

Reasonable Modification Statement

In accordance with the Americans with Disabilities Act (ADA) and directives from the Federal Transit Administration, Handitran will make every effort, to the maximum extent feasible, to ensure that a person with a disability has access to, and benefits from, its services. Handitran will make reasonable modifications to its policies, programs, and procedures applicable to its transportation services, when necessary to avoid discrimination and ensure accessibility for people with disabilities.

Reasonable Modifications do have limitations and are not intended to:

- Cause a direct threat to the health and safety of others
- Create undue financial and administrative burdens
- Constitute a fundamental alteration to a service
- Not necessary to provide equal access to an Handitran service

Considerations when making a reasonable modification request:

- Individuals requesting modifications shall describe what they need in order to use the service.
- Individuals requesting modifications are not required to use the term “reasonable modification” when making a request.
- Whenever feasible, requests for modifications shall be made and determined in advance, before the transportation provider is expected to provide the modified service, for example, during the paratransit eligibility process, through customer service inquiries, or through Handitran’s compliant process.
- Where a request for modification cannot practicably be made and determined in advance (e.g., because of a condition or barrier at the destination of which the individual with a disability was unaware until arriving), operating personnel of Handitran shall make a determination of whether the modification should be provided at the time of the request. Operating personnel may consult with Handitran’s management before making a determination to grant or deny the request.

The request must identify the modification needed in order to use the service. Whenever feasible, please make the request in advance, before the modification is needed to access the service.

Within the scope of the ADA and reasonable modification, if Handitran denies a request it will make every effort, to the maximum extent feasible, to ensure that a person with a disability has access to, and benefits from, its services.

To request reasonable modifications based on a disability please use the [Reasonable Modification Request Form](#), or contact Handitran's Customer Service Supervisor, Natalie McCants.

Phone: 817-459-5390

Email: Natalie.McCants@arlingtontx.gov

In writing: Natalie McCants

Customer Service Supervisor

1101 W. Main St.

Arlington, TX 76013

You may be asked to complete a request form. Handitran will review the request in accordance with its reasonable modification plan. Handitran strives to respond, in writing, to each request within 30 calendar days.

All the information involved with this process will be kept confidential in the ADA Managers Office.

City of Arlington Request for Accommodation

Date of Request: _____

CONTACT INFORMATION

Name of person needing ADA accommodation (applicant): _____

Contact Name (if different from applicant): _____

Relationship to applicant: _____

Mailing Address: _____

Phone: _____ Email: _____

Fax: _____ Preferred contact method: _____

REQUEST FOR ACCOMMODATION

Name of program, service, or activity: _____

Specify the reasons you are requesting an accommodation (select all that apply):

To allow me to participate in a program, service, or activity offered by the City
Department responsible for the program, service, or activity: _____

Name of program, service, or activity: _____

Date of program, service, or activity: _____

To ask for an exception to a policy or procedure, please specify the policy or
Procedure if known: _____

Other reason, please specify (ex. The way a department communicates with you):

Specify the accommodation(s) you are requesting:

- | | |
|--|--|
| <input type="checkbox"/> ASL Interpreter | <input type="checkbox"/> Material in Braille |
| <input type="checkbox"/> Assistive Listening Device | <input type="checkbox"/> Note Taker |
| <input type="checkbox"/> Audio recordings | <input type="checkbox"/> Qualified Readers |
| <input type="checkbox"/> Cart (Computer-aided Real-time Translation) | <input type="checkbox"/> Taped text |
| <input type="checkbox"/> Frequent Breaks | <input type="checkbox"/> Use of OPDMD: _____ |
| <input type="checkbox"/> Large Print Materials | <input type="checkbox"/> Other: _____ |

Describe how this accommodation will assist you: _____

Applicant Signature

For City Use Only

This request for accommodation is **GRANTED**:

_____ In its entirety as follows (specify the accommodations to be made): _____

_____ In part and as agreed to by the applicant, accommodations are as follows (specify
The accommodations to be made): _____

The request is **DENIED**:

_____ Applicant is not a qualified individual with a disability under the ADA.
_____ The request creates an undue financial or administrative burden, as determined by
the head of the department responsible for the program, service, or activity.
Describe how it creates an undue burden: _____

_____ The request fundamentally alters the nature of the program, service, or activity.
Describe how it is fundamentally altered: _____

City Representative

Date

FOR ADA COORDINATOR USE ONLY

Date Received by ADA Coordinator: _____

ADA Concern Tracking No.: _____

