



DART ADA Complementary Paratransit Service Eligibility Determination Appeal Request

Under the provisions of the Americans with Disabilities Act [CFR §37.125(g)], you have the right to appeal any determination that you are not eligible for DART ADA Complementary Paratransit Service or any other restriction that may have been placed on your use of the service.

Please complete this form if you would like to appeal our determination regarding your eligibility for DART ADA Complementary Paratransit Service. Once completed, please return to the address listed below. Completed forms must be postmarked within 60 days of the date of your eligibility determination letter.

Select one of the following:

_____ I choose to submit additional information for the Appeal Panel to consider, but do not want to appear in person. If you choose this option, please send all additional information you would like the Appeal Panel to consider along with this form. Please consider the reasons provided to you in your determination letter for the denial or limitation on service when preparing additional information.

_____ I choose to appear in person. If you choose this option, we will contact you to schedule a time for you to meet with the Appeal Panel. The Appeal Panel meets the last Wednesday morning of each month. You may send in additional information or bring additional information with you. You may have others attend with you that can provide information on your behalf. If transportation is required, DART paratransit will be provided at no charge.

The Appeal Panel is made up of non-DTC members that serve on the Elderly and Disabled Transit Advisory Committee (EDTAC). There are three members, with at least one member being a professional in the disability community. Your signature indicates that you understand that members of the EDTAC Appeal Panel will have access to information that you have provided to DART as part of the application and appeal process.

Once the Appeal Panel has met and reviewed your file, a determination will be made within 30 days. If a determination is not made within 30 days, paratransit service will be provided until such time as a determination is made.

Name _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number with area code _____
Applicant Signature _____
Advocate Signature (if necessary) _____
Print Name of Advocate _____
Telephone Number of Advocate _____
Date _____

Mail this completed form, along with any other documentation to:

DART First State
ADA Compliance Officer
900 Public Safety Blvd
Dover, DE 19901

If you have any questions regarding the appeal process or
require this information in alternative format, please contact

ADA Compliance Officer at
302-760-2827
OR
Belinda.Strickland@state.de.us