

**CHILD CARE DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM
APPLICANT/CO-APPLICANT APPEAL FORM**

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:

*CASY
Attn: CCDF Department
Booker T. Washington Community Center
1101 S 13th St. Terre Haute, IN 47802
Fax – 812-232-1731*

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: