



For a Brighter Future.

P.O. Box 10570 | 227 E. Washington Blvd. | Fort Wayne, Indiana 46853-0570 | (260) 423-3546 | (800) 589-2264 (Appt. Line) | www.mybrightpoint.org

To All CCDF Participants:

Brightpoint strives to deliver GREAT customer service. If you have questions, concerns, or comments regarding your case or your appointment, you may direct them in writing to:

Lesa Cassel
P.O. Box 10570
Fort Wayne, IN 46853
childcare@mybrightpoint.org

CCDF Applicant Appeal Process

When any adverse action is taken, such as denial, termination or increased co-pay, there is a three step appeal process. The first step is appealing the decision to the local intake agent manager. The manager has ten days to review the request and respond in writing. **All appeals must be in writing and need to include any supporting documentation.** You may e-mail, fax or mail your appeal to:

Lesa Cassel
P.O. Box 10570
Fort Wayne, IN 46853
childcare@mybrightpoint.org
Fax: 260-399-4105

The appeal packet includes:

1. The contact information for the local intake manager which is your first step in the appeal process.
2. Applicant Appeal Procedure – this outlines what is required to appeal your decision to the State.
3. CCDF Intake Appeal Form – the preferred format to appeal. This form is preferred but not required.

Brightpoint Programs

Covering Kids & Families | Energy Assistance | Supportive Housing | Career Academy | Child Care Assistance
Housing Solutions | Family Development | Supportive Services for Veteran Families | Weatherization
Early Head Start | Head Start | JAG-Youth Development | AmeriCorps | Brightpoint Development Fund



**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:

brightpoint
Attn: Lesa Cassel
P.O. Box 10570
227 E. Washington St.
Fort Wayne, IN 46853

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: