



Child Care Bridge Payments Appeal

REQUEST FOR REVIEW

If you believe you were wrongfully denied a Child Care Bridge Payment or that your Child Care Bridge overpayment was established in error, you may seek review of that denial or overpayment by filling out this form and following the instructions below:

- Your request must be emailed, faxed, or postmarked **no later than 10 calendar days of the date on the denial or overpayment letter**. Email is recommended to avoid delays.
- State clearly and specifically what you believe was incorrect in this decision.
- Attach any relevant documentation to support your claim.
- Email, mail or fax your request:
 - **Email:** DCFDECECOVID19CCPayments@wisconsin.gov
 - **Mail:** Wisconsin Department of Children and Families
BCCSA/Child Care Payment Support Center
PO Box 8916
Madison, WI 53708-8916
 - **Fax:** 608-266-5473
- The review will be limited to the statement and supporting documentation you submit unless the reviewing authority has questions or seeks clarification from you.

A DCF representative will contact you within one business day to confirm receipt of your request.

Applicant Full Name	
Facility Name	
Provider/Location Number	
Phone Number/Email	
Denial or Overpayment Letter Date	
Denial Reason (if applicable)	
<i>Use this space below to state clearly and specifically what you believe was incorrect in the denial decision. Be sure to attach relevant documentation to support your claim.</i>	

Recipient Name
Month Day, Year
Page 2

(07/2025)