Tulare County Regional Transit Agency Reasonable Accommodation Process for People with Disabilities

<u>Fixed Route, TCRTA TRANSPORT</u>

In compliance with the Department of Transportation (DOT) 49 (CFR) Parts 27 and 37, the Tulare County Regional Transit Agency (TCRTA) is committed to ensuring equal access for all individuals to use its transportation services, including Fixed Route and TCRTA TRANSPORT service. TCRTA will make reasonable accommodations/modifications to its policies, practices, and procedures when necessary for individuals with disabilities to receive access to these services.

TCRTA has designated the following individual to handle requests for reasonable accommodation/modification and resolve any complaints regarding access to transit. Requests or complaints may be mailed or emailed to the addresses below. Please provide your name, address, phone number, and email address when submitting a request or complaint so that staff may reach out promptly.

Transit Coordinator

200 E. Center Ave.
Visalia, CA 93291

info@gotcrta.org
(559) 372-2290 OR (559) 972-2467

Requests for accommodation and modification of TCRTA's transportation system policies and practices may be denied only on the grounds of one or more of the following:

1. Granting the request would fundamentally alter the nature of TCRTA's transportation services, programs, or activities
2. Granting the request would create a direct threat to the health or safety of others
3. The request is not necessary in order for the individual to fully access the transportation services, programs, or activities

In any instance in which a request is denied, TCRTA will take, to the maximum extent possible, any other actions (that would not result in a direct threat or fundamental alteration) to ensure that the individual with a disability receives full access to transportation services.

COMPLETE REQUEST FORM ON THE BACK

TCRTA
TULARE COUNTY REGIONAL TRANSIT AGENCY

Reasonable Modification Request

Request Date   _____

Name   _____

Address   _____

City and Zip Code   _____

Phone Number   _____

Email Address   _____

Circle Service Type(s):   Fixed Route   TCRTA TRANSPORT

For the next section, please describe as specifically as possible what you need in order to use the service and make your request in advance whenever feasible. In instances where it is not feasible to make a request in advance, our operating personnel shall make a determination of whether the modification should be provided at the time of the request.

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Signature: _____ Date: _____