

## **Dial-A-Ride**

### **ADA Policy**

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Dial-A-Ride provides transportation to meet the needs travel needs of all residents of Coles and Douglas Counties including the elderly and persons with disabilities.

#### **Personal Care Attendants/Companions**

Riders who are eligible for ADA Paratransit service are able to have a Personal Care Attendant (PCA) accompany them at no additional cost. Companions must pay the same fare as the eligible rider. More than one companion is allowed on a space-available basis. PCAs or companions must be picked up and dropped off at the same location as the eligible rider.

#### **Service Animals**

Service animals are permitted to accompany passengers on all DIAL-A-RIDE vehicles. The care and supervision of the animal is the responsibility of the passenger. If you will be traveling with a service animal, please make note of this when scheduling a trip.

#### **Wheelchair Securement and Seat Belts**

Operators must provide assistance with the vehicle lift and securement system. Wheelchairs/scooters are required to be secured into the vehicle's four-point securement system at all times during the ride. If a wheelchair is unable to be secured, a supervisor will be contacted for other arrangements. Passengers will not be asked to transfer out of their wheelchair into another seat.

All passengers must wear seat belts unless medical authorization prohibiting their use is on file with DIAL-A-RIDE.

#### **Vehicle Lift/Ramp**

DIAL-A-RIDE vehicles are equipped with a lift or ramp. A rider who is not in a wheelchair may use the lift if they are unable to enter the vehicle by the stairs with the Operator's assistance.

An individual who uses a lift may not be allowed to disembark from a vehicle at a designated stop if the lift cannot be deployed, the lift will be damaged if deployed, or temporary conditions preclude the safe use of the stop by all passengers.

#### **Portable Oxygen/Respirators**

Portable oxygen tanks and respirators are allowed on all DIAL-A-RIDE vehicles, but must be secured when transporting. DAR drivers will secure theses items.

#### **Reasonable Modification**

A reasonable modification is a change or exception to a policy, practice, or procedure that allows individuals with disabilities to have equal access to programs, services, or activities. Reasonable modifications will be made, when necessary, for qualified individuals with disabilities, unless:

- Making the modification would fundamentally alter the nature of the program, service, or activity.
- Making the accommodation would create a direct threat to the health or safety of other passengers or participants.
- The individual with a disability is able to fully utilize DAR services or activities without the accommodation being made.
- Where granting the request would cause an undue financial and administrative burden.

### **Eligibility**

An individual is eligible to be considered to receive a reasonable modification if that individual has a physical or cognitive disability that substantially limits one or more of the major life activities of that individual, has a record of impairment, or has been regarded as having such impairment.

### **Requests for Reasonable Modifications**

Dial-A-Ride provides information about how to make requests for reasonable modifications readily available to the public through its website and on board its vehicles. When taking requests, DIAL-A-RIDE will follow the following procedure:

- Individuals requesting modifications shall describe what they need in order to utilize programs, services, or activities.
- Individuals requesting modifications are not required to use the term "reasonable modification" when making a request. DIAL-A-RIDE personnel will determine if the request represents a reasonable modification and proceed in accommodating the request accordingly.
- Whenever feasible, DIAL-A-RIDE requests that individuals make such requests for modifications before DIAL-A-RIDE is expected to provide the modified service.
- Where a request for modification cannot practicably be made and determined in advance (e.g., because of a condition or barrier at the destination of a paratransit or fixed route trip of which the individual with a disability was unaware until arriving), operating personnel shall make a determination of whether the modification should be provided at the time of the request. Operating personnel will consult with DIAL-A-RIDE' Dispatcher or a Supervisor before deciding to grant or deny the request.
- Requests for accommodation can be submitted in any written format (letter or email). It is recommended that the "Modification Request Form" be used. Alternative means of filing a request, such as personal interview or phone call will be made available for persons with disabilities if unable to communicate their request in writing. The reasonable modification process begins as soon as the request for modification is received.

## **Granting a Request**

As soon as a determination on a reasonable modification request has been made, that decision shall be promptly communicated to the individual. For advance requests, this notice will be in writing for record retention purposes. If requested, additional forms of communication can be provided in addition to written response.

When granting reasonable modifications, DAR shall give priority to those methods that most integrate into existing services, programs, or activities while still meeting the needs of individuals with disabilities.

## **Denying a Request**

If it is determined that a request will be denied, this decision will be communicated to the individual. This communication will be made in writing and will clearly state an explanation for the denial. This explanation shall include:

- specific reasons for the denial
- any alternative modifications that may create the same access to services, programs, or activities requested by the individual
- the opportunity to appeal MTD's decision on the request.

## **Appeal Process**

Any person who believes he or she has been discriminated against in obtaining a reasonable modification may file a formal appeal.

