

Hele-On Kako‘o Paratransit Appeals Request Form

If you do not agree with your eligibility determination for Hele-On Kako‘o paratransit service or if you are an eligible rider and have been given a suspension notification, you may request a review of the decision and file an appeal. The purpose of this process is to request a review of the decision to:

- deny paratransit eligibility, or
- grant only temporary or conditional ADA paratransit eligibility, or
- suspend paratransit rider benefits for a duration of time.

Below are the instructions for filing an appeal:

Step 1 Complete the Hele-On Kako‘o Appeals Request form. The completed form must be submitted within 60 calendar days of notification of eligibility determination or suspension. For example, if your letter is dated July 1, the deadline for submitting the appeal request would be September 1. You may include any additional information supporting your eligibility status for paratransit service or the decision to reduce or rescind the decision to suspend rider benefits, but this is not a requirement.

Step 2 Submit the completed Hele-On Kako‘o Appeals Request form to:

County of Hawai‘i Mass Transit Agency
Hele-On Kako‘o Paratransit
Attn: Transportation Commission – Appeals
25 Aupuni Street
Hilo, HI 96720

Upon receipt, the form will be date stamped. An appeals hearing will be scheduled within a reasonable time frame.

IMPORTANT NOTICE –

Completed forms must be postmarked or received within 60 days of the date of your eligibility determination letter or suspension notification

Step 3 Appeals Hearing –
The Transportation Commission is comprised of a panel of members representing each council district. Members are appointed by the mayor and approved by the county council. Any panel member with a conflict of interest will disqualify themselves from the hearing.

All information will be treated as confidential by panel members and Mass Transit staff.

The appellant will be notified in writing of the hearing date, time and location. Appellant is strongly encouraged to attend the hearing and may be accompanied by a representative and/or attendant, although neither the appellant and/or his/her representative is required at the hearing. If needed, a language interpreter can be provided.

The appeals hearing is confidential and not a public meeting.

On the day of the hearing:

1. Mass Transit staff will introduce appellant to the panel.
2. Mass Transit staff will review determination of
 - a. Hele-On Kako‘o paratransit eligibility, or

- b. Suspension of services
- 3. Appellant and Mass Transit staff will each have equal time (10 minutes) to present information specific to eligibility or suspension.
- 4. Panel members may ask question to either Mass Transit staff or the appellant at their discretion.
- 5. Upon discussion based on information presented, panel shall deliberate as necessary.
- 6. Panel members will:
 - a. Reach a conclusion on eligibility or suspension
 - b. Communicate reasons for decision to overturn, uphold or modify the Mass Transit's original decision.

Panel members may instruct staff to conduct additional follow-up with the appellant.

- 7. The decision of the appeal made by the panel shall be communicated in writing within 30 days of completion of the appeal process. If a decision is not provided within this timeframe, service shall resume or be afforded to the appellant until a decision has been rendered.

The appeal hearing is the final administrative step in the eligibility determination process. The appellant may reapply if his/her condition changes. It is also the final step in the suspension of services process.

Hele-On Kako'o Appeals Request Form

1. First Name _____ Last Name _____ M.I. _____
Address _____ City _____ State ____ Zip Code _____
Contact phone number (_____) _____
2. (Optional) Representative Name _____
Title/Relationship to Appellant _____
Address _____ City _____ State ____ Zip Code _____
3. I am appealing the decision on my: Eligibility Determination _____ Suspension of services _____
4. Will you need Hele-On Kako'o to provide an interpreter for the hearing? YES _____ NO _____
If you answered yes, please state the language you speak or if you need an ASL interpreter:

5. Will you need Hele-On Kako'o to provide transportation for you to the hearing? YES _____ NO _____

Please select one of the following:

- _____ I choose NOT to appear in person at the hearing, but I am submitting additional information for the Transportation Commission appeal panel to consider. I am sending all additional information for the panel to consider along with this form. I am also enclosing a copy of the letter of eligibility determination or suspension notice.
- _____ I choose to appear in person and/or have a personal representative appear on my behalf at the hearing. Please notify me of the date, time and place of my scheduled hearing. I am submitting information for the panel to consider along with this form and understand that I have the opportunity to bring in any additional information with me to the hearing as well.

Appellant Signature

Date

Return this form and any additional information to:

County of Hawai'i Mass Transit Agency
Hele-On Kako'o Paratransit
Attn: Transportation Commission – Appeals
25 Aupuni Street
Hilo, HI 96720