**Request for Appeal**



Please complete and submit this form to Quality First by email or mail. All Requests for Appeal are reviewed by First Things First. In addition, please include all documentation that has been received in regards to enrollment termination or Star Rating. Documentation may include but is not limited to: Targeted Support Plans, Quality Improvement Plans, Assessment Reports, meeting notes, emails or any written correspondence.

|  |  |
| --- | --- |
| Submit by Email to:QualityFirst@FirstThingsFirst.org  | Submit by Mail to:First Things FirstAttn: Quality First Team4000 N. Central Ave. Suite 500Phoenix, AZ 85012 |

|  |  |
| --- | --- |
| Participant Site Name and Address:  | Participant ID#:  |
| Phone Number:  |
| Email Address:  |
| Participant Name:  | Date Form Completed:  |

The questions below are to be answered by the person requesting the appeal.

1. What is the reason for the appeal? [ ]  Star Rating\* [ ]  Enrollment Termination

*(\*If appealing your Star Rating, you must first submit an Assessment Report Clarification Request and Complaint Form)*

1. Have you reviewed the Appeals Policy?

[ ]  Yes [ ] No

1. Provide the reason for appealing the action.
2. Have you met with the Quality First coaching team to discuss the action? If so, please describe details of the telephone discussion, meetings, or written correspondence.
3. Is there any other information you would like to share relevant to this appeal request?

Participant Name Participant Signature Date