



## Okaloosa County BCC – EC RIDER

### Reasonable Modification Policy

The Department of Transportation has revised its rules under the Americans with Disabilities Act (ADA) and section 504 of the Rehabilitation Act of 1973. It now specifically provides that transportation agencies are required to make reasonable modifications to policies, practices and procedures to avoid discrimination and ensure that their programs are accessible to individuals with disabilities.

Okaloosa County BCC – EC RIDER is committed to providing safe, reliable, efficient, and accessible service to its customers. To ensure equality and fairness, Okaloosa County will make reasonable modifications to policies and procedures to ensure that individuals with disabilities have equal access to all of its services.

Exceptions would include modifications that:

- Cause a direct threat to the health and/or safety of others;
- Result in a fundamental alteration of the nature of the service;
- Are not necessary in order for the individual with a disability to fully utilize Okaloosa County BCC – EC RIDER services

Anyone who would like to request a modification of policies or procedures to participate in Okaloosa County BCC – EC RIDER's Program or service should contact:

**Booker Tyrone Parker**  
**Transit Division Manager**  
**Okaloosa County BCC – EC RIDER**  
**600 Transit Way**  
**Fort Walton Beach, FL 32547**  
**850 – 609 - 7003**  
[Tparker@myokaloosa.com](mailto:Tparker@myokaloosa.com)

## Reasonable Modification Request Determination

For each reasonable modification request, consider each of the questions below. If the request does not provide enough specific information related to a question, consider what additional information is needed and how it would affect your answer to the question. Once each question has been considered, indicate what action you would take related to the request. If the decision would vary based on other factors/information, note the assumptions you made in making your decision.

Does the person making the request have a disability:      Yes      No

What change in policy is being requested?

Because of the person's disability, is the requested change needed to fully benefit from the transportation service:

Would granting the request create a direct threat to the health or safety of others:

Would granting the request fundamentally change the nature of the transportation service?

Explain:

What determination has been made regarding the request?

- Grant the request
- Deny the request

If denied, please explaining the reason for denial:

If you decide to deny the request, are there any other actions you would propose to the person to address the issue noted:

Date and method that the requestor is notified of the decision and additional actions were proposed, if any:

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**Signature**

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**Date**