

Reasonable Modification Procedures

Hall County Rural Transportation

REASONABLE MODIFICATION REQUEST FORM

Complete this form to describe what needs to be modified for you to access our transit services.

The US DOT issued a Final Rule under the American Disability Act (ADA) and Section 504 of the Rehabilitation Act of 1973 which takes effect on July 13, 2015, and can be found at <http://www.gpo.gov/fdsys/pkg/FR-2015-03-13/pdf/2015-05646.pdf>. Per this final rule, Hall County Rural Transportation (HCRT) is required to make reasonable modifications to our policies and practices to ensure individuals with disabilities have equal access to HCRT transit programs and services. Hall County Rural Transportation will consider requests for reasonable modifications so individuals with disabilities can have equal access to our services as follows:

- 1. Modification Requests Submittals:** An individual requesting a modification will describe what they need in order to use HCRT service by filling out attached form. Individuals should state their impending trip date within their request, if possible. HCRT can take up to 10 days to process ADA Reasonable Modification request. Requests can be made through general customer service inquiries by emailing transit@hallcountyne.gov or by calling 308-385-5083.
- 2. Designated Responsible Employees:** HCRT Transit Manager is the responsible employee to approve/deny pending reasonable modification requests. Attn: Transit Manager, 121 S. Pine St., Grand Island, NE 68801 or transit@hallcountyne.gov or 308-385-5083.
- 3. Use of Term Reasonable Modification Not Required:** The individual requesting modification is not required to use the term “reasonable modification” when making a request. General complaints concerning issues in accessing transit service or general information requests for modifications in service due to an individual’s disability should be directed to HCRT Transit Manager as part of the general complaint process.
- 4. Requests In Advance:** Whenever feasible, requests for modifications should be made and determined in advance, before HCRT is expected to provide the modified service. Individuals should state their impending trip date within their request. Depending on the complexity of the request and if any financial assistance is needed to grant the request, additional HCRT administrative staff could also be involved in providing more information for any modification approval/denial determinations.
- 5. Requests during Transit Trip:** Where a request for modification cannot practicably be made and determined in advance, HCRT Transit Manager will make a determination of whether the modification should be provided at the time of the request. If necessary, drivers will consult with

HCRT Transit Manager before making a determination to deny the request. Any denials for modifications that cannot be granted shall be written up as an incident by the driver to forward to HCRT Transit Manager for official documentation.

6. **Reasonable Modification Approvals:** Any approved modification for a passenger with a disability shall be noted, and printed on the driver instructions (schedule/manifest) when picking up the passenger. It can take up to 10 days for HCRT to process Reasonable Modifications.
7. **Grounds for Denial:** Requests for modifications of policies and practices may be denied on one or more of the following grounds:
 - Granting the request would fundamentally alter the nature of Hall County Rural Transportation service, programs, or activities
 - Granting the request would create a direct threat to the health or safety of others
 - Without the requested modification, the individual with a disability is able to fully use HCRT services, programs, or activities for their intended purpose
 - Results in an undue financial and administrative burden
8. **Other Actions Prior to Official Denial:** Any denials of formal requests prior to the trip would be confirmed with HCRT Transit Manager to ensure no other Modifications could be made to allow the individual to receive transit service. In any case in which HCRT denies a request for a reasonable modification as requested by the passenger, HCRT will take, to the maximum extent possible, any other actions (that would not result in a direct threat or fundamental alteration) to ensure that the individual with a disability receives the services or benefits provided by HCRT.
9. **Reasonable Modification Denials:** Any denials for reasonable Modification by HCRT will be promptly communicated via written letter and/or e-mail to the individual requesting the Modification including the reasons for the denial. All denials, including reasoning, will be documented for reporting purposes to the Federal Transit Administration upon request.

Decisions Guided by 49 CFR Appendix E: In determining whether to grant a requested modification, Hall County Rural Transportation will be guided by the provisions of United States Department of Transportation 49 CFR Appendix E to Part 37.169.

10. **Procedures Availability:** HCRT reasonable Modification procedures are available on the Hall County Rural Transportation website at www.hallcountyne.gov or by an individual's request to HCRT. For a copy of these procedures, please call HCRT at 308-385-5083 or e-mail transit@hallcountyne.gov and request these procedures be sent via mail or email.

REASONABLE MODIFICATION REQUEST FORM

Name:

Address:

City, State, Zip Code:

Telephone Number: Home: _____ Cell: _____

Name of rider (if different than individual completing form):

Modification Request

What specific modification are you requesting?

If you are not sure what modification is needed, do you have any suggestions about what options we can explore? Yes No (Circle Answer)

If yes, please explain.

Is your modification request time sensitive? Yes No (Circle Answer)

If yes, please explain.

Modification Reasoning

Based on your (or designated passenger's) disability, why is the modification necessary?

Have you had any modifications in the past for this same limitation? Yes No

If yes, what were they and how effective were they?

If you are requesting a specific modification, how will that modification assist you?

Please attach any additional information that might be useful in processing your modification request.

Signature _____ Print Name _____

Date _____

Return this completed form to:

Hall County Rural Transportation

Attn: Transit Manager

121 S. Pine Street Grand Island, NE 68801

Or by email to: transit@hallcountyne.gov