

ADA Reasonable Modification Request Form

Modification Requested By: _____ Date: _____

Address: _____ Phone: _____

Email Address: _____

Modification for (Name) _____ Date of Trip: _____

Describe the modification request for ADA demand response transportation including why the modification is necessary:

Signature of ADA Passenger or Guardian

Date

Please send this form via US Mail, drop off, or email using the contact information below. You may attach any written materials or other information that you think is relevant to your request to this form.

Once completed, please mail or email this form to:

Northeastern Center, Inc.

ATTN: QI Coordinator

P.O. Box 817

Kendallville, IN 46755

Email: quality@nec.org

Requests for reasonable modifications may be denied on the following grounds:

1. It is a fundamental alteration to the nature of the program, service, or activity,
2. It is a direct threat to the health or safety of others,
3. It is not a requirement by the requester to use the service, or
4. The modification creates an undue financial / administrative burden.

Northeastern Center will strive to acknowledge and approve or deny requests within three (3) business days of receipt. All riders who are denied a request have the ability to appeal. For a copy of our Compliant Form, Appeal Process, and the complete Reasonable Modification Policy, please visit nec.org.

All information is kept confidential. All materials are available in accessible format and in languages other than English upon request.