



NOTICE OF APPEAL



MOBILITY ON-REQUEST PARATRANSIT ELIGIBILITY APPEAL PANEL

OFFICE USE ONLY

Date of Receipt of this Notice of Appeal:

The information you provide on this form will be used to reassess your eligibility for Mobility On-Request Paratransit service.

Mobility On-Request Paratransit ID # (if applicable): _____

Title First Name Last Name

Street Address Telephone (evening)

_____, ONTARIO _____

City Postal Code Telephone (daytime)

Notice of Appeal

- Have you ever applied for Mobility On-Request Paratransit transportation services?
 Yes No **If no, please call Mobility On-Request Paratransit at 1-877-464-9675 #75762**
- Have you met with the Transit Ability Coordinator at the Mobility On-Request Paratransit office for an assessment? An assessment is a one on one meeting with the Health Professional, to clarify any questions regarding the application form.
 Yes No **If no, please call Mobility On-Request Paratransit at 1-877-464-9675 #75762 to schedule an assessment**
- Have you attended a Mobility On-Request Paratransit Appeal hearing in the last 12 months?
 Yes No **If yes, please call Mobility On-Request Paratransit at 1-877-464-9675 #75762**
- Have you cancelled or missed a scheduled Mobility On-Request Paratransit Appeal hearing before?
 Yes No **If yes, please call Mobility On-Request Paratransit at 1-877-464-9675 #75762**
- Are you available to attend a hearing within the next 30 days?
 Yes No

Book Appointment

- Do you need a ride to get to and from the Mobility On-Request Paratransit Appeal Panel?
 Yes No **If yes, someone from Mobility On-Request Paratransit will call you**
- Do you need a language interpreter to help you understand at the hearing?
 Yes No **If yes, what language is required?** _____
- Do you need an accommodation due to a disability to help you participate in the hearing?
 Yes No
- Please provide your email address if you would prefer confirmation by email _____

If you are not the applicant, please print your name and relationship to the person for whom you are appealing:

I certify that to the best of my knowledge the information provided in this appeal is correct. (Print name / Relationship)

[Signature of applicant or representative]

Please address the Notice of Appeal to the "Mobility On-Request Paratransit Eligibility Appeal Panel" - Access York and mail to the address:
17150 Yonge St, Newmarket, ON L3Y 8V3

The information on this form is collected under the authority of the *Accessibility for Ontarians with Disabilities Act, 2005* for the purpose of providing you with a Mobility On-Request Eligibility Appeal hearing. Your information is collected, used, and disclosed, where permitted, in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*.