

## ADA Reasonable Modifications/ Accommodations

The following procedures address the appropriate response to requests for reasonable modifications and accommodations to River Valley Transit's services, programs, and activities for individuals with disabilities in accordance with the Americans with Disabilities Act of 1990 (ADA), as amended. These procedures and following form may be available in an alternative format by contacting the River Valley Transit.

Reasonable modifications requests should be made in advance, but is not required.

1. Anyone may submit a request to River Valley Transit for an ADA reasonable modification or accommodation by completing and submitting a Reasonable Modification/Accommodation Request Form

("Request"). The Requestor must state in detail what accommodation/modification she/he requires to equally access River Valley Transit's services or programs. If the Request lacks the requisite detail, the Requestor may be contacted for additional information. A Request may be administratively closed if the Requestor cannot provide the requested information or if the Requestor no longer wishes to pursue their request.

2. Once a proper Request is received, River Valley Transit will determine if it has authority and jurisdiction to consider the Request. The Requestor will receive acknowledgment of the Request from River Valley Transit within ten (10) business days and should be informed of any portion of the Request where River Valley Transit does not have authority to act.

3. River Valley Transit will review the Request to determine if it is reasonable. Request for accommodations will be considered on a case-by-case basis and may be denied on one or more of the following grounds:

- Granting the request would fundamental alteration of the applicable services, programs or activities;
- Granting the request creates a direct threat to the health or safety of others;
- Granting the request would create an undue financial or administrative burden for River Valley Transit.
- Without such accommodation/modification, the individual with a disability is otherwise able to fully utilize River Valley Transit services, programs or activities for their intended purposes.

4. River Valley Transit will summarize the results of its decision and provide a response to the Requestor within thirty (30) days from receipt of the complete Request. The response will include the original request, summary of relevant analysis, and River Valley Transit's final determination along with the right to appeal and process for doing so. Should a Request be denied, in whole or in part, River Valley Transit will recommend alternative accommodation/modifications to the Requestor.

## ADA/ Reasonable Modification/Accommodation Request Form

Reasonable modifications requests should be made in advance, but is not required.

### Section 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Please check if you have any accessible format needs:

Large Print     TDD     Audio Tape     Other \_\_\_\_\_

### Section 2

Are you filing this request on your own behalf?     Yes     No

If you answered **“Yes”** to this question, go to Section 3.

If **“No”**, indicate name and relationship of person for whom you are filing this form.

Name: \_\_\_\_\_

Relation, if any: \_\_\_\_\_

Reason for your participation: \_\_\_\_\_

Do you have their permission to act on their behalf?     Yes     No

### **Section 3**

Please state the location to which the modification or accommodate applies to. Please include details such as River Valley Transit transit service (Light Rail, Bus and Paratransit), River Valley Transit facility name/location, route number, vehicle number, and/or bus stop number as applicable:

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Explain as clearly the details of what is needed in order to equally use River Valley Transit services or participate in its programs. If more space is needed, please attach an additional sheet of paper.

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**Section 4**

You may attach any written materials or other information that you think is relevant to your request.

**Signature and date required below.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please mail this form to:**

River Valley Transit  
Attention: ADA Administrator  
1500 W Third St.  
Williamsport, PA 17701

If you have any questions, please contact River Valley Transit at

**570-326-2500**

**800-248-9287**

**TDD # 570-279-4590**

**For Office Use Only**

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

Response Date \_\_\_\_\_

Close Date \_\_\_\_\_