

RESOLUTION 13-1

WHEREAS, the Sangamon Menard Area Regional Transit (SMART) department must adopt sufficient policies and procedures regarding Reasonable Modification that meet the requirements of the Illinois Department of Transportation and Federal Transit Administration; and,

WHEREAS, those policies and procedures must be subsequent, not to supersede the Countywide policies already established in order to maintain compliance with State and Federal grant funding regulations; and,

WHEREAS, this policy addresses all deficiencies currently identified in the policies and procedures for SMART,

NOW, THEREFORE, BE IT RESOLVED by the Sangamon County Board members on this ___ day of September 2024, that the Sangamon Menard Area Regional Transit Subrecipient & Policy on Reasonable Modification (attached) are hereby adopted.

Approved by the ___ Finance Committee _____ September 10, 2024 _____

_____, Chairman

Chairman, Sangamon County Board

ATTEST:

County Clerk

FILED

SEP 06 2024

Don / May
Sangamon County Clerk

Sangamon/Menard Area Regional Transit (SMART) ADA Reasonable Modification Request Form

Requests for modifications to the policies, practices, or procedures of Sangamon/Menard Area Regional Transit (SMART) in order to accommodate an individual with a disability may be made either in advance or at the time of the transportation service. Whenever feasible, requests for reasonable modifications shall be made and determined in advance. A reasonable modification related to the ADA Paratransit is *a change or exception to a policy, practice, or procedure that allows people with disabilities to have equal access to transportation*. Fill out this form with details about your modification request and how it relates to your disability.

Modification Request By: _____ Date: _____

Address: _____ Phone: _____

Modification for (Name) _____ Date of Trip: _____

Describe the modification request for ADA demand response transportation including why the modification is necessary:

Signature of ADA Passenger or Guardian Date

Once completed, please mail or email this form to:
Sangamon/Menard Area Regional Transit (SMART)
ATTN: Reasonable Modification
1800 E Adams St
Springfield, IL 62703
Email: Kate.Downing@sangamonil.gov
To request a modification by phone, please call the following number: 217-679-5009

Requests for reasonable modifications may be denied on the following grounds:

1. It is a fundamental alteration to the nature of the program, service, or activity,
2. It is a direct threat to the health or safety of others,
3. It is not a requirement by the requester to use the service, or
4. The modification creates an undue financial / administrative burden.

[Insert name of transit provider] will strive to acknowledge and approve or deny requests within three (3) business days of receipt. All riders who are denied a request have the ability to appeal. For a copy of our Appeals Form and the complete Reasonable Modification Policy, please visit www.smartrides.org

All information is kept confidential. All materials are available in accessible format and in languages other than English upon request.