

ADA Reasonable Modifications/ Accommodations

The following procedures address the appropriate response to requests for reasonable modifications and accommodations to CamTran's services, programs, and activities for individuals with disabilities in accordance with the Americans with Disabilities Act of 1990 (ADA), as amended. These procedures and following form may be available in an alternative format by contacting the Cambria County Transit Authority.

Reasonable modifications requests should be made in advance, but is not required.

1. Anyone may submit a request to CamTran for an ADA reasonable modification or accommodation by completing and submitting a Reasonable Modification/Accommodation Request Form ("Request"). The Requestor must state in detail what accommodation/modification she/he requires to equally access CamTran's services or programs. If the Request lacks the requisite detail, the Requestor may be contacted for additional information. A Request may be administratively closed if the Requestor cannot provide the requested information or if the Requestor no longer wishes to pursue their request.
2. Once a proper Request is received, CamTran will determine if it has authority and jurisdiction to consider the Request. The Requestor will receive acknowledgment of the Request from CamTran within ten (10) business days and should be informed of any portion of the Request where CamTran does not have authority to act.
3. CamTran will review the Request to determine if it is reasonable. Request for accommodations will be considered on a case-by-case basis and may be denied on one or more of the following grounds:
 - Granting the request would fundamental alteration of the applicable services, programs or activities;
 - Granting the request creates a direct threat to the health or safety of others;
 - Granting the request would create an undue financial or administrative burden for CamTran.
 - Without such accommodation/modification, the individual with a disability is otherwise able to fully utilize CamTran services, programs or activities for their intended purposes.
4. CamTran will summarize the results of its decision and provide a response to the Requestor within thirty (30) days from receipt of the complete Request. The response will include the original request, summary of relevant analysis, and CamTran's final determination along with the right to appeal and process for doing so. Should a Request be denied, in whole or in part, CamTran will recommend alternative accommodation/modifications to the Requestor.

ADA/ Reasonable Modification/Accommodation Request Form

Reasonable modifications requests should be made in advance, but is not required.

Section 1

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Contact: Home (_____) _____ Cell (_____) _____

Please check if you have any accessible format needs:

Large Print TDD Audio Tape Other _____

Section 2

Are you filing this request on your own behalf? Yes No

If you answered **“Yes”** to this question, go to Section 3.

If **“No”**, indicate name and relationship of person for whom you are filing this form.

Name: _____

Relation, if any: _____

Reason for your participation: _____

Do you have their permission to act on their behalf? Yes No

Section 4

You may attach any written materials or other information that you think is relevant to your request.

Signature and date required below.

Signature: _____

Date: _____

Please mail this form to:

Cambria County Transit Authority
Attention: ADA Administrator
1226 North Center Street
Ebensburg, PA 15931

If you have any questions, please contact CamTran at

(814) 471-6601 1-800-252-3889

TDD # PA Relay 711 Fax: (814) 471-6820

For Office Use Only

Date Received _____

Received By _____

Response Date _____

Close Date _____