



## **Appeal Process for Reduced-Fare Eligibility Determination**

The following appeals process has been established to create an objective and unbiased process for determining an individual's eligibility for Rover's reduced-fare program.

If an individual's initial application is denied, the applicant or the applicant's representative may file a written appeal within sixty (60) calendar days from the date of the notification letter of denial. The appeal must be filed with the City of Murfreesboro, Transportation Department, and directed to the attention of the Assistant Director of Transportation using the attached appeals form. The appeal shall set forth the applicant's name, address, telephone number, and facts supporting their appeal, including any additional supporting documentation such as written statements from the applicant's physician or other healthcare providers. In describing the appeal, the applicant shall clearly and concisely state the grounds for the appeal.

The Assistant Director of Transportation is not involved in the initial eligibility determination process. Once the Assistant Director receives the appeal, the Assistant Director shall review the appeal and make a determination. The Assistant Director will notify the applicant or the applicant's representative of the City's decision in writing within thirty (30) days of receiving a completed appeal form. The written determination shall state the reasons for confirming or overturning the denial. The Assistant Director may request additional information or documentation from applicant if the Assistant Director believes such information or documentation is necessary to render a fair and appropriate decision. In such cases, the Assistant Director will issue a determination within thirty (30) days of making the request for additional information. If no decision is made within thirty (30) days of the date the Assistant Director receives an applicant's completed appeal form, the applicant will be deemed presumptively eligible for the reduced-fare program unless and until a contrary decision is made.

If the applicant's appeal is denied by the Assistant Director, the applicant or the applicant's representative may appeal the Assistant Director's decision to the Disabled Resident Access Committee. The Committee has established procedures for hearing complaints, requests, or suggestions from disabled persons regarding access to and participation in public facilities, services, activities, and functions in the community. The Committee is directed to hear all complaints in public, after adequate public notice, in an unbiased, objective manner, and to make a written decision within 30 days of notification. Minutes summarizing the Committee's proceedings shall be recorded and maintained. The decision of the Committee is final.

**City of Murfreesboro Public Transit  
Appeals Form**

You have recently received a written notice from the City of Murfreesboro, Public Transit Department notifying you that you do not qualify for Rover's Reduced-Fare Program on the basis of disability. Your request for an appeal must be made within sixty (60) calendar days from the date of the written notification.

**Please review the attached description of the appeal process for reduced-fare eligibility determination, before completing this form.**

The City's Assistant Director of Transportation will consider your appeal.

Please explain why you disagree with the decision made about your reduced fare eligibility. You may use additional sheets of paper as necessary:

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You may submit any additional information regarding your disability and your functional ability to use ROVER fixed route bus service as part of your appeals request. Any written material you submit will become part of your Appeal file and cannot be returned.

Check here if you have attached additional information: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

**If this appeals form has been completed by someone other than the person requesting reduced-fare eligibility, that person MUST FULLY COMPLETE the following:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

This completed form should be sent to the  
Assistant Transportation Director  
*Via mail:* City of Murfreesboro, 111 West Vine Street, P.O. Box 1139  
Murfreesboro, TN 37133-1139  
*Via fax:* (615) 849-2606  
*Via email:* rbrashear@murfreesborotn.gov