TRANSIT SERVICES DIVISION  
Reasonable Modification Policy

I. Purpose

On March 13, 2015, as part of the Federal Register Vol. 80, No. 49 (80FR13253), the Federal Department of Transportation (DOT) issued a Final Rule effecting 49 CFR Parts 27 and 37: Transportation for Individuals with Disabilities; Reasonable Modification of Policies and Practices. This final rule stemmed from a prior Notice of Proposed Rule Making (NPRM) issued February 27, 2006 (71 FR 9761). The purpose behind this final rule is:

“...specifically to provide that transportation entities are required to make reasonable modifications/accommodations to policies, practices, and procedures to avoid discrimination and ensure that their programs are accessible to individuals with disabilities.”

II. Requirements

1. Federal funding recipients must make reasonable accommodations in policies, practices, or procedures when necessary to avoid discrimination on the basis of disability unless recipients can demonstrate that making the accommodations would fundamentally alter the nature of the service, program, activity, or result in an undue financial and administrative burden.

   a. This requirement applies to both fixed-route and paratransit services.

2. When considering changes to facilities or transportation services, entities must consider the most integrated setting appropriate for individuals with disabilities.

   a. However, entities can refuse to provide service to an individual that engages in violent, seriously disruptive, or illegal conduct, or represents a direct threat to the health or safety of others.

   b. Entities cannot refuse to provide service to an individual with disabilities solely because the individual’s disability results in appearance or involuntary behavior
that may offend, annoy, or inconvenience employees of the entity or other persons.

III. Procedures for Reasonable Modifications/Accommodations

All requests for reasonable modifications/accommodations (fixed route, paratransit or facilities) will be processed in the following manner.

1. Request may be submitted by email at (transitstaff@city.jackson.ms.us), written mail to City of Jackson, Transit Services Division, 1785 Highway 80 West, Jackson, MS 39204, by fax to 601.326.5416 or by phone to 601.960.1100 (TDD/TTY: 711 through Mississippi Relay Service). All requests will be logged into a Reasonable Modification/Accommodation spreadsheet noting the requestor’s name, date, contact information and specific accommodation request being made.

2. Information regarding requesting reasonable modifications/accommodations will be available on JTRAN’s website (www.jacksonms.gov/transportation) as well as within the various printed materials normally provided by the City (i.e. rider’s guides, notices, etc.).

3. The City’s reasonable accommodation coordinator will review and determine if modifications/accommodations should be granted at the time of the request. Additional information may be requested. Whenever feasible, request for modifications/accommodations shall be made in advance. The City acknowledges that, due to the unpredictable nature of transportation, some request for modifications/accommodations may be made while in transit. As such, operating personnel shall decide of whether the modification should be provided at that time and document the request.

4. All requests for modifications (reasonable or otherwise) will be assigned to the agency Point of Contact (POC) for review and evaluation. (The POC for these requests will be the City’s Associate or Transportation Planner assigned to ADA compliance and Civil Rights). Prior to determination, the POC will consult with the transit operations contractor staff regarding requests for reasonable modification.

5. Training regarding these procedures will be provided to the City and transit operations contractor staff that interacts with the public; specifically: office assistants, dispatchers, reservationists/schedulers and supervisors.

6. All reasonable modifications/accommodations requests will be acknowledged within three business days of receipt. The resolution and response to the person who submitted a request will be made timely, within 10 business days, and the
response must explain the reasons for the resolution. The response must be
documented and any requests requiring more than 10 business days to resolve
must be reviewed by the City’s POC and the transit operations contractor and
documented as to why the resolution requires additional time for full resolution.

IV. Complaint Procedures

1. Complaints may be submitted by email at (transitstaff@city.jackson.ms.us), City
   of Jackson, Transit Services Division, 1785 Highway 80 West, Jackson, MS 39204,
   by fax to 601.326.5416 or by phone to 601.960.1100 (TDD/TTY: 711 through
   Mississippi Relay Service). All complaints will be logged into the 311 System noting
   the requestors name, date, contact information and specific accommodation
   request being made.

2. All complaints will be reviewed by the City’s POC and the transit operations
   contractor.

3. All complaints will be acknowledged within three business days of receipt. The
   resolution and response will be made timely, within 10 business days, and the
   response must explain the reasons for the determination. The response will be
   documented, referencing the original request for modification. Any complaint
   responses requiring more than 10 business days for resolution must be reviewed
   by the City’s POC and the transit operations contractor and documented as to why
   the resolution requires additional time for full resolution.
TRANSIT SERVICES DIVISION
ACCOMMODATION/MODIFICATION REQUEST FORM

The City of Jackson, Mississippi does not discriminate on the basis of disability in admissions to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companions with a disability seeking access to a JTRAN service, activity or facility.

ACCOMMODATION/MODIFICATION REQUEST INFORMATION

Name: ____________________________ Telephone: ____________________________
Address: ____________________________ Date: ____________________________

The program or facility to which I am requesting access is located at:

______________________________

I am requesting the following modifications/accommodation (s):

☐ Wheelchair access
☐ Sign language interpretation
☐ Written material in alternate format (large print, computer disc or CD, cassette tape or other ____________________________)
☐ Written material in Braille
☐ Reader
☐ Modification of policies or procedures
☐ Other

Please provide any other details or information necessary to process this request.

________________________________________________________________________

________________________________________________________________________

Please return this form by written mail to City of Jackson, Transit Services Division, 1785 Highway 80 West, Jackson, MS 39204, by email at (transitstaff@city.jackson.ms.us), by fax to 601.326.5416 or by phone to 601.960.1100 (TDD/TTY: 711 through Mississippi Relay Service).
TRANSIT SERVICES DIVISION
ACCOMMODATION/MODIFICATION EVALUATION FORM

ACCOMMODATION/MODIFICATION REQUEST INFORMATION

Date request was received: ________________ Due date: ________________

Name of Evaluator: ________________ Area of Service: ________________

Customer’s Request: ______________________________________

______________________________________________________

Policy creating barrier: __________________________________

______________________________________________________

Discussion: ______________________________________________

______________________________________________________

Date Modification Approved: ________________

MODIFICATION REQUEST DENIED

☐ Fundamentally alters service
☐ Creates a direct threat to health and safety of others
☐ Customer can fully use service without modification
☐ Causes undue financial or administrative burden

Describe other actions taken to ensure access: ________________________________

______________________________________________________

______________________________________________________ Date customer notified: ____________

Denial: ___________________