# TARTA'S REASONABLE MODIFICATION REQUEST FORM

In determining whether to grant a requested modification, the Toledo Area Regional Transit Authority (TARTA) will be guided by the provisions of the Americans with Disabilities Act (ADA) as amended and the United States Department of Transportation (DOT) regulations in conjunction with the guidance provided in Appendix E of Title 49 CFR Part 37.

Name of individual requesting modification _____

Name of individual wishing to utilize modification _____

Address of passenger who needs modification _____

City_____ State _____ Zip Code_____

Telephone Number (Home)_____ Telephone Number (Cell)_____

Describe any modifications to TARTA's policies, practices or procedures in order for you (an individual with disabilities) to access the services (attach additional sheets if necessary: _____
_____
_____
_____

Please indicate the location (or address) where you will need the requested modification_____
_____

Describe the problem you face that prevents you from utilizing TARTA's fixed route or Call-A-Ride Services_____
_____
_____

This form may be dropped off in person at 1127 W. Central Ave.; mailed to TARTA Human Resources, 1127 W. Central Ave., Toledo, OH 43610; or completed online at www.tarta.com.

_____
_____

For Office Use Only: _____ Date Received _____Date Eligibility Established

_____ Sent for evaluation _____ Request Approved/Denied

_____ Response Issued _____ Notification sent

# TARTA'S REASONABLE MODIFICATION MEDICAL DOCUMENTATION FORM

A reasonable modification may be requested by individuals who are disabled as described by ADA. A new applicant will be required to submit documentation from his/her physician establishing ADA-eligibility.

Physician Name _____

Address _____

_____

City _____ State _____ Zip Code _____

Physician Signature_____

Date signed _____

Patient Name _____

Address _____

_____

City _____ State _____ Zip Code _____

Date of Birth_____

1. The patient listed above does/does not (circle one) have a medical condition.
2. The medical condition is _____.
3. The medical condition is permanent/temporary (circle one).
4. Please describe the reason this patient requires a reasonable modification to utilize TARTA's fixed route or Call-A-Ride Service_____

   _____

   _____

   _____

*Please return this form to the TARTA Human Resources secure fax at 419-243-5816 or mail to TARTA Human Resources, 1127 W. Central Ave., Toledo, OH 43610.*