

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 LCTA 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 LCTA 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 LCTA 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 LCTA ADA Coordinator and provide the date.

Line 5: State the nature of your functional limitation. Explain what you need to participate in LCTA 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 LCTA 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 LCTA ADA Coordinator. The LCTA ADA Coordinator can be reached at (570) 287-2148, or 315 Northampton St., Kingston, PA, 18704.

To request these materials in alternative formats or if you require assistance filling out this form, contact the LCTA 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 LCTA 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 LCTA activity?

_____.

6. Please provide any information that would help LCTA 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)