

Human Support Reasonable Modification Policy

Purpose

The purpose of the reasonable modification policy is to ensure that **Human Support** offers equal and effective opportunities and access to transportation services for persons with disabilities and full compliance with the provisions of the Title III of the Americans with Disabilities Act of 1990.

Policy

Human Support is committed to providing equal access and opportunity to qualified individuals with disabilities in all programs, services and activities. **Human Support** recognizes that in order to have equally effective opportunities and benefits, individuals with disabilities may need reasonable modifications to policies and procedures. **Human Support** will adhere to all applicable federal and state laws, regulations and guidelines with respect to providing reasonable modifications, as necessary, to afford equal access to programs for persons with disabilities. **Human Support** does not discriminate on the basis of disability in admission to, participation in, or receipt of services and benefits under any transit program or activity. **Human Support** will take appropriate steps to ensure that persons with disabilities have an equal opportunity to participate.

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of **Human Support** or be subject to discrimination by **Human Support**.

Reasonable Modifications

A reasonable modification is a change or exception to a policy, practice, or procedure that allows disabled individuals to have equal access to programs, services, and activities. **Human Support** will make reasonable modifications to policies, practices and procedures when necessary to ensure access to transit services for qualified individuals with disabilities, unless:

- Making the accommodation would fundamentally alter the nature of the transportation service.
- Making the accommodation would create a direct threat to the health or safety of other passengers.
- The individual with a disability is able to fully use **Human Support Services'** service without the accommodation being made.

For the purposes of this section, the term reasonable accommodation shall be interpreted in a manner consistent with the term "reasonable modifications" as set forth in the Americans with Disabilities Act Title II regulations at 28 CFR 35.130(b)(7), and not as it is defined or interpreted for the purposes of employment discrimination under Title I of the ADA (42 U.S.C. 12111–12112) and its implementing regulations at 29 CFR part 1630.

Eligibility Criteria

An individual is eligible to be considered to receive a reasonable modification if that individual has: a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such impairment; or been regarded as having such impairment.

Requests for Reasonable Modifications

Human Support shall make information about how to contact **Human Support** to make requests for reasonable modifications readily available to the public through its website and rider policy guidelines. **Human Support** shall follow these procedures in taking requests:

- a. Individuals requesting modifications shall describe what they need in order to use the service.
- b. Individuals requesting modifications are not required to use the term “reasonable modification” when making a request. Personnel at **Human Support** will determine if the request represents a reasonable modification and proceed in accommodating the request accordingly.
- c. Whenever feasible, **Human Support** requests that individuals make such requests for modifications before **Human Support** is expected to provide the modified service.
- d. Where a request for modification cannot practicably be made and determined in advance (*e.g.*, because of a condition or barrier at the destination of which the individual with a disability was unaware until arriving), operating personnel shall make a determination of whether the modification should be provided at the time of the request. Operating personnel may consult with **Human Support**’s management before making a determination to grant or deny the request.

Requests for accommodation may be made either orally or in writing. The reasonable accommodation process begins as soon as the request for accommodation is made.

Alternative and accessible formats are available upon requests should you have a need.

The request can be submitted in any written format. Alternative means of filing a request, such as personal interviews, phone calls, or taped requests, will be made available for persons with disabilities if unable to communicate their request in writing or upon request.

Interactive Process

When a request for accommodation is made, **Human Support** and the individual requesting an accommodation must engage in a good faith interactive process to determine what, if any accommodation shall be provided. The individual and the **Human Support** must communicate with each other about the request, the process for determining whether an accommodation will be provided, and the potential accommodations. Communication is a priority throughout the entire process.

Time Frame for Processing Requests and Providing Reasonable Modification

Human Support will process requests for reasonable accommodation and then provide accommodations, where appropriate, in as short a time frame as reasonably possible. **Human Support** recognizes, however, that the time necessary to process a request will depend on the nature of the accommodation(s) requested and whether it is necessary to obtain supporting information.

Granting a Reasonable Modification Request

As soon as **Human Support** determines that a reasonable accommodation will be provided, that decision shall be immediately communicated to the individual. This notice must be in writing in order to maintain the required information for reporting purposes. Upon request, alternative means of response will be provided.

