

## **Americans with Disabilities Act of 1990 Reasonable Accommodations Policy Statement**

Hazleton Public Transit is committed to providing equal opportunity and access in its services, public meetings, programs, and employment for individuals with a disability under the Americans with Disabilities Act of 1990 (ADA). Accommodations can be made for HPT staff employees, and members of the public.

If you have a disability and believe you may need an accommodation to fully and equally participate in a HPT service, public meeting or program, you may request an accommodation. Accommodations are available upon request to persons with disabilities who require alternately formatted materials or auxiliary aids to ensure effective communication and access to public meetings, services or programs. Please allow at least ten business days to arrange for accommodations.

All requests should be sent to the Transit Director at [ralph@hazletoncity.org](mailto:ralph@hazletoncity.org)

Accommodation requests are granted to any qualified person with a disability for whom an accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990.

A request will be granted unless it would:

- Be an undue financial or administrative burden;
- Fundamentally alter operations; or
- Threaten someone's safety or well-being.

You may be required to provide additional information to properly evaluate your reasonable accommodation request. A ten business day advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be provided to the fullest extent possible.

Please complete a Request for Reasonable Accommodation Form to initiate your request.

## **Requests for Reasonable Accommodation for Persons with Disabilities Instructions**

If you have a disability and believe you may need an accommodation to fully and equally participate in a particular HPT service, facility, employment, program, public meeting or activity, you may request an accommodation.

Accommodation requests are granted to any qualified person with a disability for whom an accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA). A request will be granted unless it would:

- Be an undue financial or administrative burden,
- Fundamentally alter HPT operations, or
- Threaten someone's safety or well-being.

You may be required to provide additional information to properly evaluate your reasonable accommodation request. If medical and other health information is requested, it will be sealed per HIPAA regulations. Generally, ten business day advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be provided to the fullest extent possible.

### **Instructions for completing Reasonable Accommodation Form**

Line 1: For HPT Staff Use Only.

Line 2: Fill in your name, address, phone number and e-mail.

Line 3: Identify your specific interest or participation in an activity.

Line 4: Enter date(s) of the activities you in which you need an accommodation. If not known, contact the HPT ADA Coordinator and provide the date.

Line 5: State the nature of your functional limitation. Explain what you need to participate in HPT activities, such as sign language interpreter, accessible formats, assistive listening device, note-taker, reader, or removal of physical barriers. If you are unsure about the accommodation you need, describe how your disability affects you.

Line 6: Include other information that will help the HPT ADA Coordinator evaluate your request.

Line 7: Please check the box which indicates the best way to contact you. Sign and print your name and fill in the date you sign the request. Send it to the HPT ADA Coordinator.

The HPT ADA Coordinator can be reached at (570) 459-5414, or 126 West Mine St., Hazleton, PA, 18201.

To request these materials in alternative formats or if you require assistance filling out this form, contact the HPT ADA Coordinator.

# REQUEST FOR REASONABLE ACCOMMODATION APPLICATION

1. Case No: \_\_\_\_\_ Date Received: \_\_\_\_\_

Case Name: \_\_\_\_\_

2. Name of Person Requesting: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
(Mailing Address) (Area Code, Phone Number)

\_\_\_\_\_  
(City, State, Zip Code) E-mail: \_\_\_\_\_

3. I am participating in a HPT activity as a (check all that apply):

- Employee  Shared-Ride Client  
 Fixed-Route Rider  Member of the Public  
 Other (specify interest in or connection to activity if any)

4. List all known dates/times the accommodation(s) are needed (specify):

\_\_\_\_\_

5. What accommodation(s) do you need and how will it let you participate in a HPT activity?

\_\_\_\_\_

\_\_\_\_\_

6. Please provide any information that would help HPT respond to your request.

\_\_\_\_\_

\_\_\_\_\_

7. How do you want to be informed of the status of your request for accommodation?

- Phone  Mail  E-mail  In person  Other (specify):

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Person Requesting)

\_\_\_\_\_  
(Print Name of Person Requesting)