**SCHOOL READINESS PROGRAM**

**CLIENT REQUEST TO FILE AN APPEAL**

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

* Application for School Readiness services was denied due to the failure to meet one or more eligibility requirements.
* School Readiness Services were cancelled due to income that exceeds 85% of the state median income.
* School Readiness services were cancelled due to permanent loss of employment or educational activities.
* School Readiness services are interrupted due to the untimely submission of a service renewal application.
* Cancellation of School Readiness services due to suspected fraud.
* Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe your grounds for disputing an ELC decision and attach documentation to support your position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Attach an additional page if more space is needed.

I understand that the ELC will process my appeal within ten (10) 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 ten (10) calendar days of the appeal decision I have the right to request another review of my appeal which will be conducted by the Executive Committee of the ELC Board.

Printed Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR ELC USE ONLY**

**Is the client eligible to receive School Readiness services if the appeal is approved**? [ ] Yes [ ] No

Eligibility Analyst: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* APPROVED: Client must be eligible for School Readiness services and one or more of the following must apply:
	+ The eligibility decision resulting in the cancellation of School Readiness services was made in error.
	+ There is evidence that anomalies and fluctuations in the client’s income indicates the income does not exceed 85% of the state median income.
	+ There is evidence that the client did not experience full cessation of employment or educational activities.
	+ The client suffered an extenuating circumstance that prevented the client from submitting a timely service renewal application and the client provided documentation of the extenuating circumstance.
* DENIED: The appeal is denied for one or more of the following:
	+ The client is not eligible for School Readiness services.
	+ The client’s School Readiness services were interrupted due to his or her failure to submit a timely service renewal application and the client failed to prove extenuating circumstances that prevented him or her from submitting the application prior to the service end date of the previous application.

Director of Eligibility Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_