



Cut along dotted line and mail the bottom portion to the address below:

REQUEST FOR APPEAL

ADA Eligibility Information

ADA Eligibility Notice of Right to Appeal

Your eligibility decision was made on the basis of your application and a functional assessment in which you demonstrated your ability or limitations related to using the Metro bus system. The Americans With Disabilities Act (ADA) allows and individual the right to appeal the ADA paratransit eligibility decision. Therefore, you may request an appeal hearing date within 60 days of receiving notification of your eligibility status.

At the hearing, you will have the opportunity tot testify and/or present related written documentation (which must be received by Metro one week prior to the hearing date) to an Appeal Committee comprised of peers and professional representatives in the health care community, about the functional limitations that prevent you from using metro. You will be notified in writing within 30 days of the hearing date of the Appeal Committee's decision. The Appeal Committee's decision is final.

If you have questions about the appeal process, please feel free to call Lisa Hall at (513) 632-7585 (TTY for hearing impaired customers, call Ohio Relay Service at 1-800-750-0750), weekdays between 8:30 a.m. and 5:00 p.m.

l hereby app	peal the Metro/Access ADA eligibility	decision.		
	d that my appeal will be reviewed by a understand that all written material not of my file.			
Please print o	or type:			
	Name: Address:			
	City:	State:	Zip:	
	Phone (Home):	(Wor	k):	_
	Signature:			
Mail To:	Metro, Attention ADA Appeals 1801 Transpark Drive Cincinnati, OH 45229			