



## HANDI- TRANSIT SERVICES (HTS)

### ELIGIBILITY APPEAL FORM (PLEASE PRINT CLEARLY)

This Appeal is in respect to a decision made by Handi-Transit Services (HTS)

dated: (INDICATE DATE OF DECISION: YEAR – MONTH – DAY) \_\_\_\_\_

with respect to my eligibility for service (COMPLETE THE FOLLOWING INFORMATION):

APPLICANT NAME: \_\_\_\_\_ APPLICANT ID # \_\_\_\_\_

#### ELIGIBILITY DECISION (check correct box below):

- CONDITIONAL SERVICE – applicant is eligible for some trips with HTS under certain conditions.
- TEMPORARY SERVICE – applicant is eligible for trips with HTS on a temporary basis.
- NOT ELIGIBLE – applicant is not eligible for any trips with HTS.

I WISH TO APPEAL HTS' DECISION ON THE BASIS OF THE FOLLOWING INFORMATION (any supporting documentation should be attached to this appeal form):


I authorize HTS to make available to the **HTS Eligibility Appeals Panel** the information it requires to consider my appeal.

I WISH TO APPEAR

I DO NOT DO WISH TO APPEAR

I hereby **APPOINT** (PRINT NAME) \_\_\_\_\_ as my agent and to appear on my behalf.

**IF YOU HAVE AN AGENT THEN THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED**

If you have an agent, please provide the following personal information.

This information will be used for processing your appeal and will become part of a confidential agenda.

**AGENTS NAME:** \_\_\_\_\_  
(if applicable)      Last Name                      Mr/Miss/Mrs/Ms                      First Name                      Middle Initial

Home Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**FURTHER INSTRUCTIONS:**

YOU MAY BRING ANOTHER PERSON(S) TO THE APPEAL PANEL HEARING TO DISCUSS YOUR APPEAL. IF YOU WISH TO DISTRIBUTE WRITTEN MATERIAL TO THE PANEL MEMBERS AT THE HEARING, YOU MUST BRING A MINIMUM OF THREE (3) COPIES. A LETTER OF NOTICE WILL BE MAILED TO YOU ADVISING OF THE APPEAL HEARING DATE, TIME, AND LOCATION.

TRANSPORTATION TO THE APPEAL HEARING IS NOT PROVIDED BY HTS. IF YOU ARE UNABLE TO ATTEND THE HEARING THEN CONTACT HTS TO DISCUSS ALTERNATIVE OPTIONS.

---

**SUBMIT YOUR APPEAL TO THE ATTENTION OF THE HTS ELIGIBILITY APPEAL PANEL USING ONE (1) OF THE FOLLOWING METHODS:**

**BY MAIL:**

Handi-Transit Services (HTS)  
863 Second Street West  
Cornwall, ON K6J 1H5

**BY FAX:**

613-932-9906

**BY E-MAIL:**

tjodoinashe@cornwall.ca

---

**IF YOU HAVE ANY QUESTIONS OR NEED MORE INFORMATION CONTACT HTS @ 613-930-2636**