



1101 S.W. 20th Court, Ocala, Florida 34471 Office: 352-620-3071

MARIONTRANSIT

REASONABLE MODIFICATION POLICY & APPLICATION

The Department of Transportation has revised its rules under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

It now specifically provides that transportation agencies are required to make reasonable modifications to policies, practices, and procedures to avoid discrimination and ensure that their programs are accessible to individuals with disabilities.

Marion Transit is committed to providing safe, efficient, and accessible service to all its customers/riders. To ensure equality and fairness, Marion Transit will make reasonable modifications to policies and procedures to ensure that individuals with disabilities have equal access to all services.

Exceptions would include modifications that:

- Cause a direct threat to the health and/or safety of others.
- Result in a fundamental alteration of the nature of the service.
- Are not necessary in order for the individual with a disability to fully utilize Marion Transit.

A request for modification of policy or procedures to participate with Marion Transit program or service should contact:

Marion Transit Attn: Transportation Director
1101 S.W. 20th Court, Ocala, Florida 34471
Telephone: 352-620-3071 or visit www.mariontransit.org

Attachments:

1. ***For Internal Use Only*** – Reasonable Modification Request Determination
2. Rider Application for Reasonable Modification Request



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REASONABLE MODIFICATION REQUEST DETERMINATION

For Office Use Only

Print Name of Reviewer: _____ Signature: _____

For each reasonable modification request, consider each of the questions below. If the request does not provide enough specific information related to the question, consider what additional information is needed and how it would impact your answer to the question. Once each question has been considered, indicate what action you would take related to the request. If the decision would vary based on other factors/information, note the assumptions you made in making your decision.

- Does the person making the request have a disability? Circle: Yes or No
What change in policy is being requested? _____

- Because of the persons disability, is the requested change needed to fully benefit from the transportation service? _____

- Would granting the request create a direct threat to the health or safety of others?

- Would granting the request fundamentally change the nature of the transportation service? _____

Determination -

Circle: **Grant** the request or **Deny** the request

If denied, please explain reason:

✓ Date and method the requestor was notified of decision. _____

Comments:



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APPLICATION FOR REASONABLE MODIFICATION

Complete and Return this Application to Marion Transit for Consideration

Date of request: _____

Print name: _____

Signature: _____

Address: _____

Telephone: _____ Email: _____

✓ Are you disabled? Circle: YES or NO

✓ How long have you been riding with Marion Transit? _____

The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 allows for disabled persons to request a Reasonable Modification to policies, practices, and procedures to avoid discrimination of a rider. *(You may use the back of this form or additional pages for your answers.)*

1. What change in policy, procedure, or practice is being requested:

2. Please explain the reason for your request:

3. Please explain why approving this request is necessary to ride with Marion Transit:

4. Any other comments or considerations we should know:

