

**The Arc of Wabash County, Inc**  
**ADA Reasonable Modification Request Form**

Requests for modifications to the policies, practices, or procedures of [Insert name of transit provider] 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 service is ***a change or exception to a policy, practice, or procedure that allows people with disabilities to have equal access to transportation***. Please provide details about your modification request and how it relates to your disability.

**Reasonable modification requests can be made by using this form, contacting us by phone, an online request, or in person.** To request a modification by phone, please call the following number: (260)-563-8411

Modification Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Modification for (Name) \_\_\_\_\_ Date of Trip: \_\_\_\_\_

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

Click or tap here to enter text.

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Signature of ADA Passenger or Guardian

Date

Please send this form via US Mail, or email using the contact information below. You may attach any written materials or other information that you think is relevant to your request to this form.

**Once completed, please mail or email this form to:**

The Arc of Wabash County, INC

ATTN: Mary Ogle

Director of Employment/Safety/Transportation

595 S Miami St

Wabash IN 46992

mogle@arcwabash.org

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 Compliant Form, Appeal Process, and the complete Reasonable Modification Policy, please visit [www.arcwabash.org](http://www.arcwabash.org)

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