

Hancock County Public Transportation ADA Reasonable Modification Request Form

Requests for modifications to the policies, practices, or procedures of Hancock County Public Transportation (HCPT) in order to accommodate an individual with a disability may be made either in advance or at the time of the transportation service. Whenever feasible, requests for reasonable modifications shall be made and determined in advance. A reasonable modification related to the ADA Paratransit is *a change or exception to a policy, practice, or procedure that allows people with disabilities to have equal access to transportation*. Fill out this form with details about your modification request and how it relates to your disability.

Modification Request By: _____ Date: _____

Address: _____ Phone: _____

Modification for (Name) _____ Date of Trip: _____

Describe the modification request for ADA demand response transportation including why the modification is necessary:

Signature of ADA Passenger or Guardian

Date

Once completed, please mail or email this form to:

Hancock County Public Transportation
ATTN: Reasonable Modification
701 East Pierce Street
Macomb, IL 61455
Email: mcpt@87ride.com

To request a modification by phone, please call the following number: 309-837-7433

Requests for reasonable modifications may be denied on the following grounds:

1. It is a fundamental alteration to the nature of the program, service, or activity,
2. It is a direct threat to the health or safety of others,
3. It is not a requirement by the requester to use the service, or
4. The modification creates an undue financial / administrative burden.

HCPT will strive to acknowledge and approve or deny requests within three (3) business days of receipt. All riders who are denied a request have the ability to appeal. For a copy of our Appeals Form and the complete Reasonable Modification Policy, please visit www.hancockcountyhealth.info/Rides.

All information is kept confidential. All materials are available in accessible format and in languages other than English upon request.

HCPT REVIEW OF REQUEST – To be completed by HCPT Transit Director

Date request received: _____

Approved Modification: _____

Denied: _____ (Select Exception For Making Denial)

- ___1. Making the accommodation would fundamentally alter the nature of the public transportation service.
- ___2. Making the accommodation would create a direct health threat to the health or safety of others.
- ___3. The disabled individual is able to fully use the transportation entity's service without the accommodation being made.

Detailed Reason for Denial: _____

Signature: _____ Date: _____

Any person who believes to have been discriminated against in obtaining a reasonable modification under the Americans with Disabilities Act may file a complaint by completing and submitting a Reasonable Modification Complaint.