Reasonable Modification Policy

I. Purpose

On March 13, 2015, as part of the Federal Register Vol. 80, No. 49 (80FR13253), the Federal Department of Transportation (DOT) issued a Final Rule effecting 49 CFR Parts 27 and 37: Transportation for Individuals with Disabilities; Reasonable Modification of Policies and Practices. This final rule stemmed from a prior Notice of Proposed Rule Making (NPRM) issued February 27, 2006 (71 FR 9761). The purpose behind this final rule is:

“...specifically to provide that transportation entities are required to make reasonable modifications/accommodations to policies, practices, and procedures to avoid discrimination and ensure that their programs are accessible to individuals with disabilities.”

II. Requirements

1. Federal funding recipients must make reasonable accommodations in policies, practices, or procedures when necessary to avoid discrimination on the basis of disability unless recipients can demonstrate that making the accommodations would fundamentally alter the nature of the service, program, activity, or result in an undue financial and administrative burden.

   a. This requirement applies to both fixed-route and paratransit services.

2. When considering changes to facilities or transportation services, entities must consider the most integrated setting appropriate for individuals with disabilities.

   a. However, entities can refuse to provide service to an individual that engages in violent, seriously disruptive, or illegal conduct, or represents a direct threat to the health or safety of others.

   b. Entities cannot refuse to provide service to an individual with disabilities solely because the individual’s disability results in appearance or
involuntary behavior that may offend, annoy, or inconvenience employees of the entity or other persons.

III. Procedures for Reasonable Modifications/Accommodations

All requests for reasonable modifications/accommodations (fixed route, paratransit or facilities) will be processed in the following manner.

1. Request may be submitted by email at (info@ycipta.az.gov), written mail to Yuma County Intergovernmental Public Transportation Authority (YCIPTA), 2715 E. 14th St, Yuma, AZ 85365, by fax to 928-783-0309 or by phone to 928-783-2235 (TDD/TTY: 711 through Arizona Relay Service). All requests will be logged into a Reasonable Modification/Accommodation spreadsheet noting the requestors name, date, contact information and specific accommodation request being made.

2. Information regarding requesting reasonable modifications/accommodations will be available on YCIPTA's website (www.ycipta.org) as well as within the various printed materials normally provided by YCIPTA (i.e. rider’s guides, notices, etc.).

3. YCIPTA's reasonable accommodation coordinator will review and determine if modifications/accommodations should be granted at the time of the request. Additional information may be requested. Whenever feasible, request for modifications/accommodations shall be made in advance. YCIPTA acknowledges that, due to the unpredictable nature of transportation, some request for modifications/accommodations may be made while in transit. As such, operating personnel shall make a determination of whether the modification should be provided at that time and document the request.

4. All requests for modifications (reasonable or otherwise) will be assigned to the agency Point of Contact (POC) for review and evaluation. (The POC for these requests will be the YCIPTA's Management Analyst assigned to ADA compliance and Civil Rights). Prior to determination, the POC will consult with the transit operations contractor staff regarding requests for reasonable modification.

5. Training regarding these procedures will be provided to YCIPTA and transit operations contractor staff that interacts with the public; specifically: office assistants, dispatchers, reservationists/schedulers and supervisors.

6. All reasonable modifications/accommodations requests will be acknowledged within three business days of receipt. The resolution and response to the person who submitted a request will be made timely, within 10 business days, and the response must explain the reasons for the resolution. The response must be documented and any requests requiring more than 10 business days to resolve must be reviewed by YCIPTA's POC
IV. Complaint Procedures

1. Complaints may be submitted by email at (info@ycipta.az.gov), written mail to Yuma County Intergovernmental Public Transportation Authority (YCIPTA), 2715 E. 14th St, Yuma, AZ 85365, by fax to 928-783-0309 or by phone to 928-783-2235 (TDD/TTY: 711 through Arizona Relay Service). All complaints will be logged noting the requestors name, date, contact information and specific accommodation request being made.

2. All complaints will be reviewed by YCIPTA's POC and the transit operations contractor.

3. All complaints will be acknowledged within three business days of receipt. The resolution and response will be made timely, within 10 business days, and the response must explain the reasons for the determination. The response will be documented, referencing the original request for modification. Any complaint responses requiring more than 10 business days for resolution must be reviewed by YCIPTA's POC and the transit operations contractor and documented as to why the resolution requires additional time for full resolution.
ACCOMMODATION/MODIFICATION REQUEST FORM

Yuma County Intergovernmental Public Transportation Authority does not discriminate on the basis of disability in admissions to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companions with a disability seeking access to a YCAT or YCAT OnCall service, activity or facility.

ACCOMMODATION/MODIFICATION REQUEST INFORMATION

Name: ______________________________ Telephone: __________________

Address: ______________________________ Date: __________________

The program or facility to which I am requesting access is located at:
_________________________________________________________________________

I am requesting the following modifications/accommodation (s):

□ Wheelchair access
□ Sign language interpretation
□ Written material in alternate format (large print, computer disc or CD, cassette tape or other _________________________)
□ Written material in Braille
□ Reader
□ Modification of policies or procedures
□ Other

Please provide any other details or information necessary to process this request.
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Please return this form by written mail to (info@ycipta.az.gov), written mail to Yuma County Intergovernmental Public Transportation Authority (YCIPTA), 2715 E. 14th St, Yuma, AZ 85365, by fax to 928-783-0309 or by phone to 928-783-2235 (TDD/TTY: 711 through Arizona Relay Service).
ACCOMMODATION/MODIFICATION EVALUATION FORM

ACCOMMODATION/MODIFICATION REQUEST INFORMATION

Date request was received: ______________________ Due date: _______________

Name of Evaluator: _______________________ Area of Service: ________________

Customer’s Request:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Policy creating barrier:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Discussion:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Date Modification Approved: _________________

MODIFICATION REQUEST DENIED

☐ Fundamentally alters service
☐ Creates a direct threat to health and safety of others
☐ Customer can fully use service without modification
☐ Causes undue financial or administrative burden
Describe other actions taken to ensure access:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Date customer notified: __________

Approval: __________________________