

## **Americans with Disabilities Act (ADA) Reasonable Modification Request Form**

In accordance with the Americans Disabilities Act (ADA) and directives from the Federal Transit Administration, Capital Area Transit System will make every effort, to the maximum extent feasible, to ensure that a person with a disability has access to, and benefits from, its services. Capital Area Transit System will make reason modifications to its policies, programs, and procedures applicable to its transportation services, when necessary to avoid discrimination and ensure accessibility for people with disabilities.

Passenger Full Name:

Street Address:

City:

State:

Zip Code

Telephone Number:

Email Address:

If the request is being made by someone else on behalf of the passenger, please provide name, relationship to passenger, and telephone number:

Advocate Name:

Relationship to Passenger:

Telephone Number:

Describe the passenger's disability or disabilities.

Describe the service policy or program that may need to be modified to allow the passenger full access to the transit services provided.

Please describe the specific modification to the current policy/procedure that you are requesting.

How would you like Capital Area Transit System to respond to your request?

☐ In writing to the address listed on page 1

☐ By email to the address listed on page 1

This form can be requested in large print or Spanish by calling 225-346-5551 or emailing [vgdargin@brcats.com](mailto:vgdargin@brcats.com)

Please send completed form and any required documentation of disability to:

*CAPITAL AREA TRANSIST SYSTEM*

*2250 Florida Blvd.*

*Baton Rouge, LA 70806*

*Email: [vgdargin@brcats.com](mailto:vgdargin@brcats.com)*