Access Eligibility Services
APPEAL INFORMATION FORM

If you disagree with your eligibility determination for Access Paratransit you have the right to appeal this decision within **60 days**. Your original eligibility determination will remain in effect until a final decision is made and your appeal is closed.

Please return your completed Appeal Information Form to:

Access Eligibility Services Appeal
P.O. Box 71684
Los Angeles, California 90071

Please Clearly Print or Type

ID Number: ____________________________________

Last Name: ____________________________________

First Name: ____________________________________

Address: ____________________________________

City & Zip: ____________________________________

Telephone Number: (_____) ______________________ Daytime

(_____) ______________________ Evening

What is your disability? ___________________________________

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Please explain why you think the transit evaluation decision is incorrect and why you cannot use the bus?

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Do you use a mobility device? ☐ Yes ☐ No
If Yes please describe: _________________________________
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I certify that the information I gave is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential and only the information required to provide the services I request will be disclosed to those who perform those services.

Appellant signature: _____________________________________

Date: ____________________

Person, Other Than Appellant, Completing Form

I certify that the information provided in this questionnaire is true and correct based upon information given me by the appellant or based upon my own knowledge of the appellant’s disability.

Print Name: ____

Signature: ____

Date: _________________

Relationship to Appellant: _________________________________

Address: ____

Telephone: (____) _____-___________