



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*.