



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

1. Have you ever applied for Mobility On-Request Paratransit transportation services?

☐ Yes

☐ No

If no, please call Mobility On-Request Paratransit at 1-844-727-2663
2. 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 1-844-727-2663 to schedule an assessment
3. 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 1-844-727-2663
4. 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 1-844-727-2663
5. Are you available to attend a hearing within the next 30 days?

☐ Yes

☐ No

Book Appointment

1. 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
2. Do you need a language interpreter to help you understand at the hearing?

☐ Yes

☐ No

If yes, what language is required?
3. Do you need an accommodation due to a disability to help you participate in the hearing?

☐ Yes

☐ No
4. 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" and mail to the address:
17250 Yonge St, Newmarket, ON L3Y 6Z1

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.