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:

Firefly Children and Family Alliance
Attn: Director
3801 N Temple Ave Indianapolis, In 46205

*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: