



## **Policy on Reasonable Modification/Accommodations for Individuals with Disabilities**

**Approved by Whitley County Council on Aging, Inc. Board of Directors on May 16, 2016**

It is the Whitley County Council on Aging (WCCOA) / WCT policy to make reasonable modifications to its policies, practices, or procedures when requested to do so by individuals with disabilities when such accommodations are necessary to avoid discrimination on the basis of disability. The effective date of this policy is May 16, 2016.

Requests for accommodations will be considered on a case-by-case basis and may be denied on one or more of the following grounds:

- Granting the request would fundamentally alter the nature of WCCOA/WCT service, programs, or activities;
- Granting the request could create a direct threat to the health or safety of the requestor or others;
- Granting the request would create an undue financial or administrative burden for the Agency; or
- Without such modification, the individual with a disability is otherwise able to fully use WCCOA/WCT services, programs, or activities for their intended purpose.

In determining whether to grant a requested modification, WCCOA/WCT will be guided by the provisions of United States Department of Transportation at 49 CFR Appendix E to Part 37.169.

When choosing among alternatives for accommodations, WCCOA/WCT will give priority to those methods that offer services, programs and activities to qualified individuals with disabilities in the most integrated setting appropriate for the needs of the individual(s) with disabilities. In any case in which WCCOA/WCT denies a request for an accommodation, they will attempt to ensure that the individual with a disability receives the services or benefits provided by WCCOA/WCT by other means that comport with this policy.

## **Process for Requestion Modifications/Accommodations for Individuals with Disabilities**

Requests for modifications of WCCOA/WCT policies, practices, or procedures to accommodate an individual with a disability may be made either in advance or at the time of the transportation service. WCCOA/WCT is best able to address and accommodate a request when customers make their requests for modifications in advance. The process for making a request is as follows:

### **Advance Requests:**

- When making a request, please thoroughly describe what is needed in order for you to use the service, and why this assistance is necessary.
- Whenever feasible, a request for modification to WCCOA/WCT is expected to provide the services. WCCOA/WCT will review your request, and will make every effort to communicate in advance whether or not the requested modification can be made.
- If the modification is not made, WCCOA/WCT will provide the reason for the denial of the request. Requests may be denied on one or more of the following grounds:
  - Granting the request would fundamentally alter the nature of WCCOA/WCT service, programs, or activities;
  - Granting the request could create a direct threat to the health or safety of the requestor or others;

- Granting the request would create an undue financial or administrative burden for the Agency; or
- Without such modification, the individual with a disability is otherwise able to fully use WCCOA/WCT services, programs, or activities for their intended purpose.

Requests may be made through the following means:

- Call (260) 248-8944.
- Submit a written request email to [becky@wccoabiz.com](mailto:becky@wccoabiz.com)
- Or at the main office located at: 710 N. Opportunity Drive, Columbia City, IN 46725.

### **Same Day Requests:**

- When a request for modification cannot practicably be made and determined in advance, you may make a request on the same day, at the time of, or during service.
  - You should make your request to the operator of your vehicle.
  - Please describe in detail what accommodation you require and why it is necessary in order to use the service.
- Operators are required to consult with dispatch to receive direction. Requests may be granted, if such request is reasonable and meets the requirements of the Agency's policy.
- Requests may be denied on the following grounds:
  - Granting the request would fundamentally alter the nature of WCCOA/WCT service, programs, or activities;
  - Granting the request could create a direct threat to the health or safety of the requestor or others;
  - Granting the request would create an undue financial or administrative burden for the Agency; or
  - Without such modification, the individual with a disability is otherwise able to fully use WCCOA/WCT services, programs, or activities for their intended purpose.
- Operator availability may be very limited when providing service and if the request would require extended consideration, we may not be able to grant your request immediately, and you may be encouraged to submit a written request for further consideration in future trips.
- WCCOA/WCT ability to grant the requested modifications may vary by route, day of travel, time of day, or other circumstances. For example, while a request may be able to be granted in one instance, that same request may be denied in another instance if granting the request would fundamentally alter the nature of the service or create a safety threat, or if the request is not a functional necessity.
- In the case of a denial of a request, WCCOA/WCT will take, to the maximum extent possible and in compliance with its policies, any other appropriate actions to ensure you receive service.

**Designated employee for compliance:** WCCOA/WCT has designated the Executive Director as the person responsible for ensuring compliance of this policy and for administering the prompt and equitable resolution of any related complaints. Contact information is as follows:

**Complaint Process and Contact Information:** Complaints regarding the administration of or compliance with this policy shall be made in writing either by letter or email addressed to the Agency's Executive Director, or by completing and returning the Title VI or Discrimination Complaint Form found at: [www.whitleycountycouncilonaging.com](http://www.whitleycountycouncilonaging.com).

All complaints will be handled in accordance with WCCOA/WCT's Title VI Discrimination Complaint Process found at [www.whitleycountycouncilonaging.com](http://www.whitleycountycouncilonaging.com). Whitley County Council on Aging, Inc./WCCT will make every effort to make a prompt and equitable resolution of any complaint. The Agency's response to any Title VI complaint will be in writing and will include the Agency's decision and the reason(s) therefore.

# Reasonable Modification Request Form

Please complete this form to request a reasonable modification of Whitley County Council on Aging, Inc./WCT Services.

Submit the completed form to WCCOA Executive Director

EMAIL to: becky@wccoabiz

or

MAIL to: 710 N. Opportunity Dr., Columbia City, IN 46725

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of your request:

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Are you able to use WCCOA services without this modification?

Yes     No

Please Explain: \_\_\_\_\_

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710 N. Opportunity Dr., Columbia City, IN 46725  
(260)248-8944



**WCT ADA DISCRIMINATION  
COMPLAINT FORM**

**Please fill out this form completely. Print or type the information.  
Sign and return this form to the address shown below.**

Complainant Name:

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Address:

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City, State, and Zip:

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Home Phone:

Cell Phone:

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Email:

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Person discriminated against (if other than complainant):

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Address:

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City, State, and Zip:

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Home Phone:

Cell Phone:

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Email:

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Government, organization, or institution which you believe has committed a  
discriminating act:

Name:

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Address:

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City, State, and Zip:

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Home Phone:

Cell Phone:

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Email:

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When did the discrimination occur?

Date:

Time:

Where did the discrimination occur?

Location:

Describe the acts of discrimination providing names (where possible) of individuals along with details of the incident including the bus and route numbers (if applicable):

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Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes:

No:

If yes, please provide the following information:

Agency or Court:

Contact Person:

Address:

City, State, and Zip:

