

## **A-RIDE ELIGIBILITY APPEAL POLICY**

Please complete this form if you want to appeal our determination regarding your eligibility for the A-Ride paratransit program. Once completed, please return to the address list below. Complete forms must be postmarked within 60 days of the date of your eligibility determination letter.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number with area code: ( \_\_\_\_\_ ) \_\_\_\_\_

Select one of the following:

\_\_\_\_\_ I choose to submit additional information for the Appeal Panel to consider, but do not want to appeal in person. If you choose this option, please send all additional information you would like the Appeal Panel to consider along with this form. Please consider information on your letter of determination when preparing additional information.

\_\_\_\_\_ I choose to appeal in person. If you choose this option, we will contact you to schedule a mutually agreeable day and time for the appeal hearing. You may bring additional information to the hearing and can attend with others who are able to provide information on your behalf.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Return completed form to:**

TheRide/A-Ride Appeals  
2700 S Industrial Hwy  
Ann Arbor, MI 48104  
Or Email  
aride@theride.org