

Requests for Reasonable Modifications of Policies and Procedures

Clay County Transportation is committed to ensuring a reliable, accessible experience for all customers. If, due to a disability, you are not able to fully utilize Clay County Transportation programs and services (including demand response, subscription services) because of a policy or procedure that (Clay County Transportation) 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 (www.transportation.claync.us) or by calling ([828-389-0644](tel:828-389-0644) or [1-800-735-2962](tel:1-800-735-2962) TTY or [1-800-735-8263](tel:1-800-735-8263) Voice). All requests for reasonable modifications to (Clay County Transportation) policies or procedures will be considered on an individual basis. Please note that the (Clay County Transportation) 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 (Clay County Transportation) 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, (Clay County Transportation) will, to the maximum extent possible, assist in determining other possible actions that might be taken to provide access to its programs and services.

A. Reasonable Modification of Policies and Procedures

Individuals with disabilities may ask (Clay County Transportation) to modify a policy or procedure if they feel the policy or procedure is discriminatory or prevents them from fully utilizing (Clay County Transportation) services. (Clay County Transportation) 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).
- 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.

(Clay County Transportation) 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, which is available online (www.transportation.claync.us) or by calling ([828-389-0644](tel:828-389-0644) or [1-800-735-2962](tel:1-800-735-2962) TTY [1-800-735-8263](tel:1-800-735-8263) Voice). Clay County Transportation will be guided by examples in Appendix E of 49 CFR Part 37 (<http://www.ecfr.gov>) when making decisions on requests for modifications of policies.

If Clay County Transportation denies a request, it will consider other reasonable actions or approaches that might be able to meet the person's needs. Clay County Transportation has designated its Director to coordinate the acceptance and review of requests for reasonable modifications of policies.

Clay County Transportation

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 828-389-0644 or e-mailing gunther@brmemc.net. Please send the completed forms and any required documentation of disability to:

Marie Gunther Director Clay County Transportation PO Box 118 Hayesville, NC 28904

Electronic versions of the completed form and scans of required documentation of disability should be sent to gunther@brmemc.net

Clay County Transportation will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.