

ADA Eligibility Appeals Process

An individual who disagrees with an ineligible determination decision may request an appeal.

The appeal request must be made in writing and must be sent to SMARTs ADA Complementary

Paratransit Service Coordinator within 60 days of receipt of the eligibility determination letter.

Requests are to be sent to:

Send completed application to:

San Miguel Authority for Regional Transportation (SMART)

ADA Complementary Paratransit Service Coordinator

PO Box 3140

Telluride, CO 81435

Or email to david.averill@smarttelluride.com

Individuals have the right to an in-person hearing with the

SMART ADA Complementary Paratransit Service Coordinator however, the individual may waive his/her right to an in-person hearing, allowing the SMARTs ADA Complementary Paratransit Service Coordinator to review his/her case without being present.

The SMARTs ADA Complementary Paratransit Service Coordinator will review the original decision and will make a final decision as to eligibility. The decision of the SMARTs ADA Complementary Paratransit Service Coordinator will be communicated in writing, within thirty (30)

days, and will state the reason(s) for the decision. If a decision is not made within thirty (30)

days of the date of appeal, full eligibility will be given until a final decision is made. Upon

mailing of the written decision of the SMARTs ADA Complementary Paratransit Service Coordinator, the decision will be final.

Eligibility Appeal Form

I, _____, wish to appeal the SMARTs ADA Complementary Paratransit Service Coordinator eligibility determination decision, received _____, 20____.

Check One:

☐ ADA Complementary Paratransit service eligibility was **denied** - Appealing denied eligibility decision.

☐ **Conditional** ADA Complementary Paratransit service was granted - Appealing for Unconditional ADA Complementary Paratransit service eligibility.

☐ **Temporary** ADA Complementary Paratransit service was granted - Appealing for Permanent ADA Complementary Paratransit service eligibility.

Therefore, I am requesting an appeal hearing with SMARTs ADA Complementary Paratransit Service Coordinator.

Signature _____ Date _____

Name: _____

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Address: _____

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City: _____ State: _____ Zip Code: _____

Phone

Number(s): _____

To request an appeal hearing, or to submit additional documentation, as part of your appeal, please send items

to:

San Miguel Authority for Regional Transportation (SMART)

ADA Complementary Paratransit Service Coordinator

PO Box 3140

Telluride, CO 81435

Or email to david.averill@smarttelluride.com

****Please include any additional information you would like to be considered as part of your appeal****

The decision of the ADA Complementary Paratransit service Coordinator is final. Applicants have the right to use the service if the Committee has not made a decision within 30 days of the completion of the appeal process.