

ADA Reasonable Modification Request Form

Requests for modifications to the policies, practices, or procedures of the Coles County Council on Aging (CCCoA) 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 dem modification is necessary:	
Signature of ADA Passenger or Guardian	Date

Once completed, please mail or email this form to: Coles County Council on Aging

ATTN: Reasonable Modification 11021 East County Rd., 800 North Charleston, IL 61920 Email: <u>contactus@lifespancenter.org</u> To request a modification by phone, please call the following number: 217-639-5150 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.

The CCCoA 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.dialaridetransit.org

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