## Prioritized Service ADA Eligibility Determination Appeal Request Form

Please complete this form if you would like to appeal our determination regarding your eligibility for the Franklin Transit Prioritized Service. Once completed, please return it to the address listed below. Completed forms must be postmarked with 60 days of your eligibility determination letter.

You will be notified of your eligibility status in writing within 21 days of the receipt of this application. The notification will also explain the reason for the determination.

Any person denied eligibility or granted a conditional eligibility may file a written or verbal request with The TMA Group Executive Director for an appeal within 60 days of the date of the notification. You have the opportunity to be heard and present information and arguments concerning your situation and status. You may also request that your argument be heard by another management person within the agency other than the manager who made the initial decision. Prioritized Special Service will not be provided during the appeal process unless the appeal process cannot be concluded within 30 days.

Name				
Street Addres	s			-
City		State	_ Zip	_
Telephone nu	mber with area coc	le () -		_
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 on this form. Please consider the information on the page attached to your letter of determination titled, "Basis for the 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 Sign	nature:			
Date:				