



ADA and Reasonable Modification Policy

Teller Senior Coalition

January 23, 2019

Policy Statement

The Americans with Disabilities Act (Title II) states, in part, that "no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in programs, services or activities sponsored by a public entity."

Teller Senior Coalition is committed to complying with the requirements of Title II of the ADA in all of its programs, services, benefits and activities and we are committed to making reasonable modifications to our policies, practices and procedures to avoid discrimination and ensure programs and services are accessible to individuals with disabilities.

Teller Senior Coalition provides door to door service and door thru door service will be provided upon request. With permission, drivers may enter a client's residence.

Training

Our employees and volunteers are trained to proficiency, as appropriate to their duties, so that they operate vehicles and equipment safely and properly assist and treat individuals with disabilities who use our service in a respectful and courteous way, with appropriate attention to the difference among individuals with disabilities. (49 CFR 37.173)

Public Information and Marketing

Teller Senior Coalition communicates to the community by providing route information, brochures, and in presentations that explain how our services meet ADA requirements. Including the accessibility of transportation, how a person can apply for transportation services and be determined eligible for service. Policy and related forms are posted and available at the office as well as on our website, <https://tellerseniorcoalition.org>

Accessible Formats

Teller Senior Coalition makes available to individuals with disabilities information concerning transportation services upon request. This information is made available through accessible formats and technology when requested. Relay

Colorado (Deaf and Hearing Impaired) may be utilized by calling 1-800-659-3656 (voice) or 1-800-659-2656 (TTY).

Stop Announcements

We take special care with our customers who have difficulties with vision and other disabilities by announcing destination points and arrival locations.

Personal Care Attendants

Transportation will be provided to a personal care attendant (PCA) traveling with an eligible rider. Persons are considered to be accompanying the eligible rider if they are picked up and dropped off at the same locations as the eligible rider. We do not charge PCAs or companions traveling with an eligible rider. We do not require an individual with a disability be accompanied by an attendant.

Service Animals

Animals are not allowed on Teller Senior Coalition vehicles except Service Animals. A Service Animal is any guide dog, signal dog, or other animal individually trained to work or perform tasks for an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sound, providing animal protection or rescue work, pulling a wheelchair, or fetching dropped items.

- A service animal is an animal that has been individually trained to assist an individual with a disability
- There is no national standard for certifying service animals
- A driver may not require or ask a person with a disability for certification or identification for service animals
- A driver may only inquire if an animal is a service animal or ask what tasks the animal has been trained to perform, but cannot require special ID card for the animal or ask about the person's disability

Maintenance of Vehicles

Teller Senior Coalition ensures that our vehicles are maintained in operative condition so that they are usable by individuals with disabilities. We promptly repair accessibility features if they are damaged or out of order. If accessibility features are out of order, we will take reasonable steps to accommodate individuals with disabilities who would otherwise use the feature. We provide regular and frequent maintenance checks of lifts.

Reasonable Modification

An individual with a disability may request a reasonable modification to our policies, practices and procedures in order to make our transportation services accessible. The first step in this process is to communicate this request to our dispatcher when scheduling transportation services. If the requestor is not satisfied with this response, they may contact the transportation manager at 719-687-3330 or email dvanauken@tellerseniorcoalition.org. The requestor has the right to follow the complaint and reasonable modification request process.

Complaint and Reasonable Modification Request Procedure

This Complaint Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, or programs provided by Teller Senior Coalition. Teller Senior Coalition's personnel policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible but no later than 180 calendar days after the alleged violation to:

Teller Senior Coalition
ADA Coordinator
750 E. Highway 24, Bldg. 2, Suite 100
P.O. Box 6956
Woodland Park, CO 80866
719-687-3330

Teller Senior Coalition's ADA Coordinator or designee will interview the complainant to discuss the complaint and the possible resolutions. Within 30

calendar days after receipt of the complaint, Teller Senior Coalition's ADA Coordinator or designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of Teller Senior Coalition and offer options for substantive resolution of the complaint.

If the complainant disagrees with the response from Teller Senior Coalition's ADA Coordinator or designee, the complainant and/or his/her designee may appeal the decision within 30 calendar days after receipt of the response to:

Teller Senior Coalition
Board of Directors
750 E. Highway 24, Bldg. 2, Suite 100
P.O. Box 6956
Woodland Park, CO 80866
719-687-3330

Within 30 calendar days after receipt of the appeal, the Teller Senior Coalition Board of Directors or their designee will review the complaint and will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

If the complainant disagrees with the findings and/or actions taken by Teller Senior Coalition, the complainant may file his/her complaint with the FTA's Office of Civil Rights.

Federal Transit Administration
Office of Civil Rights
East Building, 5th Floor-TCR,
1200 New Jersey Ave., SE
Washington, DC 20590
(888) 446-4511
www.fta.dot.gov

For more information about the ADA and public transportation, you may call an ADA specialist at 1-800-949-4232. All calls are confidential.

All written complaints, appeals and responses received by Teller Senior Coalition will be retained for at least one year and a summary of all ADA related complaints for at least five years.

AMERICANS WITH DISABILITY ACT
COMPLAINT FORM AND REASONABLE MODIFICATION REQUEST FORM

Full Name (Complainant):		
Phone Number: ()	Email:	
Address:		
City:	State:	Zip Code:
Preferred Contact Method:		
<input type="checkbox"/> Phone		
<input type="checkbox"/> E-mail		
<input type="checkbox"/> US Mail		
<input type="checkbox"/> Other: _____		
Are you filing this complaint on your own behalf?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
If not, please provide the name and relationship to the person for who you are filing the complaint:		
Name:		
Relationship:		
Date of alleged disability discrimination:	Time of Day:	
Name/Position (Title) of person(s) who allegedly discriminated against you:		
Location of incident:	Date of incident:	
Explain as clearly as possible what happened and why you believe you were discriminated against or the detail of your reasonable modification request:		

AMERICANS WITH DISABILITY ACT
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(Attach a separate sheet, if necessary)
How can this/these issue(s) be resolved to your satisfaction?
List Witness(es): (Attach a separate sheet, if necessary)
Name: _____ Phone Number: () _____
Name: _____ Phone Number: () _____
Name: _____ Phone Number: () _____
Have you filed the complaint with anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who: _____

By signing below, you agree that you have read, understand and accept the terms and procedures for tracking and investigating ADA complaints and you affirm that the information above is true to the best of your knowledge.

Signature

Printed Name

Date

Send this completed form along with any written materials or other information that you think is relevant to your complaint or request.