

NCDOT-PTD has been informed that information regarding Accessibility and Reasonable Modification Policy should be on all transit systems websites. Systems should have previously developed a policy and procedure complying with this regulation.

Agencies should post a link to the Reasonable Modification Policy on the agency website in the same place as the Title VI notice. The link to the Reasonable Modifications Policy Statement should take readers to a summary statement of the policy and the request form.

## Below are examples for your reference:

### Civil Rights Protections

(Transit Agency Name) is committed to operating transportation programs and services without regard to disability, race, color or national origin, in accordance with applicable federal statutes:

- **Title II** of the Americans with Disabilities Act\*\* | [Public Notice/Policy Statement](#) | [Complaint Process](#)
- Title VI of the Civil Rights Act | [Public Notice/Policy Statement](#) | [Complaint Process](#)

*\*\* if a private company or private non profit, please change to **Title III** of the Americans with Disabilities Act. If a policy for the state, say Title II and Title III*

### A. Requests for Reasonable Modifications of Policies and Procedures

The (name of transit agency) is committed to ensuring a reliable, accessible experience for all customers. If, due to a disability, you are not able to fully utilize (name of transit agency) programs and services (including (describe services provided, e.g., demand response, subscription) because of a policy or procedure that (name of transit agency) has established, you may submit a request for a modification of the policy or procedure. To request a modification, complete a Request for Modification of Policy/Procedure Form, which is available online at (website address) or by calling (phone number and TTY or relay number). All requests for reasonable modifications to (name of transit agency) policies or procedures will be considered on an individual basis. Please note that the (name of transit agency) may be unable to accommodate requests for modifications which would: (1) result in a fundamental alteration to the nature of the service; (2) create a direct threat to the health or safety of others, and; (3) create an undue financial or administrative burden. Requests for modifications might also not be granted if the (name of transit agency) determines that the service can be fully utilized without the requested change. In the event that a barrier to access exists, but the requested modification cannot be granted, the (name of transit agency) will, to the maximum extent possible, assist in determining other possible actions that might be taken to provide access to its programs and services.

### B. Reasonable Modification of Policies and Procedures

Individuals with disabilities may ask (name of transit agency) to modify a policy or procedure if they feel the policy or procedure is discriminatory or prevents them from fully utilizing (name of transit agency) services. (Name of transit agency) will review these requests and will modify policies unless it finds that:

- The person can fully utilize the service without the requested modification (i.e., it is for convenience only).

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- The change would create a direct threat to the safety of others.
- The change would fundamentally alter the nature of the service.
- The change would cause an undue financial or administrative burden.

(Name of transit agency) encourages people to request such modifications in advance when possible. To request a modification of a policy or procedure in advance, complete the Request for Modification of Policy/Procedure Form, (provide link that would take reader directly to form) which is available online (provide website address) or by calling (customer service phone number and TTY or relay number).

(Name of transit agency) will be guided by examples in Appendix E of 49 CFR Part 37 ([http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=d315855e2f2c9f940970f4c191349c12&rgn=div5&view=text&node=49:1.0.1.1.27&idno=49#ap49.1.37\\_1215.e](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=d315855e2f2c9f940970f4c191349c12&rgn=div5&view=text&node=49:1.0.1.1.27&idno=49#ap49.1.37_1215.e)) when making decisions on requests for modifications of policies. (Note: transit system should have these examples readily available for review).

If (name of transit agency) denies a request, it will consider other reasonable actions or approaches that might be able to meet the person's needs.

(Name of transit agency) has designated its (title of person designated) to coordinate the acceptance and review of requests for reasonable modifications of policies. This policy will be communicated to the public on the (name of transit agency) website and in the rider's guide, system informational guide/brochure, etc.

**NAME OF TRANSIT SYSTEM**

REASONABLE MODIFICATION REQUEST FORM

Name of Passenger: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Advocate Name: \_\_\_\_\_

Relationship to passenger: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Describe the service policy or program that may need to be modified to allow the passenger full access to the transit service provided. \_\_\_\_\_  
\_\_\_\_\_
2. How does the current service policy or program prevent the rider from using the transit service program? \_\_\_\_\_  
\_\_\_\_\_
3. Please describe the specific modification to the current policy/procedure that you are requesting.  
\_\_\_\_\_  
\_\_\_\_\_
4. How would you like the (transit agency) to respond to your request?  
 in writing to the address provided above                       by email

If further communications regarding this request are needed in an alternate format, please indicate the appropriate format below:     large print (font size: \_\_\_\_\_)     Spanish

This form can be requested in large print or Spanish by calling \_\_\_\_\_:  
TTY \_\_\_\_\_ or emailing \_\_\_\_\_.

Please send the completed forms and any required documentation of disability to:  
(title of designated person plus his/her address)

Electronic versions of the completed form and scans of required documentation of disability should be sent to (email address).

(Name of Transit Agency) will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.