

SUBSIDY APPEAL FORM

Your name: _____

Your address: _____
(Street/P.O. Box) (City) (State) (Zip)

Facility Name: _____

Facility Owner: _____

License Number: _____

Telephone Number: _____

Email Address: _____

Information about the Action you are appealing:

Check the type of action taken against your facility.

- First Determination of Non-Compliance
- Second Determination of Non-Compliance
- Third Notice Determination of Non-Compliance (Permanent Ineligibility)
- Determination of Overpayment
- Notice of Sanction

Check who took the action against your facility.

- The Local Purchasing Agency/County
- The Division of Child Development and Early Education (DCDEE)

By signing below, I am requesting an appeal of the above action.

Signature

Date

Remember to attach supporting documentation. DO NOT SEND ORIGINALS

For DCDEE use only:

Received by:

Date: