

CURRY PUBLIC TRANSIT INC.

ADA & Reasonable Modification Policy (Title II)

ADA (Title II) policy statement

The Americans with Disabilities Act (Title II) states, in part, that “no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in programs, services or activities sponsored by a public entity.” At Curry Public Transit, Inc. (CPTI), we are committed to complying with the requirements of Title II of the ADA in all of its programs, services, benefits and activities.

ADA Reasonable Modification

CPTI may allow the reasonable modification of its policies to accommodate the special needs of persons with disabilities in order to allow them to fully utilize our services as required by 49 CFR Part 37.5(i.3). Whenever possible a request for a reasonable modification or accommodation shall be filed/requested in advance by:

Phone: 1-541-412-8806 or 1-800-921-2871 Fax: 1-541-412-8255

Email: transit@currypublictransit.org

Mail: Curry Public Transit Inc, P.O. Box 1771, Brookings Oregon 97415

Requests for reasonable modifications or accommodations will not be approved if the request would:

- fundamentally alter the nature of the service, program, or activity;
- create a direct threat to the health or safety of others;
- result in an undue financial and administrative burden; or
- the individual would still be able to fully use the services provided by CPTI without the modification.

Individuals with disabilities may file complaints regarding reasonable modification or accommodation below by completing the online form or by contacting CPTI by telephone at 541-412-8806 – Relay Oregon - dial 711.

Submitting an ADA (Title II) grievance

All grievances concerning discrimination in the provision or accessibility of CPTI programs, services, benefits or activities, or about a response to a request for accommodation or

modification of programs, services, benefits or activities, should be submitted to CPTI. A formal grievance may be submitted by any of the following methods:

Phone: 1-541-412-8806 or 1-800-921-2871 Fax: 1-541-412-8255

Email: transit@currypublictransit.org

Mail: Curry Public Transit Inc, P.O. Box 1771, Brookings Oregon 97415

Go to the bottom of the page to fill out and submit the ADA Compliance Comment or Concern form.

Ir a la parte inferior de la pagina para rellenar y enviar el comentario o inquietud forma ADA Cumplimiento en linea.

The grievance should be submitted as soon as possible and no later than sixty (60) days following the actions upon which it is based. The grievance must describe the facts, including, if applicable, the date, time and location of the actions that are the subject of the grievance, and must state the requested remedy. Persons submitting grievances must include their name, address, telephone number and an email address, if one is available.

Within fifteen (15) calendar days after receipt of the grievance, the ADA Compliance Officer, or his/her designee, shall meet with the person making the grievance to discuss the grievance, gather additional information and identify possible resolutions. Within twenty-one (21) calendar days following the meeting, the ADA Compliance Officer or designee shall respond to the grievance in written or other accessible format. The response shall explain CPTI's conclusions regarding the allegations made by the person who made the grievance and, if appropriate, suggest options for resolving the grievance.

Review of Grievance Request

The person making the grievance may request review of the grievance if s/he is dissatisfied with the ADA Compliance Officer's response or proposed resolutions. Review requests must be made within fifteen (15) calendar days from the date of the ADA Compliance Officer's response and may be submitted by any of the following methods:

Phone: 1-541-412-8806 or 1-800-921-2871 Fax: 1-541-412-8255

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Within twenty-one (21) calendar days after receipt of the review request, the General Manager, or his/her designee, shall either respond to the grievance in written or other accessible format or will contact the person making the grievance to obtain any necessary additional information. If additional information from the person who made the grievance is requested, General

Manager or designee shall provide a response to the grievance within seven (7) days following receipt of the additional information.

All grievances and grievance review requests submitted to the ADA Compliance Officer in written, electronic or recorded format, as well as responses thereto, will be retained by CPTI for at least (3) three years.

Note: If you are a CPTI employee and have a question or concern about ADA within the employment setting, this is governed by Title I of the ADA. Please contact CPTI General Manager for more information.

APPENDIX A

REQUEST FOR REASONABLE ACCOMMODATION

Date of Request: _____

Applicant's Name

Applicant's Mailing Address

Applicant's Telephone Number _____

TYPE OF ACCOMMODATION REQUESTED, IF KNOWN. (*Be as specific as possible, e.g., assistive technology, reader, interpreter, schedule change*)

REASON FOR REQUEST.

If accommodation is time sensitive, please explain:

Privacy Act Statement

The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.

APPENDIX B

RESOLUTION OF REASONABLE ACCOMMODATION REQUEST

(Must complete numbers 1-3; complete numbers 4-7, if applicable)

Name of Individual requesting reasonable accommodation:

Accommodation(s) requested:

Accommodation(s):

approved as specifically requested

approved but different from original request*

denied

***If the approved accommodation is different from the one(s) originally requested, identify the alternative accommodation(s):**

If an alternative accommodation was offered, indicate whether it was:

accepted

rejected

Request denied because: (may check more than one box)

Requestor does not have a Rehabilitation Act disability

Accommodation ineffective

Accommodation would cause undue hardship

_____ Medical documentation inadequate

_____ Accommodation would require removal of essential function

_____ Accommodation would require lowering performance or production standard

_____ Other (Please identify) _____

Detailed reason(s) for denial (Must be specific, e.g., *why* accommodation would be ineffective or cause undue hardship):

If the deciding official offered an accommodation that is different from the one originally requested, explain: (a) the reasons for the denial of the accommodation originally requested; and (b) why the alternative accommodation would be effective.

An individual who disagrees with the resolution of the request may ask the General Manager to reconsider that decision within 10 business days of receiving the “Resolution” form. Note that requesting reconsideration does not extend the time limits for initiating administrative, statutory, or collective bargaining claims.

If you are dissatisfied with the resolution and wish to pursue administrative or statutory rights, you must take the following steps:

- For an EEO complaint pursuant to 29 C.F.R. § 1614, contact an EEO counselor in the Office of Equal Opportunity within 45 days from the date of receipt of this Form or a verbal response (whichever comes first).
- For adverse actions over which the Merit Systems Protection Board has jurisdiction, initiate an appeal to the MSPB within 30 days of an appealable adverse action as defined in 5 C.F.R. § 1201.3.

Name of Deciding Official

Signature of Deciding Official

Date reasonable accommodation denied/approved _____

APPENDIX C

**REASONABLE ACCOMMODATION INFORMATION REPORTING FORM
EMPLOYMENT RELATED**

Name of Individual requesting accommodation:

Address of Requesting Individual: _____

Reasonable accommodation: (check one)

_____ Approved (Whether it is what was originally requested or an alternative)

_____ Denied

(Attach copy of the "Resolution of Reasonable Accommodation Request" form.)

Date accommodation requested: _____

Who received request: _____

Date accommodation request referred to Disability Program Manager, if applicable:

**Determined that individual does _____ does not _____ have a disability as defined
by the Rehabilitation Act; or _____ no disability determination made**

Date accommodation approved or denied: _____

Date accommodation provided *(if different from date approved)*: _____

If time frames outlined in the Procedures were not met, explain why.

Job held or desired by individual requesting reasonable accommodation *(including occupational series, grade level, and office)*:

Accommodation needed for: *(check one)*

_____ Application Process

_____ Performing Job Functions or Accessing the Work Environment

_____ Accessing a Benefit or Privilege of Employment (e.g., attending a training program or social event)

Accommodation(s) requested:

Accommodation(s) provided *(if different from what was requested)*:

Cost of accommodation provided:

Was medical information required to process this request? If yes, explain why.

Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (e.g., *Job Accommodation Network, disability organization*):

Comments:

Please attach all documentation connected with this request.

APPENDIX D

SELECTED REASONABLE ACCOMMODATION RESOURCES

U.S. Equal Employment Opportunity Commission

1-800-669-3362 (Voice) 1-800-800-3302 (TT)

EEOC has published many ADA and Rehabilitation Act-related documents that may assist both individuals requesting accommodations as well as those involved in the decision-making process. Most of these documents are available at www.eeoc.gov.

Job Accommodation Network (JAN)

1-800-232-9675 (Voice/TT)

<http://janweb.icdi.wvu.edu/>.

A service of the Office of Disability Employment Policy, JAN can provide information, free-of-charge, about many types of reasonable accommodations and provide referrals to other organizations that may have particular information about accommodations for persons with different disabilities.

ADA Disability and Business Technical Assistance Centers (DBTACs)

1-800-949-4232 (Voice/TT)

The DBTACs consist of 10 federally funded regional centers that provide information, training, and technical assistance on the ADA. Each center works with local business, disability, governmental, rehabilitation, and other professional networks to provide current ADA information and assistance. The DBTACs can provide information on reasonable accommodation and make referrals to local sources of expertise in reasonable accommodations.

Registry of Interpreters for the Deaf

(301) 608-0050 (Voice/TT)

The Registry offers information on locating and using interpreters and transliteration services.

RESNA Technical Assistance Project

(703) 524-6686 (Voice) (703) 524-6639 (TT)

<http://www.resna.org>

RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America, can refer individuals to projects in all 50 states and the six territories offering technical assistance on technology-related services for individuals with disabilities. Services may include:

- information and referral centers to help determine what devices may assist a person with a disability (including access to large data bases containing information on thousands of commercially available assistive technology products),
 - centers where individuals can try out devices and equipment,
 - assistance in obtaining funding for and repairing devices, and
 - equipment exchange and recycling programs.
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