

REASONABLE MODIFICATION POLICY

In determining whether to grant a requested modification, the Western Reserve Transit Authority will be guided by the provisions of the United States Department of Transportation regulations and guidance provided in Appendix E of Title 49 CFR Part 37.

Requests for reasonable modifications will be considered as follows:

1. A passenger requesting a reasonable modification will be required to describe what the passenger believes is needed in order to use the Western Reserve Transit Authority service(s). The passenger is not required to use the term “reasonable modification” when making a request. The request for modification can be for any of the transportation services provided by Western Reserve Transit Authority.
2. The reasonable modification policy applies to individuals who are disabled under the ADA.
3. Western Reserve Transit Authority has designated the following individual to be responsible for handling requests for modification and procedures pertaining to the appeals of such decisions:

Riccardo Cruz
Road Supervisor/ Dispatcher
604 Mahoning Ave Youngstown, Ohio 44502
330-744-8431 jcarlson@wrtaonline.com

4. Whenever possible, the passenger should make requests for modification and allow Western Reserve Transit Authority an opportunity to determine whether the request will be granted in advance. Requests do not need to be in writing.
 - a. Requests made during the ADA eligibility process.
 - i. Requests made through eligibility will have determinations processed along with the eligibility determinations within 21 days for new applicants and with the renewal determination for requests made during the recertification process.

- b. Requests may be made by calling customer service at 330-744-8431.
 - i. Designated Western Reserve Transit Authority staff will make such determination within 7 business days.
- c. Requests may be made by completing the Request for Reasonable Modification Form available for download on the website or by request.
 - i. Designated Western Reserve Transit Authority staff will make such determination within 7 business days.
- 5. When requests for reasonable modification cannot be practicably made and determined in advance, a Western Reserve Transit Authority staff member will make a timely determination so long as such actions do not result in a direct threat or fundamental alteration of services.
- 6. If the request occurs at the time of service, Western Reserve Transit Authority and/or a staff member may make a determination. Such determinations are made on a non-precedent setting basis based upon the facts and circumstances unique to that request.
- 7. Requests for modifications of policies and practices can be denied due to one or more of the following reasons:
 - a. Granting the request would fundamentally alter the nature of the transportation services, programs or activities;
 - b. Granting the request would create a direct threat to the health or safety of others;
 - c. Without the requested modification, the individual with a disability is able to fully use the services, programs, or activities for their intended purpose;
 - d. Request creates an undue financial and administrative burden.
- 8. If an initial request for modification is denied, Western Reserve Transit Authority will to the fullest extent possible, take any other actions and/or find a suitable alternative to ensure that the passenger with a disability receives the services provided.
- 9. If a request for reasonable modification is denied, the passenger may file an appeal. Western Reserve Transit Authority has established a process for investigating and resolving appeals. A form is available on our website or by

request and includes the procedures by which Western Reserve Transit Authority processes and responds to appeals.

- a. Upon receipt, all appeals will be date-stamped and referenced to the Chief Dispatcher for review and consideration. The Chief Dispatcher may choose to:
 - i. Affirm the determination; ii. Reverse the determination;
 - iii. Authorize a specific trip request that was denied; iv. Refer the appellant for in-person assessment by a consultant;
 - v. Schedule the matter for a hearing; or vi. Cancel or modify the provision of service.

- b. Within 10 days after receipt of the appeal, a letter will be sent to the passenger that includes the following:
 - i. Acknowledgement that the appeal has been received; ii. The date by which a response will be sent to the passenger; iii. Whom to contact if the passenger does not receive a response by that date; and
 - iv. If a hearing is requested by the passenger, the date, time and location of the hearing.

- c. The designated staff member will investigate the appeal and respond with a decision in writing within a reasonable time, not to exceed 30 days from receipt of the appeal (or 30 days from the date of the hearing if one is requested).

REQUEST FOR REASONABLE MODIFICATION

In determining whether to grant a requested modification, the Western Reserve Transit Authority will be guided by the provisions of the United States Department of Transportation regulations and guidance provided in Appendix E of Title 49 CFR Part 37 and specifically to the provisions of Section 37.169.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): _____ (Business): _____

Describe any modifications to Western Reserve Transit Authority's policies, practices or procedures in order for you (an individual with disabilities) to access the services (attach additional sheets as necessary):

Complete this form and mail, fax, e-mail or deliver to: Western Reserve Transit Authority, 604 Mahoning Ave Youngstown, Ohio 44502 Road Supervisor / Dispatcher, rcruz@wrtaonline.com Fax number 330-744-7611

Signature

Date

GRIEVANCE PROCEDURE AND APPEAL FORM

This grievance procedure is adopted pursuant to 28 CFR 35.107 and 49 CFR 27.13 both entitled, designation of responsible employee and adoption of grievance procedures. The Western Reserve Transit Authority's Director of Transportation or her designee shall be responsible for overseeing investigations and responses to appeals. Questions regarding the grievance procedure, the appeal process or requests for assistance in filing an appeal due to a disability should be directed to:

Ricardo Cruz
Road Supervisor/Dispatcher
604 Mahoning Ave
330-744-8431
rcruz@wrtaonline.com

Acknowledgement of Appeal

Within ten days after receipt of the appeal, a letter will be sent to the appellant that includes the following:

1. Acknowledgement that the appeal has been received;
2. The date by which a response will be sent to the passenger;
3. Whom to contact if the passenger does not receive a response by that date; and 4. If a hearing is requested by the passenger, the date, time and location of the hearing.

Investigation of an Appeal

The designated staff member will investigate the appeal and respond in writing within a reasonable time, not to exceed 30 days from receipt of the appeal (or 30 days from the date of the hearing). The response will set out a process for resolution of the appeal. If no action is taken, the response will state the reasons for the decision.

Appeal

Please provide the following information necessary in order to process your appeal. Assistance is available upon request. Complete this form and mail, fax, e-mail or deliver to:

Western Reserve Transit Authority, Attention: J. Carlson Chief Dispatcher 604 Mahoning Ave Youngstown Ohio 44502, rcruz@wrtaonline.com fax number 330-744-7611

Passenger's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): _____ (Business):

E-mail Address: _____

Person whose request for modification was denied (if other than person making appeal): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of denial of request for modification: _____

Name of employee who denied the request (if known): _____

Describe the reasonable modification requested (attach additional sheets as necessary):

Describe why you need the reasonable modification in order to use the services and why any accommodation offered was not sufficient (attach additional sheets as necessary):

Would you like a hearing on your appeal (YES / NO) (circle one).

Sign the appeal in the space below. Attach any documents you believe supports your appeal.

Appellant's Signature: _____

Date: _____