



Serving Rural Public Transportation for Harrison, Washington, Crawford and Scott Counties
07/13/22

ADA REASONABLE MODIFICATION, RM FORM

Southern Indiana Transit System

What is a reasonable modification RM, request?

Southern Indiana Transit strives to ensure all public ridership has the best, safest, reliable transportation available in our service area. There are times where customers can make a reasonable modification request to the SITS management in order to make their ride safer. Some examples of this are:
Have operator pull up a reasonable distance from obstructed bus stop, allow passenger with medical condition to eat/drink to avoid adverse health consequences, Pick up at hard to maneuver spots
Pick up at specific entrances, assist in extreme weather.

Defining Reasonable Modification for Transportation that is not considered a reasonable modification:

A change so significant that it alters the nature of the service.

Examples: Specific vehicle requests ("I like the new buses!" and only wants to ride said buses) –
Exclusive rides

PCA functions like carrying packages, staying with unattended passengers –

Operating outside service area or hours •

Basic concepts: – The service is shared-ride public transportation to get people from point A to point B –
The bus driver is not a personal care attendant

Reasonable Modification: What is It Not? 1. Fundamental alteration of service 2. Direct threat to the health or safety of others 3. Not needed by the requester to use the service 4. Undue financial / administrative burden

ADA Transportation Reasonable Modification form

Section I:

Name:

Address:

Telephone (Home):	Telephone (Work):
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Electronic Mail Address:

Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

Section II:

Are you filing this RM on your own behalf?	Yes*	No
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***If you answered "yes" to this question, go to Section III.**

If not, please supply the name and relationship of the person for whom you are a RM:	
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Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the party if you are filing on behalf of a third party.	Yes	No
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Section III:

Date that Reasonable Modification was Denied (Month, Day, Year): ___ Explain as clearly as possible what happened and why you believe you should have received the modification request. Describe all persons who were involved. Include the name and contact information of the person(s) (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. You may also attach other items that you think are relevant.

Section IV

Have you previously filed a RM with this agency?	Yes	No
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Section I:

Name:

Address:

Telephone (Home):	Telephone (Work):
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Electronic Mail Address:

Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

Section II:

Are you filing this RM on your own behalf?	Yes *	No
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*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are asking for a RM:	
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Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the party if you are filing on behalf of a third party.	Ye s	No
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Section III:

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