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 requestin	g modification:		
Street	Name of passenger wishing t	o utilize modificatio	on:	
City State Zip Code Phone# (Primary) Phone# (Secondary) Describe any modifications to TARTA's policies, practices, or procedures that may affect your ability to fully utilize the paratransit services offered (attach additional sheets if necessary): Please indicate the address where you will need the requested modification: Describe the current challenge that prevents you from fully utilizing TARTA's paratransit services: This form may be dropped off in person or mailed to TARPS on 130 Knapp St., Toledo, OH 43604; or completed online at www.tarta.com. SOR OFFICE USE ONLY Date Received Date Eligibility Established Sent for Evaluation Request Approved/Denied	Address of passenger who ne	eeds modification:		
Phone# (Primary)Phone# (Secondary) Describe any modifications to TARTA's policies, practices, or procedures that may affect your ability to fully utilize the paratransit services offered (attach additional sheets if necessary): Please indicate the address where you will need the requested modification: Describe the current challenge that prevents you from fully utilizing TARTA's paratransit services: This form may be dropped off in person or mailed to TARPS on 130 Knapp St., Toledo, OH 43604; or completed online at www.tarta.com. FOR OFFICE USE ONLY Date Received Date Eligibility Established Request Approved/Denied	Street			
Describe any modifications to TARTA's policies, practices, or procedures that may affect your ability to fully utilize the paratransit services offered (attach additional sheets if necessary):	City	State	Zip Code	
Please indicate the address where you will need the requested modification: Describe the current challenge that prevents you from fully utilizing TARTA's paratransit services: This form may be dropped off in person or mailed to TARPS on 130 Knapp St., Toledo, OH 43604; or completed online at www.tarta.com . FOR OFFICE USE ONLY Date Received Date Eligibility Established Request Approved/Denied	Phone# (Primary)		Phone# (Secondary)	
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Sent for Evaluation Request Approved/Denied	FOR OFFICE USE ONLY	,		
	Date Received		Date Eligibility Established	
Response Issued Notification sent	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 with disabilities as described by ADA. A new

applicant will be required to submit documentation from their physician establishing ADA- eligibility. Physician Name: Address: Physician Signature Date Signed _____ Patient Name: Patient Address: Patient DOB: _____ The patient listed above has a medical condition(s). 1. Please list the medical condition(s): 2. Permanent Temporary 3. The medical condition(s) is: 4. Please describe the reason this patient requires a reasonable modification to utilize TARTA's paratransit services:

Please return this form to TARPS's secure fax at 419-724-6659 or mail to TARPS on 130 Knapp St., Toledo, OH 43604.