In choosing among alternatives for meeting nondiscrimination and accessibility requirements with respect to new, altered, or existing facilities, or designated or specified transportation services, **Human Support** shall give priority to those methods that offer services, programs, and activities to qualified individuals with disabilities in the most integrated setting appropriate to the needs of individuals with disabilities.

Denying a Reasonable Modification Request

As soon as **Human Support** determines that a request for reasonable accommodation will be denied, **Human Support** will communicate the basis for the decision in writing to the individual requesting the modification. The explanation for the denial will clearly state:

- a. the specific reasons for the denial;
- b. any alternative accommodation that may create the same access to transit services as requested by the individual; and
- c. the opportunity to file a complaint relative to the **Human Support**'s decision on the request.

Complaint Process

Human Support has a process for investigating and tracking complaints from qualified individuals. These procedures shall be posted on the **Human Support**'s website and will be provided to any individual where the **Human Support** has denied a request for accommodation. The process and any forms necessary to file a complaint are readily available from the web. Alternative means of filing complaints, such as personal interviews, phone calls, or taped requests, will be made available for persons with disabilities if unable to communicate their request in writing or upon request.

Any person who believes she or he has been discriminated against in obtaining a reasonable modification may file a complaint by completing and submitting a **Human Support**'s Reasonable Modification Complaint Form. **Human Support** investigates complaints received no more than 30 days after receipt. **Human Support** will process complaints that are complete. Once the complaint is received, the complainant will receive an acknowledgement of receipt. If more information is needed to resolve the complaint, **Human Support** may contact the complainant. The complainant has 30 business days from the date of the letter to send requested information to **Human Support**.

If **Human Support** is not contacted by the complainant or does not receive the additional information within 30 business days, the **Human Support** may administratively close the complaint. In addition, a complaint may be administratively closed if the complainant no longer wishes to pursue their case.

After **Human Support** investigates the complaint, a decision will be rendered in writing to the complainant. **Human Support** will issue either a Letter of Closure or Letter of Finding.

- a. *Letter of Finding* – This letter will summarize the complaint, any interviews conducted regarding the complaint, and explains what actions will be taken by **Human Support** to address the complaint.
- b. *Letter of Closure* – This letter will explain why **Human Support** has determined that the complaint does not merit accommodation under the Americans with Disabilities Act and that the complaint will be closed.

If the complainant disagrees with the decision of **Human Support**, an opportunity to appeal the decision may be pursued provided the complaint files notice of appeal within 21 days of the initial decision of **Human Support**.

In the event of appeal, the complainant will be granted all due process, including the ability to be present additional evidence, present the case in person during an appeal hearing, and to be represented by counsel.

Designated Employee

Human Support shall designate one official within the organization responsible for processing reasonable modification requests and handling complaints. This individual is:

Human Support Services
Melissa Jones, Corporate Compliance Officer
988 N Illinois Route 3 P.O. Box 146
Waterloo, IL 62298
618-939-4444
HSS@hss1.org

Record Retention

Human Support will maintain all records related to reasonable modification requests and denials for at least three (3) years.

Human Support Services ADA Transportation Policy

Purpose

It is the goal of the **Human Support Services**, through its transit services, to design, implement, and maintain a safe, efficient, effective, and accessible transportation system for persons with disabilities. **Human Support Services** works to ensure nondiscriminatory transportation to enhance the social and economic quality of life for all people of the communities served by **Human Support Services**. Alternative and accessible formats are available upon request.

Policy

It is the policy of **Human Support Services** to abide by all provisions of the Americans With Disabilities Act (ADA) of 1990, Section 504 Rehabilitation Act of 1973, as amended, and US Department of Transportation (DOT) regulations found at 49 CFR Parts 27, 37, and 38, as amended, including all programs, services, activities, operations and relationships with – and accommodations/modifications of – employees, client-customers, and the general public, including but not limited to those stated below.

The Americans with Disabilities Act of 1990 (ADA) requires that individuals with disabilities receive the same level of service as non-disabled individuals. Services that are “separate but equal” are not acceptable. Section 504 Prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance.

