the collection of supporting documentation provided including the facts, review of the file history and overall research completed. You also understand that the absolute outcome will be determined in a respectful and non-discriminatory manner.

Parents/guardians will be notified of the appeal decision by mail within 30 business days of the written appeal.

COALITION OFFICE USE ONLY:

Received by Manager:_____ Date: _____

Appeal Outcome: ☐ **Approved** ☐ **Denied** **Date:** _____

Rev 8/11/25