

TOPICAL AREA: Forms and Attachments
POLICY NUMBER: BD4460

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PROGRAM BOOK FILED UNDER: Center wide (CW)DOCUMENT TYPE: ☐ Policy ☐ Procedure ☒ Statement of InformationDATA LOCATION: POWDMS\BD4460DATE ISSUED: April 12, 2023LAST REVIEW DATE: August 7, 2025LAST REVISION DATE: June 20, 2023SUPERSEDES:ISSUED BY: Board of DirectorsAPPROVED BY: Board of Directors

REVIEW RESPONSIBILITY: The Personnel/Membership Committee of the Board shall review this policy annually and make recommendations for change, if any, to the full Board.

SUMMARY: ADA Reasonable Modification Request Form

STATEMENT OF INFORMATION:

Requests for modifications to the Northeastern Center policies, practices, or procedures relating to the FTA ADA program in order to accommodate an individual with a disability may be made either in advance or at the time of the transportation service. Whenever feasible, requests for reasonable modifications shall be made and determined in advance.

DEFINITION:

- 1.0 A reasonable modification related to the service is a change or exception to a policy, practice, or procedure that allows people with disabilities to have equal access to transportation. Please provide details about your modification request and how it relates to your disability.

PROCEDURES:

- 1.0 Reasonable modification requests can be made by using this form, contacting us by phone, an online request, or in person. To request a modification by phone, please call the following number: (260) 347-2453 addressing any questions or concerns to the Quality Information Coordinator.

REFERENCES:

BD4450 FTA ADA Compliance Program

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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, 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. Fax or email this form to:

Quality Information Coordinator
P.O. Box 817
Kendallville, IN 46755
Phone 260-347-2453 Fax 260-347-5649
E-mail QI@nec.org
Fax 260-347-5649

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 Appeal Process within the FTA ADA Compliance 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.