



# Greater New Haven Transit District

840 Sherman Avenue, Hamden, CT 06514

Phone: 203.288.6282 Fax: 203.288.7471

## What is Reasonable Modification?

The Greater New Haven Transit District is committed to providing customers including those with disabilities with safe, reliable, accessible and user-friendly services. As part of this commitment, GNHTD has adopted this policy to provide a procedure for receiving, processing and responding to requests for reasonable modifications to GNHTD's policies or practices by individuals with disabilities.

## Legislation

On March 13, 2015, the Department of Transportation issued a Final Ruling regarding 49 CFR Parts 27 and 37 *Transportation for Individuals with Disabilities; Reasonable Modification of Policies and Practices*. This ruling requires public entities providing designated public transportation services to make *reasonable* modifications/accommodations to policies and practices to ensure program accessibility. The rule further requires that public entities adopt a formal process for tracking and responding to said requests for modifications.

## Reasonable Modifications Request Form

- Individuals requesting modifications shall describe what they need in order to use the service.
- Individuals requesting modifications are not required to use the term "reasonable modification" when making a request.
- Whenever feasible, requests for modifications shall be made and determined in advance, before GNHTD is expected to provide the modified service, for example, during the paratransit eligibility process, through customer service inquiries, or through the GNHTD's comment process.
- Where a request for modification cannot practicably be made and determined in advance, operating personnel shall make a determination of whether the modification should be provided at the time of the request. Operating personnel may consult with GNHTD's management before making a determination to grant or deny the request.

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*GNHTD is a government agency established in 1973 under the provision of Connecticut Public Act 261, Chapter 103(a) for the purpose of operating and providing a variety of transportation programs and services*

## **GNHTD will accommodate requests provided that:**

- Fundamental nature of the service, program or activity is not altered, or
- It does not cause a direct threat to the health or safety of others, or
- It does not result in an undue financial and administrative burden, or
- The requestor would not be able to fully use the service provided by GNHTD without the modification.

## **REQUEST DENIALS/PROTESTS**

If a request for reasonable modification is denied, the requester has the right to protest the decision by following GNHTD's ADA appeal procedures. Copies are available upon request. Also, a copy of the ADA appeal procedures will be included with the written decision of denial. The GNHTD will take, to the maximum extent possible, any other actions that may be available to them to ensure that the individual with a disability receives the services or benefits provided by the GNHTD that would not result in a direct threat or fundamental alteration.

## **GNHTD Reasonable Request Form:**

There are several ways to obtain and submit a Reasonable Modification/Accommodation request form:

Obtain by:

- Download the form from our website ([www.gnhtd.org/reasmod](http://www.gnhtd.org/reasmod))
- Send an email to: [request@gnhtd.org](mailto:request@gnhtd.org)
- Call 203-288-6282 ext. 2501 or 2518

Submit:

- Fax the request form to 475-241-0665
- Call 203-288-6282 ext. 2501 or 2518
- Send email to: [request@gnhtd.org](mailto:request@gnhtd.org)
- Mail a request to:

Greater New Haven Transit District  
1014 Sherman Avenue  
Hamden, CT 06514  
Attn: ADA Mobility Coordinator

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Please complete this form to request a reasonable modification of Greater New Haven Transit District paratransit services. Submit the completed form by:

- Faxed to 475-241-0665 Attn: ADA Mobility Coordinator
- Email to our Reasonable Modifications Request Coordinator at [request@gnhtd.org](mailto:request@gnhtd.org)
- Mail to GNHTD, 1014 Sherman Avenue, Hamden, CT 06514  
Attn: ADA Mobility Coordinator

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Description of Request: \_\_\_\_\_

Are you able to ride without this modification?

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