REASONABLE MODIFICATION REQUEST FORM

JATA is committed to providing accessible transportation services to individuals with disabilities. JATA will make reasonable modifications to policies, practices, and procedures when necessary to ensure accessible transportation services, unless doing so would result in a fundamental alteration of service, create a safety risk, or cause an undue administrative or financial burden.

CUSTOMER INFORMATION

Name: _____

Date of Request: _____

Phone Number: _____

Email Address (optional): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

TRIP INFORMATION

Type of Service Requested:

☐ **ADA Paratransit**

Date(s) of Trip: _____

Pickup Location: _____

Destination: _____

Scheduled Pickup Time (if known): _____

REASONABLE MODIFICATION REQUEST

Please describe the modification or accommodation you are requesting:

WHY IS THIS MODIFICATION NEEDED?

Please explain how your disability creates a need for this accommodation:

IS THIS REQUEST:

☐ **One-Time Only**

☐ **Needed for a Specific Period of Time**

☐ **Ongoing for Future Trips**

If temporary, how long will the accommodation be needed?

WOULD AN ALTERNATIVE ACCOMMODATION MEET YOUR NEEDS?

☐ Yes

☐ No

If yes, please describe:

CUSTOMER CERTIFICATION

I certify that the information provided on this form is true and accurate to the best of my knowledge.

Customer Signature: **_____**

Date: **_____**

If completed by someone other than the customer:

Representative Name: **_____**

Relationship: **_____**

Phone Number: **_____**

Signature: **_____**

JATA USE ONLY

Date Received: _____

Received By: _____

Request Number: _____

Determination

☐ Approved

☐ Approved with Alternative Modification

☐ Denied

Date of Decision: _____

Staff Completing Review: _____

Notes

Reason for Denial (if applicable)

☐ Fundamental Alteration of Service

☐ Direct Threat to Health or Safety

☐ Undue Financial or Administrative Burden

☐ Request Not Necessary for Use of Service

☐ Other: _____

JATA REASONABLE MODIFICATION POLICY NOTICE

JATA will consider requests for reasonable modifications to its policies, practices, and procedures to avoid discrimination based on disability. Requests may be made when reserving transportation service or at the time service is provided.

Requests are reviewed on a case-by-case basis and may be denied if:

- **The modification would fundamentally alter the nature of JATA's services, programs, or activities.**
- **The modification would create a direct threat to the health or safety of the requester or others.**
- **The modification would create an undue financial or administrative burden on JATA.**
- **The individual is able to fully use JATA services without the requested modification.**

Customers are encouraged to make requests in advance whenever possible. Requests made on the day of travel will also be considered.