

## Request to Appeal an Eligibility Decision

Please complete this form if you would like to appeal our determination regarding your eligibility for RTS Access.

Return the completed form to the Paratransit Appeals Coordinator located at 1372 East Main Street, Rochester NY 14609. The Coordinator must receive your request no later than 60 days from the date in the body of your eligibility determination letter.

If the Coordinator receives your request by the deadline, the Coordinator will contact you and arrange for your appeal to go before the RTS Paratransit Appeals Committee. If the Coordinator receives your request after the deadline, the original determination remains in effect.

Customer Name	Phone Number
	eee
Mailing Ac	ddress
Select one of the following choices for your appeal participa	ation.
I choose to submit additional information for the Paratr want to appeal in person.	ransit Appeals Committee to consider, but do not
(If you choose this option, please send all additional info Committee to consider along with this form. Please con- letter of determination titled "Basis for the Determination	sider the information on the page attached to your
I choose to appeal in person.	
(If you choose this option, we will contact you to schedule hearing. You may bring additional information to the help provide information on your behalf. If you have a disability order for you to participate in the appeal hearing, please Access.)	aring and can attend with others who are able to lity that requires a Reasonable Accommodation in
The eligibility decision I am appealing is dated:	
Select the choice that best describes the decision you want	to appeal.
☐ Determination of ineligibility	
Type of eligibility	
Signature	 Date
Mail or deliver the completed form to 1372 East Main Stree	et, Rochester NY 14609, Attention: Paratransit