CHILD CARE DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM

APPLICANT/CO-APPLICANT APPEAL FORM V8-19

The applicant/co-applicant can use this form to challenge an adverse action such as a childcare denial, termination of assistance, etc. If you wish to file an appeal, please complete this form and attach all relevant supporting documentation. Mail completed form to:

Automated Health Systems
Attn: Program Director
300 Main St., Ste. 310, Lafayette, IN 47901

*THE APPEAL MUST BE RECEIVED WITHIN **10 CALENDAR DAYS** OF RECEIPT OF ADVERSE ACTION LETTER OR SUBSIDY EXPIRATION DATE.*

Case Name:	Phone:
Street Address:	City, State, Zip Code:
Please detail why you feel the determination is unjust. You must submit any relevant documentation to support your claim.	
You must attach copies of any relevant documentation to support your appeal. DO NOT SEND ORIGINAL DOCUMENTS.	
Signature:	Date: