

City of Arlington, Texas

POLICY AND PROCESS FOR APPLICANTS, CITIZENS, AND CUSTOMERS FOR ALL ADA-RELATED COMPLAINTS OR REQUESTS FOR ACCOMMODATION, INCLUDING PEDESTRIAN FACILITY ACCESS

I. PURPOSE

The City of Arlington, Texas, in accordance with the requirements of the Americans with Disabilities Act (ADA) of 1990, as amended, does not discriminate against qualified individuals with disabilities on the basis of disability in City employment, services, programs, or activities. The City of Arlington recognizes that it is in the interest of all its citizens and visitors, and of all its businesses and organizations, that people with mobility and other disabilities have access to the City's facilities, including its sidewalks, curb ramps and parking facilities, in accordance with applicable law. These are not only rights under applicable law but are opportunities which provide economic, social, and civic benefit. This policy is intended to facilitate the participation of people with mobility and other disabilities in City programs or employment, in business and education, and in daily life.

II. SCOPE

The City is committed to abiding by all requirements of the ADA. This document provides the policy and process for public service recipients, applicants, citizens, and customers, for all ADA-related complaints or requests for accommodation, including pedestrian facility access. Employee complaints regarding disability discrimination are addressed through the procedures in the City of Arlington's Personnel Policies.

The City welcomes and requests input from persons with disabilities regarding the accessibility of City sidewalks, including, for example, requests to add curb ramps and sidewalks at particular locations or removal of obstacles. Input may be provided to the City in person, by mail or telephone, online via the City's internet website, and through public meetings. City contact information is available on the City's internet website, and in this policy. The City is committed to providing a prompt response to all requests for action or complaints regarding accessibility, and on all submissions regarding ADA compliance. The City is committed to making serious efforts to resolve all requests and urges anyone who may be concerned to contact the City so that all issues may be resolved quickly and fairly. The City's response will be consistent with the policies adopted herein. The City recognizes that sidewalk access issues are very important to people with mobility and other disabilities and will endeavor to increase police sensitivity to these issues and the needs of wheelchair users. The Arlington Police Department is informed of these policies and procedures so that officers may alert citizens to the mechanisms by which requests for action may be made.

Nothing in these policies and procedures is to be construed as an agreement by the City to repair or remediate accessibility issues as to sidewalks, curb ramps, parking lots, or other facilities that are not under City jurisdiction. Nothing in these Policies or Procedures is to be construed as a restriction or waiver of the right of any individual to seek relief for an alleged violation of the ADA or Rehabilitation Act.

III. GENERAL COMPLIANCE AND ACCOMMODATION

Employment: The City does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under the ADA.

Communication: The City will generally, upon request, provide appropriate auxiliary aides and services for effective communication for qualified persons with disabilities so they can participate equally in City programs, services, and activities. Auxiliary aides may include sign language interpreters, documents in alternative formats, and other ways of making information and communications accessible to persons with speech, hearing, or vision impairments.

Service Animals: The City will make all reasonable accommodation to ensure that persons with service animals are welcome in City offices, including where pets are prohibited.

Architectural Barriers: The City will take all required action to provide access to public buildings and facilities to individuals with disabilities.

Curb Ramps and Sidewalks: The City will take all required action to provide access to sidewalks and walkways, particularly for individuals whose mobility is limited. The Arlington Department of Public Works and Transportation will install curb ramps and/or sidewalks as part of new construction of City facilities, or as part of repairs made to existing City facilities, and for other locations as soon as funding allows for locations not otherwise scheduled for improvement.

Programs: The City will, upon request, provide accommodation to ensure program participation is available to persons with disabilities.

IV. PROCEDURE FOR SUGGESTION, REQUEST, OR COMPLAINT

The City of Arlington ADA Coordinator (“ADA Coordinator”) is available Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m. to discuss concerns or answer questions. The current City of Arlington ADA Coordinator is Keith Melton, Director of Public Works and Transportation, 101 W. Abram St., 2nd Floor, Arlington, Texas, 76010. Phone 817-459-6553.

Action by the City for remediation of the locations identified by citizens will be prioritized by the City in accordance with the following general principles:

- a. Locations applicable to a plaintiff in the *Frame* litigation will have highest priority, notwithstanding the prioritization list in the next subsection;
- b. Locations established for remediation under the request for action or complaints provisions of this policy;
- c. After locations under subsections “a” and “b” above, priority in the following sequence will be given by the City to remediation of pedestrian rights-of-way and City facilities serving: (i) government offices and facilities, (ii) important transportation corridors, (iii) places of public accommodation such as commercial and business zones, and (iv) locations serving other areas such as residential neighborhoods and undeveloped areas of the City.
- d. Consideration by the City will also be given to the severity of existing barriers and overall efficiency of remediation project work. This means, for example, that work done for remediation under this policy may be expanded to address additional severe accessibility barriers nearby, even if such barriers are not located in a high priority area, if the City determines that this would be an efficient use of its resources. This also means that the City can determine what is the most appropriate use of funds to address severe barriers in lower priority areas rather than to remove all barriers in higher priority areas before advancing to the next priority level.

STEP ONE: SUBMISSION TO ADA COORDINATOR

Any person with a disability (or any person by virtue of their association with a person with a disability) who desires a related accommodation or who believes that the person has been the subject of

disability-related discrimination while interacting with the City of Arlington or its employees may submit a request or complaint to the City via the ADA Coordinator. Input, suggestions, requests for accommodation, or complaints (including those regarding pedestrian facility locations under City jurisdiction) can be submitted to the City through the completion of one of the following forms, or by other method of submission that provides the information requested on the following forms.

ADA request or complaint information related to alleged incidents or discrimination through interaction with the City or its employees must be received by the ADA Coordinator within 180 days of the alleged incident.

- ADA Accommodation Request (re: City Employment)
- ADA Accommodation Request (re: City Program)
- ADA Complaint Form
- ADA Curb Ramps and Sidewalks Request Form

All forms are available at the ADA Coordinator's Office or on-line at the City's website at www.arlingtontx.gov. If assistance is needed for completing or providing any of the requested information, please contact the ADA Coordinator.

STEP TWO: ACKNOWLEDGEMENT OF RECEIPT

Within ten (10) days of receiving the request or complaint, the ADA Coordinator will acknowledge receipt in writing, will include a brochure of this policy with the acknowledgment, and will indicate in writing the process for referral or investigation as necessary, mailed to the address indicated by the request or complaint.

STEP THREE: CONSIDERATION AND DECISION

The City will carefully consider, on a case-by-case basis, such filed requests or complaints based on this policy and the priorities set forth above. A written decision will be prepared following full consideration of a request or full investigation of a complaint. The City will provide a substantive written decision to the requestor or complainant within twenty-one (21) days of the receipt of the request or complaint, mailed to the address indicated by the requestor or complainant.

STEP FOUR: ACTION

Remediation or Compliance: When the request or complaint is for action which would remedy a violation of ADA Standards at a location under the City's jurisdiction, and the City agrees that there is or may be a violation of the ADA Standards, the City will inform the person who submitted the issue, and will make compliance a high priority, and will designate a prompt target date for achieving remediation and/or compliance. The ADA Coordinator will track the City's action with regard to the request or complaint.

The remediation and/or compliance will be completed within 120 days of the receipt of the original request or complaint, subject to available City funding and in compliance with the City's obligations under Article 11, §§ 5 and 7 of the Texas Constitution, or subject to an existing schedule for remediation and/or compliance. If completion within 120 days is not feasible due to lack of City funding or issues under Article 11, §§ 5 and 7 of the Texas Constitution, then the requestor or complainant and the City shall agree on an extension to the 120-day time period.

Inapplicability: When the request or complaint is for action and the City does not find that there is or may be a violation of ADA Standards, or when the location is not under City jurisdiction, the City will inform the requestor or complainant in writing of the reason for inapplicability. If the requestor or complainant is not satisfied with the City's response or planned action, or with the implementation of a planned action, or the timeliness of a response, then the requestor or complainant may bring the situation to the attention of the City by calling or writing to the City's ADA Coordinator, who will offer to meet in person at a mutually agreeable, accessible location, to discuss and seek to resolve any issues, and to make an agreed plan to implement any resolution reached during the meeting, if possible.

STEP FIVE: APPEAL

After a meeting to review the decision with the ADA Coordinator, if the requestor or complainant is still dissatisfied, the requestor or complainant may file a written appeal within ten (10) business days of that meeting to the City of Arlington City Manager for review. The appeal must contain a statement of the reasons why the decision or accommodation does not meet the subject accessibility needs or issues. The City Manager will issue a written decision on the appeal no later than thirty (30) business days after receiving it. The City Manager's written decision will be mailed to the address indicated by the requestor or complainant.

V. Attachments:

- ADA Accommodation Request (re: City Employment)
- ADA Accommodation Request (re: City Program)
- ADA Complaint Form
- ADA Curb Ramps and Sidewalks Request Form

City of Arlington, Texas

ADA Accommodation for City Employment

Date Submitted: _____

REQUESTOR'S CONTACT INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

IF YOU ARE A CURRENT CITY OF ARLINGTON EMPLOYEE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Job Title: _____ Department: _____

Supervisor Name: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR ACCOMMODATION NEEDS:

How does a disability restrict your ability to accomplish a job function(s)? Please describe as specifically as possible. State the task(s) for which you are requesting an accommodation, and describe the difficulty you have performing that task without accommodation.

What specific accommodation(s) are you requesting?

I believe I have a protected disability (a physical or mental impairment that limits one or more major life activities) and I cannot perform the essential functions of my job without an accommodation.

Signature: _____ Date: _____

Please submit this form/the information on this form to:
Director of Workforce Services, 101 S. Mesquite St., Arlington, Texas 76010, and
ADA Coordinator, Department of Public Works and Transportation, 101 W. Abram St., Arlington, Texas 76010

City of Arlington, Texas

ADA Accommodation for a City Program

Program Name: _____

Date Submitted: _____

REQUESTOR'S CONTACT INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

If the ADA accommodation is being requested for someone other than yourself, please name that individual and provide his/her contact information:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Your relationship to this person: _____

Please answer the following questions regarding your accommodation needs:

What protected disability is preventing participation in the Program above? How does this disability limit or restrict participation? Are there specific physical challenges?

What accommodation(s) are you requesting for the Program named above?

Is one to one staff interaction required? Yes No

Is the participant self sufficient for daily needs/personal care, including independence for toiletry need?

Is there a limitation on participation in specific Program activities?

What type of behavior issues does the participant have?

Can the participant communicate verbally?

Can the participant follow verbal, visual, physical directions?

Can the participant function, with limited assistance, as a member of a large social group?

Accommodation will be made based on a review of the request for accommodation and in accordance with the City's Policy and Process for Applicants, Citizens, and Customers for All ADA-Related Complaints or Requests for Accommodation, Including Pedestrian Facility Access. Each time a participant enrolls in a program, a new request for accommodation must be made. Failure to make a timely request for accommodation may result in delay of the review and implementation of the accommodation or delay the participant's entry into the program. Participants will be unable to attend the program until the request has been reviewed and a determination has been made. Please allow up to ten (10) business days for review.

I have read (or had read to me) and understand the above information and the minimum requirements for participation in the Program as described in the standard description of the Program provided to the public. Therefore, I believe that with the requested accommodation, the participant above meets Program minimum requirements for participation.

Requestor's Signature: _____ Date: _____

Parent or Guardian Signature

(if participant is under 18 years of age): _____ Date: _____

Physician Signature (required): _____ Date: _____

Please submit this form/the information on this form to:

ADA Coordinator, Department of Public Works and Transportation, 101 W. Abram St., Arlington, Texas 76010

**City of Arlington
Parks and Recreation Department
Minimum Requirements for Recreational After School and Day Camp Program**

The City of Arlington Parks and Recreation Department After School Program and Day Camp Programs provide organized recreation for children who would otherwise be in an unsupervised environment. These Programs are not preschool, nursery school, nor infant care programs. The Programs are held at one of the City recreational facilities, generally with a ratio of 1 leader to 12 children.

To qualify to participate in the After School Program or Day Camp Programs, the participant must, with or without accommodation:

- Be between 5 and 12 years old or 11 to 14 years old for Teen Camp.
- Be able to take responsibility for and handle his/her own personal hygiene and restroom needs.
- Be able to administer his/her own medication.
- Be able to follow instructions.
- Not pose an imminent threat of physical harm to him/herself or others.
- Be willing and able to comply with the Program rules and regulations.
- Be able to take responsibility for and handle interactions with the other participants and staff.
- Be able to mobilize without assistance of staff.

If a person desiring to participate in the Program has a disability and can be accommodated consistent with the City's Policy and Process for Applicants, Citizens, and Customers for All ADA-Related Complaints or Requests for Accommodation, Including Pedestrian Facility Access, the Parks and Recreation Department will allow a participant to provide a personal assistant or caregiver to enter the facility to assist participant's participation in the Program, provided the personal caregiver or assistant:

1. Is qualified to provide such care,
2. Is designated and provided by the parent or guardian to provide such care,
3. Has passed a City of Arlington criminal background check and has been approved by the City to be near and around children, and
4. Abides by the City's rules and regulations of this Program.

City of Arlington, Texas

Americans with Disabilities Act Complaint Form

The purpose of this form is to file a complaint regarding facilities or an alleged incident of discrimination related to the Americans with Disabilities Act. The City of Arlington has an internal procedure providing for prompt review and resolution of accessibility complaints for any visitor to City programs or facilities, or concerning an employee applicant. If you need help completing any of the requested information, you may contact the ADA Coordinator.

All complaints related to alleged incidents must be filed within 180 days of the alleged incident.

Date Submitted: _____

REQUESTOR'S CONTACT INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

If the ADA accommodation is being requested for someone other than yourself, please name that individual and provide his/her contact information:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Your relationship to this person: _____

Alleged Incident: Please describe the circumstances and specific location that prompted this complaint. Please be as specific as possible (park or facility name, street address, etc.) and provide details, attaching additional pages if necessary.

What specific resolution are you requesting for the circumstances or specific location that prompted this complaint?

Future Accessibility: Please describe an accommodation or accessibility improvement that would help provide greater access to this program or facility or would prevent future similar incidents.

Complainant's Signature: _____

Date: _____

Please submit this form/the information on this form to:

ADA Coordinator, Department of Public Works and Transportation, 101 W. Abram St., Arlington, Texas 76010

City of Arlington, Texas

ADA Curb Ramps and Sidewalks Request Form

The purpose of this form is to gather data to assist in the establishment of a priority list of locations in which to install accessibility features. Implementation of the request(s) will be in accordance with the City's Policy and Process for Applicants, Citizens, and Customers for All ADA-Related Complaints or Requests for Accommodation, Including Pedestrian Facility Access. Requests will be considered as they are received.

Date Submitted: _____

REQUESTOR'S CONTACT INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

REQUEST DETAILS:

Is this a request for a (check all that apply):

curb ramp(s) sidewalk installation sidewalk repair

Describe the location of the needed work: _____

Street Address of Adjacent Lot: _____

Nearest Intersecting Street: _____

Additional information: _____

How will this curb ramp or sidewalk address your need for accessibility? _____

Office Use only: _____

Date Received: _____ Date Acknowledgement sent: _____

ADA # for Tracking: _____

Please submit this form/the information on this form to:

ADA Coordinator, Department of Public Works and Transportation, 101 W. Abram St., Arlington, Texas 76010