

ADA REASONABLE ACCOMMODATION / MODIFICATION REQUEST

Date: _____

Client Name: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

Email Address: _____

Transportation Service

- ☐ Rolling Hills Transit
- ☐ Rolling Hills Mobility
- ☐ Rolling Hills Volunteers

REQUEST FOR ACCOMMODATION

Please describe the accommodation or modification you are requesting:

DISABILITY-RELATED NEED

Please explain why you need this accommodation due to disability or medical condition:

SPECIFIC POLICY OR PROCEDURE AFFECTED

Please identify the Semcac Transportation policy, procedure, or requirement for which you are requesting an accommodation.

- ☐ Seat Belt Requirement
- ☐ Wheelchair Securement Requirement
- ☐ Pickup / Drop-off Assistance
- ☐ Service Animal Accommodation
- ☐ Other: _____



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SUPPORTING DOCUMENTATION

- ☐ Documentation Attached
- ☐ Documentation Will Be Submitted Later
- ☐ No Documentation Available

Examples may include:

Physician Statement
Physical Therapist Documentation
Occupational Therapist Documentation
Other Medical Verification

ALTERNATIVE ACCOMMODATION

If the requested accommodation cannot be approved, is there another accommodation that may meet your needs?

CLIENT ACKNOWLEDGMENT

I certify that the information provided on this form is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

APPEAL RIGHTS

If your request is denied, you may submit a written appeal to:

Transportation Director / ADA Coordinator

Semcac Transportation
400 Commerce Drive SE
Kasson, MN 55944
Phone: 800-528-7622
Email: tpcompliance@semcac.org

Important: Submission of this form does not automatically exempt a passenger from Semcac Transportation safety policies. Requests will be evaluated on an individualized basis in accordance with ADA reasonable modification requirements and safety considerations.

Appeals should be submitted within twenty-one (21) days of the initial decision.



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DO NOT COMPLETE FOLLOWING SECTIONS

To be completed by Semcac Transportation staff

MANAGEMENT REVIEW SECTION

Date Received: _____

Reviewed By: _____

Additional Documentation Requested:

☐ Yes

☐ No

If yes, explain:

DETERMINATION

After Semcac Transportation investigates the complaint and has consulted and received direction from MnDOT OTAT, a decision will be rendered in writing to the complainant. Semcac Transportation will issue either a Letter of Closure or Letter of Finding.

- **Letter of Finding** – This letter will summarize the complaint, any interviews conducted regarding the complaint, and explains what actions will be taken by Semcac Transportation to address the complaint.
- **Letter of Closure** – This letter will explain why Semcac Transportation has determined that the complaint does not merit accommodation under the Americans with Disabilities Act and that the complaint will be closed.

☐ Approved

☐ Approved with Conditions

☐ Denied

Effective Date: _____

Review Expiration Date (if applicable): _____

Reason for Decision:

