



## **Metro Mobility Request for Appeal Process**

Based on the information you have provided the ADA Evaluator, it has been determined that you are “Conditionally Eligible”, “Temporarily Eligible”, or “Not Eligible” for Metro Mobility ADA Paratransit Services. If you disagree with this decision, you have the right to appeal.

Your request to appeal must be made within sixty (60) days of the ADA Evaluator’s decision. During the appeal, you may be unable to utilize Metro Mobility Services. If you were previously certified, you will still be able to utilize Metro Mobility Services until your expiration date.

Please complete the following Application for Appeals. You may provide additional supporting documents, but this is not required. Any written materials you provide with your appeals will be included in your file, and will not be returned to you.

The Appeals Process is a two-step process:

1. The ADA Paratransit Coordinator will review your application for appeals. Within seven (7) days of receiving this application, the ADA Paratransit Coordinator will contact you to discuss the appeal. You have the option of meeting with the ADA Paratransit Coordinator in-person or discussing the appeal over the phone. After you have discussed the appeal with the ADA Paratransit Coordinator, he or she will decide whether or not to uphold the decision of the ADA Evaluator. If the ADA Paratransit Coordinator upholds the decision of the ADA Evaluator, then you may go onto step two (2).
2. If the ADA Paratransit Coordinator upholds the decision made by the ADA Evaluator, you have the right to appeal to the ADA Certification Appeals Committee. This Committee is comprised of individuals with experience with the ADA.

**Metro Mobility  
Application for Appeals**

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

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

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

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Email: \_\_\_\_\_

Did someone other than the applicant fill out this form?

- Yes
- No

**If yes**, please provide the following information for the person that completed this form:

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

Relationship to the Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please explain why you disagree with the decision that was made by the ADA Evaluator (Use additional sheets, if necessary):

Is there any information that was not presented in your Application for Metro Mobility or during your meeting with the ADA Evaluator that you would like to include in this application? This may include, but is not limited to, information from your physician, a family member, or an agency from which you receive service.

- Yes**, I have additional information that I have included.
- No**, I do not have any additional information that I wish to include.

Do we have your permission to contact your physician or the agencies from which you have received services to confirm the information you have provided?

- Yes
- No

Signature of the Applicant:

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

Signature of the person completing this form, if applicable:

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

Please return this application To Mountain Metropolitan Transit in **one (1)** of the following ways:

- Drop off this form at Mountain Metropolitan Transit Offices, located at 1015 Transit Dr.
- Email this form to Allison Burns, ADA Paratransit Program Coordinator, at [Allison.Burns@coloradosprings.gov](mailto:Allison.Burns@coloradosprings.gov)
- Fax this form to 719-385-5419
- Mail this form to:

ADA Paratransit Coordinator  
Mountain Metropolitan Transit  
1015 transit Dr.  
Colorado Springs, CO 80903