

[Date]

[Client Name]

[Street Address]

[City, State, Zip code]

Dear [Mr./Ms./Mrs. Client Name]:

We have completed our review of your recent request for County Connection LINK paratransit. Based on the information provided, we have determined that you are **CONDITIONALLY ELIGIBLE** for County Connection LINK Paratransit service. This means we determined that you are able to use fixed route bus service under certain conditions and are eligible to use County Connection Link service when you are not able to use fixed route buses. Please review the attached pages, which describes the conditions under which you use the County Connection LINK service as well as the basis for our determination.

We have noted in your rider file that you sometimes travel with a personal care attendant (PCA). A PCA is someone designated or employed specifically to help you meet your personal needs and is different from a guest or a companion. Your PCA may accompany you at no additional charge.

Your eligibility for County Connection LINK is valid through [expiration date], after which you will need to request a continuation of your eligibility. We will notify you in advance of the expiration date to remind you to reapply and will send you a copy of a recertification request form at that time.

Enclosed is a copy of our rider's guide, which explains the County Connection Link paratransit service and how to use it. The rider's guide includes helpful tips for using the service, so please be sure to read it. If you have any questions about the service, please call our Customer Service office at (925) 938-7433

In addition to using County Connection LINK paratransit, this letter of eligibility also entitles you to use similar ADA paratransit services at other transit systems across the country as a visitor for up to 21 days per year. Simply provide the transit agency in the city you plan to visit with a copy of this letter to obtain approval to travel as a visitor.

If you wish to appeal the conditional status of your ADA eligibility, you may do so by filling out the attached appeals form along with a brief explanation within 60 days of the decision stating your reason for your appeal. Send it to LINK Eligibility Appeals, County Connection, 2477 Arnold Industrial Way, Concord, CA 94520, or you may fax it to (925) 852-6719.

If you have any questions regarding your eligibility, please call me at [your number]

Sincerely,

[Your name]  
Eligibility Clerk