



Access Services
PO Box 5728
El Monte, CA 91734
213.270.6000
accessla.org

APPEAL PROCESS FOR ACCESS SERVICES

Dear Access Services Applicant:

Recently you participated in a functional evaluation to determine your ability to use public accessible fixed route transportation. As a result of that evaluation, you were either found not eligible for Access Services or provided restrictive use of Access Services.

If you feel this decision is not truly reflective of your functional abilities to use accessible public transportation, you have the right to an in-person appeal of the decision. Enclosed, for your convenience, is an Appeal Request Form, which must be filed within 60 days of your initial certification determination letter. Please return the completed Appeal Form:

Mail To: Access Services
Attn: Eligibility Appeals
P.O. Box 5728
El Monte, CA 91734

The Americans with Disabilities Act (ADA) entitles you to have an impartial in-person hearing independent of the initial evaluation. Your appeal will be assigned to an appeal specialist qualified to evaluate the functional issues you present at your appeal. The specialists include a medical physician, a licensed clinical psychologist, a physical therapist and orientation and mobility evaluators. This evaluation may include some functional testing and examinations to assess your ability to get to the bus, to get on the bus, to ride the bus and to get off the bus.

The ADA directs the eligibility process, including the appeal process, "to ensure that people who meet the eligibility criteria, strictly applied, are regarded as ...eligible¹." The ADA indicates "a condition which makes traveling to a boarding location or from a disembarking location more difficult for a person with a specific impairment-related condition than for an individual who does not have the condition, but does not prevent the travel, is not a basis for eligibility...²."

You will be notified within 30 days of the completion of your appeal of the decision. If a decision is not made within the 30 day period after your appeal, you will be given temporary eligibility until the decision is made. The appeal decision is the final determination of eligibility.

If you have any questions, please call our Customer Service Center at 1-800-827-0829, Monday through Friday between 8am and 5pm.

Sincerely,

Access Services

¹ Title 49 Part 37 Subpart F Section 37.125 Appendix D

² Title 49 Part 37 Subpart F Section 37.123 B.3.i



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ACCESS SERVICES APPEAL FORM

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

Please return your completed Appeal Form to:

Access Services
 Attn: Eligibility Appeals
 P.O. Box 5728
 El Monte, CA 91734

Access Services ID Number: _____ (required)

Last Name: _____ First: _____ MI: _____

Home Address

Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

What is your disability? _____

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

Which of the following mobility aids or equipment do you use? NONE
 Power Wheelchair Manual Wheelchair Scooter Width _____ Length _____
 Walker Service Animal White Cane Other: _____

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.

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.

Signature: _____ Date: _____

Print name: _____

Address: _____

Phone: (____) _____ Relationship: _____

Note: If the appellant is under age 18 on the date of form is signed or if the appellant has had a guardian or conservator of the person appointed for them, this form must be signed by a parent, legal guardian or conservator.

The undersigned certifies that he/she is the parent or legal guardian or conservator of the participant, and as such on behalf or myself and the participant agrees to the term of this Consent.

Signature: _____ Date: _____

Print name: _____