Human Support Services will keep federally funded equipment and facilities in good operating condition. **Human Support Services** has policies and procedures to maintain vehicles. We will maintain, in operative condition, those features of facilities, vehicles, and other capital equipment that are required to make them accessible. ADA accessibility features will be repaired promptly if they are damaged or out of order. **Human Support Services** has established a system of regular and frequent maintenance checks of lifts sufficient to determine if they are operative

Equivalent service

As required by the ADA, **Human Support Services** has a sufficient number of, or access to, wheelchair accessible vehicles in our fleet to ensure that individuals needing an accessible vehicle have equivalent access to our transportation services as ambulatory individuals.

Maintenance of Accessible Features on Vehicles

As required by the ADA, the accessible features on our vehicles are maintained in operative condition so that individuals needing these features receive equivalent service to individuals not needing those features. Accessibility features are repaired promptly if they are damaged or out of order. Drivers are required to report lift and ramp failures promptly.

Transporting and securing wheelchairs

A wheelchair is a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for, and used by individuals with mobility impairments, whether operated manually

or powered. **Human Support Services** will transport passengers with wheelchairs, even in circumstances when the wheelchair cannot be secured to the driver's satisfaction, unless the wheelchair exceeds the size or weight capacity of the wheelchair lift or ramp.

Adequate Time for Vehicle Boarding and Disembarking

As required by the ADA, **Human Support Services** provides adequate time for boarding and disembarking our vehicles for individuals with disabilities. Additionally, **Human Support Services** permits individuals with disabilities who do not use wheelchairs, including standees, to use a vehicle's lift or ramp to board and/or disembark the vehicle.

Use of Portable Oxygen/Respirator Equipment

As required by the ADA, individuals using our transportation service may bring a respirator, portable oxygen equipment, and/or other life support equipment on board our vehicles, as long as they do not violate the law or rules relating to the transportation of hazardous materials. All equipment must be small enough to fit into our vehicles safely and without obstructing the aisle and/or blocking emergency exits. Passengers (with the assistance of the driver) must secure the equipment by means such as carrying the equipment using a shoulder strap or securing the equipment to a wheelchair or a seat.

Service Animals

As required by the ADA, any guide dog, signal dogs, or other animal individually trained to work or perform tasks for the benefit of an individual with a disability, including but not limited to, guiding individuals with impaired vision or alerting individuals with impaired hearing, have access to our vehicles. All service animals must be kept under the control of their owner at all times and abide by local animal safety regulations.

Personal Care Attendant

Human Support Services will not charge a fee for Personal Care Attendants to ride along with a passenger.

Training in Wheelchair Securement, Sensitivity to Passengers

As required by the ADA, **Human Support Services** trains its personnel to operate vehicles and equipment safely, assist passengers properly, and treat individuals with disabilities who use the service in a respectful and courteous way.

Driver use of, and assistance with, Accessibility Equipment

As required by the ADA, **Human Support Services** personnel make use of all available accessibility equipment when needed and provide a reasonable level of assistance to passengers as necessary and upon request with lifts, ramps, and securement devices.

ADA complaints

Discrimination related customer service complaints, including those associated with ADA regulations, are reported to a DOT Civil Rights Office and complaint documentation is maintained on file for one year. ADA related service complaint logs are kept on file for five years, per US DOT regulations. For a complete description of **Human Support Services** response to these complaints, refer to Title VI Plan section labeled Non Discrimination ADA/Title VI Complaint Procedures. **Human Support Services** contact for ADA complaints is:

Human Support Services

ATTN: Corporate Compliance Officer
988 N Illinois Route 3 P.O. Box 146
Waterloo, IL 62298
HSS@hss1.org / 618-939-4444

Discrimination ADA/Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:		

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin Disability

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section VI:

Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide any reference information regarding your previous complaint.

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____
 Federal Court: _____ State Agency: _____
 State Court: _____ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI:

Name of agency complaint is against:

Name of person complaint is against:
Title:
Location:
Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint.
Your signature and date are **required** below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

**Human Support Services
Corporate Compliance Officer
988 N Illinois Route 3 P.O. Box 146
Waterloo, IL 62298
618-939-4444
HSS@hss1.org**

A copy of this form can be found online at **www.hss1.org**

Discrimination Complaint Form

Title VI and ADA

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> Disability		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		

Section IV:		
Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court: _____ State Agency: _____

State Court: _____ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI:

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

**Human Support Services
Corporate Compliance Officer
988 N Illinois Route 3 P.O. Box 146
Waterloo, IL 62298
618-939-4444 Extension 1242**

A copy of this form can be found online at www.hss1.org

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