



## MAX ADA Appeal Policy

*Last Revision: July 2019*

Any applicant who feels their determination does not reflect their limitations, have the right to appeal the determination decision. The appeal must be returned by written request to the MAX office within 60 days for the determination letter's date.

Applicants must indicate if they would like to opportunity to be heard in person or if they would only like to submit additional information to be reviewed by the Appeals Panel. Once the appeal has been received, it will be reviewed in a timely matter by the Appeals Panel. The Appeals Panel is made up of local disability advocates.

If the applicant has requested to be heard in person, the MAX office will work with the applicant and the Appeals Panel to coordinated a mutually agreed on date. Once both the applicant has been heard and the MAX office has provided notes with their basis for determination, the Appeals Panel will make a final determination. This decision may not be made on the date of the appeal meeting, but will not take more than 30 days from this date. The MAX office will mail out the findings from the Appeals Panel.

If you have any questions on this process, you can call the MAX ADA department at 616-928-2479.

Eligibility Determination Appeal Request Form

Please complete this form if you would like to appeal our determination regarding your eligibility for the Reserve-A-MAX. 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: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number with area code: (\_\_\_\_\_) - \_\_\_\_\_

Select one of the following:

\_\_\_\_\_ I choose to submit additional information for the Appeal Panel to consider, but do not want to appeal 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 information on the page attached to your letter of determination titled "Basis for the Determination" when preparing additional information.)

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

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to:

MAX Transit – ADA Appeals  
171 Lincoln Ave., Suite 20  
Holland, MI 49423