

# Niagara Transit Plus Eligibility Appeal Form

Niagara Transit  
Specialized Transit Office  
8208 Heartland Forest Road  
Niagara Falls, ON  
L2H 0L7

Visit <https://niagaratransit.ca> to complete this form online. Note: If you are unable to complete this form online, please fill out a hard copy and email it to [applications@niagaratransit.ca](mailto:applications@niagaratransit.ca), or call 1-833-678-5463, option 1 for more information.

## Specialized Transit Eligibility Appeals – Information for Applicants

Niagara Transit Plus (NT+) provides specialized transit services for customers who, because of a disability, cannot consistently use conventional transit services. If you disagree with a decision about your eligibility, you have the right to appeal.

### Purpose of an Appeal

You may appeal an eligibility decision if you were found ineligible for NT+ services, granted conditional eligibility that only applies in certain situations, or granted temporary eligibility for a limited time. Appeals must be submitted within 60 calendar days of the date on your eligibility decision letter. There is no cost to file an appeal. Once your completed appeal form and any supporting information has been received, you will be scheduled for the next available Appeals Panel meeting, and you will be notified by your preferred method of communication.

### Appeal Panel

Appeals are reviewed by a three-member panel. The panel includes a third-party medical professional, a member of the Joint Accessibility Advisory Committee or an NT+ customer, and a representative from Niagara Transit Plus. The panel provides an independent review of eligibility decisions, in keeping with the Accessibility for Ontarians with Disabilities Act (AODA), 2005 and the Integrated Accessibility Standards Regulation (Ontario Regulation 191/11).

## Appeal Meeting

The Appeals Panel meets once per month. You may attend in person, by phone, or virtually. During the meeting, the panel may ask you questions, and you will have the chance to explain why you believe the original decision does not reflect your ability to use conventional transit. You may bring a support person or representative. You may also request an interpreter or other accommodation. If you need transportation to attend your appeal meeting, this can be arranged through NT+.

## Decision and Timelines

A decision will be made within 30 days of receipt of the appeal request. If the appeals meeting is scheduled beyond 30 days, then the applicant will become eligible for temporary service until a decision is made. You will receive the decision in writing, by mail or by email depending on your preference. The decision of the Appeals Panel is final and remains in effect for three years. If new information about a change in your functional ability is submitted during that time, the Appeals Panel will review the information and may decide to uphold or change the decision.

## Submitting an Appeal

To submit an appeal, complete the Specialized Transit Eligibility Appeal Form online within 60 days of your decision letter or fill out a hard copy and send by email to [applications@niagaratransit.ca](mailto:applications@niagaratransit.ca). Note: If you are unable to complete this form online, please fill out a hard copy and send by mail to:

ATTN: Niagara Transit Plus Appeals  
8208 Heartland Forest Road  
Niagara Falls, ON  
L2H 0L7

If you need assistance with the appeal process or completing the form, contact Niagara Transit Plus at 1-833-678-5463, Option 1 or email: [applications@niagaratransit.ca](mailto:applications@niagaratransit.ca).



## Niagara Transit Plus Appeal Form

### Customer and Contact Information

#### Personal Information

**To be completed by the applicant or their designate. See below for designate section. A designate is a person who knows you that you trust to help you complete this application.**

Last name:

First name:

Street address:

Apartment or unit number:

City/town:

Postal code:

Telephone (cellphone)\*:

Note if this is not your personal number (e.g. a long-term care home switchboard or other), please provide an alternate contact number.

Telephone (home phone or alternate):

Email\*:

Date of birth (DD/MM/YY):

Long-term care facility name (if applicable):

Preferred method of contact:  Phone  Email  Mail

\*If mail is selected, please ensure a unit number is provided if applicable\*

Any personal information or personal health information is collected, used and disclosed by Niagara Region under the authority of the Municipal Act for the administration of the inter-municipal transit service in accordance with the ***Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)***. Questions should be referred to the Access and Privacy Office at 905-980-6000, ext. 3779 or [FOI@niagararegion.ca](mailto:FOI@niagararegion.ca).

#### Designate Contact

**If you prefer all Specialized Transit communications be sent to a designate, please provide their details below. If you do not wish to have communications sent to a designate, you may skip to the next section.**



Last name:

First name:

Relationship to Applicant:

Street Address:

Apartment or Unit Number:

City/town:

Postal Code:

Telephone (cellphone)\*:

Telephone (home phone):

Email\*:

Preferred method of contact:  Phone  Email  Mail

\*If mail is selected, please ensure a unit number is provided if applicable\*

### Eligibility Decision Being Appealed

Date of Decision Letter:

- Ineligible for Niagara Transit Plus
- Conditional eligibility (medical, season, day program only)
- Temporary eligibility (limited time period)
- Other (please describe) \_\_\_\_\_

### Reason for Appeal

- I am appealing because I disagree with the decision.
- I am appealing because I have more information that can impact the decision.
- I am appealing because my condition has changed.

Please explain why you believe the decision does not reflect your ability to use Niagara Transit conventional buses. Attach additional pages if needed.

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### Accessibility and Participation Needs

- I require an interpreter. Language required: \_\_\_\_\_
- I require other accommodation (for example: accessible format documents, large print). Please describe: \_\_\_\_\_
- I would like to bring a support person or representative to attend the appeal hearing with me.
- I require transportation to my appeal appointment.
- I prefer to participate in my appeal:  In Person  By Phone  Virtual (video call)

### Supporting Documentation (optional)

List of attached documents:

- Medical letter from doctor or health care professional
- Updated medical assessment or diagnosis
- Mobility assessment results
- Personal statement
- No supporting documentation attached
- Other (please specify):

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\*Note: The Appeals Panel may request additional documentation if more information is needed to review your appeal.\*

### Declaration

I hereby certify that the information provided in this form is, to the best of my knowledge, true and accurate, and I authorize **Niagara Transit Plus** to collect, use, and disclose the information in this appeal for the purpose of administering the appeal in accordance with the **Municipal Freedom of Information and Protection of Privacy Act**, and to contact me, or my authorized representative, regarding scheduling, requests for information, and the appeal decision.

I understand that my appeal will be reviewed by the Niagara Transit Plus Appeals Panel. I understand that the Appeals Panel's decision is final and will remain in effect for three years. If I submit new information during this period that shows a change in my functional ability to use conventional transit, the Appeals Panel will review the information and may decide to uphold or change the decision.

*If signed by a representative: I confirm that I am authorized to act on behalf of the applicant for this appeal.*



**Signature:**

\_\_\_\_\_

**Date (dd-mm-yyyy):**

\_\_\_\_\_

**Print name:**

**For Office Use Only**

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

Appeal case number: \_\_\_\_\_

Panel review date: \_\_\_\_\_

Decision letter sent (date): \_\_\_\_\_