

## **Liberty County Transit**

### **Reasonable Modification Policy**

The Department of Transportation has revised its rules under the Americans with Disabilities Act (ADA) and section 504 of the Rehabilitation Act of 1973. It now specifically provides that transportation agencies are required to make reasonable modifications to policies, practices, and procedures to avoid discrimination and ensure that their programs are accessible to individuals with disabilities.

Liberty County Transit is committed to providing safe, reliable, efficient, and accessible service to its customers. To ensure equality and fairness, Liberty County Transit will make reasonable modifications to policies and procedures to ensure that individuals with disabilities have equal access to all of its services.

Exceptions would include modifications that:

- Cause a direct threat to the health and/or safety of others;
- Result in a fundamental alteration of the nature of the service;
- Are not necessary for the individual with a disability to fully utilize Liberty County Transit's services

Anyone who would like to request a modification of policies or procedures to participate in a Liberty County Transit program or service should contact:

Monica Welles  
Executive Director  
Liberty County Transit  
Physical Address: 15629 NW CR 12, Bristol, FL 32321  
Mailing Address: PO Box 399, Bristol, FL 32321  
(850) 643-2524  
[mwelles@libertybocc.com](mailto:mwelles@libertybocc.com)

**Liberty County Transit**  
**Reasonable Modification Request Determination**

For each reasonable modification request, consider each of the questions below. If the request does not provide enough specific information related to a question, consider what additional information is needed and how it would affect your answer to the question. Once each question has been considered, indicate what action you would take related to the request. If the decision would vary based on other factors/information, note the assumptions you made in making your decision.

1. Does the person making the request have a disability? \_\_\_\_\_
2. What change in policy are they requesting?  
\_\_\_\_\_

3. Is the requested change needed, because of the person's disability, to fully benefit from the transportation service?  
\_\_\_\_\_

4. Would granting the request create a direct threat to the health or safety of others?  
Explain.  
\_\_\_\_\_

5. Would granting the request fundamentally change the nature of the transportation service? Explain.  
\_\_\_\_\_

6. What decision would you make regarding this request?  
\_\_\_\_ Grant the request and make the change.  
\_\_\_\_ Deny the request.

If you decide to deny the request, are there any other actions you would propose to the person to address the issue noted?  
\_\_\_\_\_

Date and method that the requestor is notified of the decision and additional actions proposed, if any. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date