

Notice of Right to Appeal Your Paratransit Eligibility Determination

Spokane Transit Authority (STA) has determined your eligibility for Paratransit service under the Americans with Disabilities Act. If you disagree with this decision, you have the right to appeal and explain to the hearing officer why the determination is not correct.

Your appeal request must be in writing and postmarked within 60 calendar days of the date of your determination letter. You may use the enclosed Notice of Appeal form to request an appeal.

If you request an in-person hearing on your appeal, STA will schedule the hearing promptly (usually within 30 days). You may bring someone with you to the hearing for support or to speak on your behalf. STA will provide you with a complimentary Paratransit ride to the hearing.

Only disabilities disclosed on your written application or during your in-person assessment can be considered on appeal. If you would like STA to consider an additional disability or condition, you may reapply for Paratransit at any time by submitting a new application.

Within 30 days from the completion of the appeal process, the hearing officer will send you a written decision on the appeal. That decision will be final, and will uphold, reverse, or modify the original eligibility determination.

If you have questions about the appeal process or would like to request this document in an alternative format, contact STA's Accessibility Officer at (509) 325-6094 (TTY WA relay 711) or STAappeals@spokanetransit.com.

In accordance with Title VI of the Civil Rights Act of 1964, Spokane Transit does not discriminate on the basis of race, color, or national origin.

If information is needed in another language, contact (509) 325-6094.

Si necesita información en otro idioma, comuníquese al (509) 325-6094.

Для получения информации на другом языке звоните по тел. (509) 325-6094.

Nếu quý vị cần thông tin bằng một ngôn ngữ khác, xin vui lòng gọi số (509) 325-6094.

Notice of Appeal

Please complete this form if you would like to appeal STA's determination of your eligibility for Paratransit services. Once completed, please return it to the address listed below. Completed forms must be postmarked within 60 days of the date of your eligibility determination letter.

Name of Applicant: _____

Paratransit ID number: _____

(If other than Applicant)

Name of person submitting this form: _____

Relationship to the Applicant: _____

Select one of the following:

_____ I choose to submit additional written information for the hearing officer to consider, but do not want to appeal in person. (If you choose this option, please send all additional information you would like the hearing officer to consider along with this form. Please consider the information on the page attached to your determination letter titled "Explanation of Eligibility Determination" when preparing additional information.)

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

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Return completed form to:
STA Ombudsman
1230 W. Boone Ave.
Spokane, WA 99201