

ADA/§504

Request for Reasonable Modification/Accommodation Procedures

The following procedures address the appropriate response to requests for reasonable modifications and accommodations to Hampton Roads Transit's ("HRT") services, programs, and activities for individuals with disabilities in accordance with the Americans with Disabilities Act of 1990 (ADA), as amended, and §504 of the Rehabilitation Act of 1973 (§504), as amended. These procedures and following form may be available in an alternative format by contacting the Hampton Roads Transit ADA Compliance Specialist.

1. Anyone may submit a request to HRT for an ADA/§504 reasonable modification or accommodation by completing and submitting HRT's ADA/§504 Reasonable Modification/Accommodation Request Form ("Request"). The Requestor must state in detail what accommodation/modification s/he requires to equally access HRT's services or programs. If the Request lacks the requisite detail, the Requestor may be contacted for additional information. A Request may be administratively closed if the Requestor cannot provide the requested information or if the Requestor no longer wishes to pursue their request.
2. Once a proper request is received, HRT will determine if it has authority and jurisdiction to consider the Request. The Requestor will receive acknowledgment of the Request from HRT within ten (10) business days and should be informed of any portion of the Request where HRT does not have authority to act.
3. In the event HRT has full or partial authority and jurisdiction to act, HRT will review the request to determine if it is reasonable. HRT is not required to make modification or accommodation if the same: (i) results in the fundamental alteration of the applicable services, programs or activities; (ii) creates a direct threat to the health or safety of others; (iv) is not necessary to allow the individual to fully use or participate in HRT's services, programs, or activities for their intended purpose; or (v) if it would create an undue financial or administrative burden for HRT.
4. HRT will summarize the results of its decision and provide a response to the Requestor.
5. Should a Request be denied, in whole or in part, HRT will recommend alternative accommodation/modifications to the Requestor.



HAMPTON ROADS TRANSIT

ADA/§504 Reasonable Modification/Accommodation Request Form

Section I

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Home Telephone No: (____) _____ - _____

Work Telephone No: (____) _____ - _____

Please check below if you have any accessible format needs:

Large Print TDD Audio Tape Other _____

Section II

Are you filing this request on your own behalf?

Yes No

If you answered "yes" to this question, go to Section III.

If "no", please supply the name and relationship of the person for whom you are requesting:

Name: _____

Relationship: _____

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the requesting party if you are filing on behalf of a third party.

Yes No



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Section III

Please state the location to which the modification or accommodate applies to. Please include details such as HRT transit service (Light Rail, Bus, Ferry, and Paratransit), HRT facility name/location, route number, vehicle number, and/or bus stop number as applicable:

Explain as clearly the details of what is needed in order to equally use HRT services or participate in its programs. If more space is needed, please attach an additional sheet of paper.



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Section VI

You may attach any written materials or other information that you think is relevant to your request.

Signature and date required below.

Signature

Date

Please mail this form to:

ADA Compliance Specialist

Hampton Roads Transit

509 East 18TH Street, Building 4

Norfolk, VA 23504

ATTN: Ms. Danielle Hill

If you have any questions, please contact the HRT ADA Compliance Specialist at (757)222-6000, dial 711 for TTY provided by Virginia Relay.

For Office Use Only

Date Received _____

Received by _____

Request Number _____

Close Date _____