To make a formal appeal, write to:

*Coles County Council on Aging, Inc./Dial-A-Ride  
Executive Director  
11021 ECR 800 N  
Charleston, Illinois 61920*

Appeals must be made within 60 days of receipt of written denial of reasonable modification request. All information pertinent to the individuals request should be included. All decisions shall be made within 30 days from receipt of the appeal request. Alternative means of filing an appeal will be made available for persons with disabilities if unable to communicate in writing.

**Designated Employee**

DIAL-A-RIDE' designated official responsible for processing reasonable modification requests is:

*Operations Director*

*Dial-A-Ride*

*11021 ECR 800 N*

*Charleston, IL 61920*

*217-639-5150*

**Record Retention**

DIAL-A-RIDE will maintain all records related to reasonable modification requests and denials for at least seven (7) years.

## **Public Information**

### **Title VI Complaint Procedures**

In order to comply with 40 CFR Section 21.9 (b) The Coles County Council on Aging, Inc. has developed procedures for investigating and tracking Title VI complaints. If you believe that you have been excluded from participation in, denied the benefits of or subjected to discrimination based on race, color, sex, creed, religion or national origin under the Dial-A-Ride rural public transportation program or related benefits, you may file a complaint with the Coles County Council on Aging, Inc. The procedures for filing a complaint will be made available to members of the general public. The following measures will be taken in dealing with Title VI Complaints:

1) A formal complaint must be filed within 180 days of the alleged occurrence. Complaints shall be in writing and signed by the individual or his/her representative, and will include the Complainant's name, address, and telephone number; name of alleged discriminating official, basis of complaint (race, color, national origin, sex, disability, age, religion), and the date of alleged act(s). Reasonable measures will be undertaken to preserve any information that is confidential. A statement detailing the facts and circumstances of the alleged discrimination must accompany all complaints.

This can be filed [here](#) or by contacting the Executive Director at (217) 639-5150

2) In the case where a Complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the Executive Director. Under these circumstances, the complainant will be interviewed, and the Executive Director will assist the Complainant in converting the verbal allegation into writing.

3) The Coles County Council on Aging will investigate complaints filed against contractors, consultants, or other sub-recipients. Complaints filed directly against Dial-A-Ride shall be forwarded to the IDOT Title VI Coordinator for investigation.

4) When a complete complaint is received, the Title VI Coordinator will provide written acknowledgement to the Complainant within five (5) days by registered mail. At the same time, the complaint will be forwarded to the State of Illinois for investigation.

5) If a complaint is deemed incomplete, additional information will be requested from the Complainant within 15 business days from receipt of the original complaint. The Complainant will be provided 60 business days to submit the required information. Failure to do so may be considered good cause for a determination of no investigative merit.

6) A complaint may also be filed directly with the Federal Transit Administration by filing a complaint at:

Federal Transit Administration  
Office of Civil Rights  
Attention: Title VI Program Coordinator  
East Building, 5th Floor-TCR  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Telephone: (202) 366-4018  
<https://www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/file-complaint-fta>

7) Within 15 business days from receipt of a complete complaint, The Coles County Council on Aging, Inc. will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision, the Complainant and Respondent will receive notification of the disposition by registered mail.

- a. If the decision is not to investigate the complaint, the notification shall specifically state the reason for the decision.
- b. If the decision is to be investigated, the notification shall inform the parties that their full cooperation will be required in gathering additional information and assisting the investigator.

8) When Coles County Council on Aging, Inc. does not have sufficient jurisdiction, the complaint will be referred to IDOT for further investigation.

9) If the complaint has investigative merit, an investigator will be assigned. A complete investigation will be conducted, and an investigative report will be submitted within 45 days from the receipt of the complaint. The report will include a narrative description of the incident, summaries of all persons interviewed, and a finding with recommendations.

10) A letter of finding will be issued to the Complainant and Respondent. Where appropriate, these letters will include conciliatory measures. A copy of the investigative report shall be forwarded to IDOT within 60 days from recipient of the complaint. If the investigation is delayed for any reason, the investigator will notify the appropriate authorities, and an extension will be requested.

11) If a Title VI violation is found to exist, remedial steps, as appropriate and necessary, will be taken immediately. If no violation is found, or if the Complainant is dissatisfied with the Coles County Council on Aging's resolution of the complaint, he/she has the right to file the complaint with the IDOT Title VI Coordinator directly.

## REASONABLE MODIFICATION REQUEST

**Please complete and mail to:**

Coles County Council on Aging, Inc.

Dial-A-Ride Operations Director

11021 ECR 800 N

Charleston, IL 61920.

You may also deliver the completed form in person to the address above

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

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

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Modification Requested (continue on additional sheet(s) as needed)**

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