



**SECTION III APPEAL NOTIFICATION AND ADDRESS INFORMATION**

**APPEAL NOTIFICATION:**

If an individual has been informed and disagrees that medical transportation services are going to be reduced, changed, suspended, refused discontinued or delayed, the individual has the right to appeal to the Department of Public Welfare's Bureau of Hearings and Appeals. P.O. Box 2675, Harrisburg, PA 17105. A request for a fair hearing must be postmarked or received within thirty (30) days of the mailing date of the notice. If an oral or written request is postmarked or received within ten (10) days of the mailing date of the notice, benefits will continue without interruption pending the outcome of the hearing. At the hearing the individual will have an opportunity to explain.

**PLEASE MAIL COMPLETED APPLICATION FORM TO THE APPROPRIATE MATP COUNTY OFFICE:**

**Philadelphia County:**

**WHEELS INC**  
1118 Market Street, 2nd Floor  
Philadelphia, PA 19107  
Phone (215) 563-9670

**Montgomery County:  
Suburban Transit Network, Inc**

980 Harvest Drive, Suite 100  
Blue Bell, PA 19422  
Phone (215) 542-Ride (7433)

**Bucks County:**

**Bucks County Transport, Inc**  
Box 510  
Holicong, PA 18928

**Delaware County:  
Community Transit of Delaware County, Inc.**

206 Eddystone Avenue  
Eddystone, PA 19022-1594  
Phone (610) 490-3975  
Toll Free 1-866-450-3766

**Chester County:**

**Chester County ParaTransit Systems**  
797-6 E. Lancaster Avenue  
Downingtown, PA 19335  
Phone (610) 269-1844

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**SECTION IV**

The following information is required by Federal regulations, for statistical purposes only, and will be held in the strictest of confidence by Community Transit. Please check the appropriate box to indicate or racial/ethnic classification:

- |  |   |
|--|---|
| <input type="checkbox"/> Caucasian, Not Hispanic | <input type="checkbox"/> African-American, Not Hispanic |
| <input type="checkbox"/> Hispanic                | <input type="checkbox"/> Native American                |
| <input type="checkbox"/> Asian/Pacific Islander  | <input type="checkbox"/> Other                          |