

APPENDIX A



**ADA PARACRUZ SERVICE ELIGIBILITY APPEAL FORM**

ADArise  
950 Dovlen Place Suite, #100-D

To: Carson, CA 90746

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**Name of Applicant:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

**Mailing Address (if different from above):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**\*E-mail Address:** \_\_\_\_\_

**Reason Why the Determination was Incorrect:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature or  
Parent's Signature (if Applicant is a Minor)**

\_\_\_\_\_  
**Date**

**\*Attach any supporting documentation that you wish the Appeal Panel to consider.**

\*Optional items