

**Accessible Transportation Services (ATS)
Eligibility Appeal Form (please print clearly)**



Applicant ATS ID Number:

(Your ATS ID number is found on the letter you received to inform you of the ATS eligibility decision)

Name:

Phone Number:

Mailing Address:

Postal Code:

By providing the mailing address above, I consent to receiving ATS communication by mail to the above address and I assume all related risks, including but not limited to someone opening my mail in error.

Email Address (optional):

By providing my email address above, I consent to email communications about my eligibility for or my use of Accessible Transportation Services. I recognize that such e-mails will not be encrypted and may contain my personal health or other personal information. I assume all related risks of any email communication to and from this email address, including but not limited to someone accessing, intercepting, or receiving the email in error. I also recognize that if I have given access to my e-mail account or have shared my password with any person that they may have access to such e-mails. I understand I can choose other options for communication with ATS: mail, fax, or attending in person to receive or provide information.

I wish to appeal the ATS decision concerning my eligibility for service on the basis of the following information (any supporting documentation should be attached to this appeal form):

When your appeal date is set, you will be informed by mail. You may choose to attend the hearing, or you may choose to be represented.

Appointment of Representative [optional]

You must have permission from your Representative to provide the information below and they will be informed that you have provided this information. If you appoint a Representative, ATS will send the Notice of Appeal Hearing to the Representative. ATS will not provide copies of any records to the Representative; however, the Appeal Hearing will include a review of all records about your eligibility for service, including but not limited to your original application form and any additional medical information ATS has on file.

If a representative will appear on your behalf, the section below must be completed:

I hereby appoint (print name)

as my representative and to appear on my behalf.

Applicant ATS ID Number:

Name:

Appointment of Representative – continued [optional]

Mailing Address of Representative:

Postal Code of Representative:

Phone Number of Representative:

Alternative Phone Number of Representative:

Authorization to Release Personal Information

I consent to the sharing of records between Accessible Transportation Services and:

1. members of the ATS Eligibility Appeal Panel, for the panel to decide about my eligibility for service
2. (if applicable) the representative I have appointed above.

I understand this information may be shared in telephone conversations, face-to-face meetings, mail, fax, or secure file transfer. I also understand that I may withdraw my consent at any time; however, the withdrawal of consent may affect the ability of ATS to respond to my request for appeal.

Signature of ATS Client or Substitute Decision-Maker:

Print Name of ATS Client or Substitute Decision-Maker:

Date:

Submit your appeal to the attention of the ATS Eligibility Panel using one (1) of the following methods. If you wish to submit the appeal by email ATS accepts no liability for any related risk of the email communication to this email address, including but not limited to someone accessing, intercepting, or receiving your email in error.

By mail or in person:

Accessible Transportation Services (ATS)
c/o 71 Main St. West, Hamilton, ON L8P 4Y5

By fax: 905-679-7305

By email: ats@hamilton.ca

Personal information on this form is collected under the authority of Section 64 of the Integrated Accessibility Standards Regulation 191/11, under the Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, as amended and under the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56, s. 29(1)(f). Personal Information being collected is used to confirm eligibility for the Accessible Transportation Services and is also used for the purpose of any related proceedings including without limitation an Eligibility Appeal Hearing. Questions about this collection should be directed to the Manager of Accessible Transportation Services at the address above.