

ICPTA Policies & Procedures - Administration

Section: 24.1

Title: ICPTA Americans with Disabilities Act of 1990 (ADA) Reasonable Modifications

Date Last Revised: 10/8/2024

Reasonable Modifications Process

Albemarle Regional Health Services d/b/a Inter-County Public Transportation Authority (ARHS-ICPTA) is committed to operating transportation programs and services without regard to disability as required under Title II of the Americans with Disabilities Act**

A. Requests for Reasonable Modifications of ARHS-ICPTA's Policies and Procedures

ARHS-ICPTA is committed to ensuring a reliable, accessible experience for all customers. If, due to a disability, you are not able to fully utilize ARHS-ICPTA's Transportation System programs and services because of a policy or procedure that ARHS-ICPTA has established, you may submit a request for a modification of the policy or procedure. To request a modification, complete the attached form or call 1-877-338-4480. Hearing impaired can contact ARHS-ICPTA by using the following numbers 1-800 735-2962 (TDD/TTY) 1-800 735-8262 (Voice). All requests for reasonable modifications to ARHS-ICPTA's policies or procedures will be considered on an individual basis. Please note that the ARHS-ICPTA may be unable to accommodate requests for modifications which would:

1. Result in a fundamental alteration to the nature of the service
2. Create a direct threat to the health or safety of others, and;
3. Create an undue financial or administrative burden.
4. Requests for modifications might also not be granted if the ARHS-ICPTA determines that the service can be fully utilized without the requested change. In the event that a barrier to access exists, but the requested modification cannot be granted, ARHS-ICPTA will, to the maximum extent possible, assist in determining other possible actions that might be taken to provide access to its programs and services.

B. Reasonable Modification of Policies and Procedures

Individuals with disabilities may ask ARHS-ICPTA to modify a policy or procedure if they feel the policy or procedure is discriminatory or prevents them from fully utilizing ARHS-ICPTA. ARHS-ICPTA will review these requests and will modify policies unless it finds that:

- The person can fully utilize the service without the requested modification (i.e., it is for convenience only).
- The change would create a direct threat to the safety of others.

- The change would fundamentally alter the nature of the service.
- The change would cause an undue financial or administrative burden.

ARHS-ICPTA encourages people to request such modifications in advance when possible. To request a modification of a policy or procedure in advance, complete the attached Request for Modification Form or by calling 1-877-338-4480.

ARHS-ICPTA will be guided by examples in Appendix E of 49 CFR Part 37 of the <https://www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/part-37-transportation-services-individuals-disabilities> when making decisions on requests for modifications of policies.

If ARHS-ICPTA denies a request, it will consider other reasonable actions or approaches that might be able to meet the personal needs.

ARHS-ICPTA has designated its Transportation Director to coordinate the acceptance and review of requests for reasonable modifications of policies. This policy will be communicated to the public on the ICPTA website (www.icpta.net) and in the Passenger Guidelines / brochure, etc.

REASONABLE MODIFICATION REQUEST FORM

Name of Passenger: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Email address: _____

Advocate Name: _____

Relationship to passenger: _____

Telephone: (____) ____-_____

1. Describe the service policy or program that may need to be modified to allow the passenger full access to the transit service provided.

2. How does the current service policy or program prevent the rider from using the transit service program? _____

3. Please describe the specific modification to the current policy/procedure that you are requesting. _____

4. How would you like the (transit agency) to respond to your request?

in writing to the address provided above by email

If further communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

large print (font size: _____)

This form can be requested in large print by calling 252-338-4480: (TTY 1-877-735-2962).

Please send the completed forms and any required documentation of disability to:

ARHS-ICPTA
Director
110A Kitty Hawk Lane
Elizabeth City, NC 27909

Electronic versions of the completed form and scans of required documentation of disability should be sent to cody.copeland@arhs-nc.org

ARHS-ICPTA will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.