

[Date]

[Transit Agency Name]
[Appeals Department Address]
[City, State, Zip Code]

RE: Paratransit Eligibility Appeal for [Applicant Name]

To the Appeals Committee,

I am writing this letter to support the appeal of [Applicant Name] regarding the recent denial or limitation of their paratransit eligibility. I am [Applicant Name]'s [Title, e.g., Primary Care Physician/Specialist/Occupational Therapist], and I have been treating them for [Length of Time].

[Applicant Name] has been diagnosed with the following medical condition(s): [List conditions]. Due to these conditions, the applicant faces the following functional limitations that prevent them from using the fixed-route bus or train system:

- [Describe specific mobility issues, e.g., inability to walk 200 feet without rest]
- [Describe sensory or cognitive issues, e.g., inability to navigate transfers or understand complex schedules]
- [Describe environmental factors, e.g., extreme sensitivity to heat/cold or inability to stand at unsheltered stops]

It is my professional medical opinion that these limitations make the applicant "transit dependent." The use of standard public transportation is not feasible because [Reason why fixed-route is unsafe or impossible].

I strongly recommend that [Applicant Name] be granted full paratransit eligibility to ensure they have access to essential medical appointments and community services. If you require further medical documentation or clarification, please contact my office at [Phone Number].

Sincerely,

[Signature]
[Printed Name and Title]
[Medical License Number]
[Clinic/Hospital Name]