

MOBILITY MANAGEMENT SERVING TUSCARAWAS, CARROLL AND HARRISON COUNTIES

ADA REASONABLE MODIFICATION REQUEST FORM

In accordance with the Americans with Disabilities Act (ADA), Mobility Management serving Tuscarawas, Carroll and Harrison Counties will make every effort to ensure that a person with a disability has access to and benefits from its services. Mobility Management will make reasonable modifications to its policies, programs and procedures applicable to its Mobility services when necessary to avoid discrimination and ensure accessibility for people with disabilities.

Name of individual requesting modification: _____

Name of individual wishing to utilize modifications: _____

Address of resident who needs modification: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): _____ Telephone number (Mobile): _____

Describe any modifications to Mobility Management policies, practices or procedures in order for you (an individual with disabilities) to access the services, attach additional sheets if necessary: _____

Please indicate the location (or address) where you will need the requested modification: _____

Describe the problem you face that prevent you from utilizing Mobility Services _____

This form may be dropped off in person at 425 Prospect Street, Dover, OH 44622 or emailed to:

jcunningham@tuscsc.org

For Office Use Only:

_____ Date Received

_____ Date Eligibility Established

_____ Sent for evaluation

_____ Request Approved/Denied

_____ Response Issued

_____ Notification sent