The Federal Department of Transportation (DOT) has recently revised the rules for the American with Disabilities Act (ADA) and Section 504 of The Rehabilitation Act of 1973. The revised rules to provide public transit organizations to make reasonable modifications and accommodations to policies, practices and procedures to avoid discrimination, and to ensure accessibility to individuals with disabilities.

Individuals with disabilities may request that Tangipahoa Parish Government’s Tangipahoa Voluntary Council on Aging/Tangipahoa Public Transportation (TVCOA/TPT) make reasonable modifications and accommodations in order for that individual to fully use transit services. All requests should be made in advance by filling out and submitting a Reasonable Accommodation Request form to TVCOA/TPT Transit. Please see information below to obtain and file a request.

TVCOA/TPT will accommodate requests provided that:

1. Fundamental nature of the service, program or activity is not altered, or
2. It does not cause a direct threat to the health or safety of others, or
3. It does not result in an undue financial and administrative burden, or
4. The requestor would not be able to fully use the service provided by TVCOA/TPT without modification.
5. The requestor would not be able to complete a complaint form without alternative formatting.

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

- **Download Request Form from** [https://tangipahoa.org/residents/public-transport](https://tangipahoa.org/residents/public-transport) under Document at the bottom of page.
- **Call:** (985) 748 – 3211 ext. 272
- **Fax:** (985) 748 – 5680 Attn: ADA Coordinator
- **Email:** Vbaker@tangipahoa.org
- **Mail:** P.O. Box 215, Amite, La 70422-0215 Attn: ADA Coordinator
- **Drop Off:** 206 East Mulberry St. Amite, La 70422-0215 Attn: ADA Coordinator

For Special Needs Accommodations Contact Mary Dowling TVCOA Representative:

- **Call:** 985-748-6016
- **Email:** mary@tvcoa.com
TPG/TVCOA Reasonable Accommodation Procedures

Title II of the ADA requires public entities to make reasonable modifications to existing policies, practices and procedures to avoid discrimination on the basis of disability, unless to do so would fundamentally alter the nature of the program, service or activity in question. Tangipahoa Parish Government policy is to reasonably accommodate individuals with disabilities. Tangipahoa Parish Government has established, pursuant to Title II of the ADA and Section 504 of the Rehabilitation Act of 1973, the following procedure to be used by persons who would like to request a reasonable accommodation:

1. Obtain a copy of Tangipahoa Parish Government REQUEST FOR REASONABLE ACCOMMODATION form. There are several ways to obtain and submit a Reasonable Modification /Accommodation request form:
   - Download Request Form from https://tangipahoa.org/residents/public-transport under Document at the bottom of page.
   - Call: (985) 748 – 3211 ext. 272
   - Fax: (985) 748 – 5680 Attn: ADA Coordinator
   - Email: Vbaker@tangipahoa.org
   - Mail: P.O. Box 215, Amite, La 70422-0215 Attn: ADA Coordinator
   - Drop Off: 206 East Mulberry St. Amite, La 70422-0215 Attn: ADA Coordinator

   For Special Needs Accommodations Contact Mary Dowling TVCOA Representative:
   - Call: 985-748-6016
   - Email: mary@tvcoa.com

   Alternative means of requesting reasonable accommodations, such as personal interviews or other assistance, will be made available upon request for persons with disabilities requiring use of such alternate means.

2. Complete the REQUEST FOR REASONABLE ACCOMMODATION form. If you need assistance filling out the form, TPG will assist you or you may ask someone else to assist you. All of the information must be provided before TPG/TVCOA will begin to process the request. TPG may ask for additional information to process the request, including, in some instances, that the disabled individual, or the information provided, be examined, tested, or reviewed by experts at the Tangipahoa Parish Government’s expense.

   Failure or refusal to provide Tangipahoa Parish Government with all of the information necessary to determine your eligibility for accommodation is grounds for denying the request. Any questions or requests for assistance with these procedures or complaint should be directed to TPG’s ADA Coordinator.

3. Submit the REQUEST FOR REASONABLE ACCOMMODATION form to the ADA Coordinator at the address above. Private information disclosed in the request will be kept confidential to the extent
required by law, but state and/or federal law may permit or require TPG to disclose or use the information in TPG conducted public hearings regarding the request, in court or administrative proceedings, by court order and in other circumstances.

Reasonable Accommodation Request Form

If you believe that you require a reasonable accommodation to access a program, service, or activity of the Tangipahoa Parish Government/TVCOA TPT (Tangipahoa Public Transportation) due to a disability, please complete and submit this form to the TPG ADA Coordinator. If you have any questions, require assistance, or need alternative means to submit a request due to a disability, please contact:

Virginia Baker
Personnel Director and Tangipahoa Parish ADA Coordinator
206 East Mulberry St Amite, La 70422
Email: vbaker@tangipahoa.org
Tel: 985 -748-3211 Ext. 272
Fax: 985 -748-5680
Mail: P.O Box 215, Amite, La 70422-0215
Attn: ADA Coordinator

SECTION 1

Person Requesting Accommodation:

Name: ____________________________________________________________________

Street Address: _______________________________________________________________

City: _________________ State: _________________ Zip Code: _________________

Phone (day):___________________________ (evening):_____________________________

Email: ______________________________________________________________________

Preferred Method of Contact: __________________________________________________________________________________________

Person Completing Form (If other than the concerned):

Name: ____________________________________________________________________

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Section 2

Accommodation Requested. *Be as specific as possible, e.g., adaptive equipment, reader, interpreter. Please identify the specific program, service, or activity you are attempting to access.*

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
SECTION 3

Reason for Request. (If accommodation is time sensitive, please explain)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

AFFIRMATION

I affirm that the above information is true and accurate to the best of my knowledge, information, and belief.

SIGNATURE: ________________________________ DATE: ______________________________

Sign and submit the completed REQUEST FOR REASONABLE ACCOMMODATION form by mail to Virginia Baker, Personnel Director and ADA Coordinator, 206 East Mulberry St. Amite La 70422, Tel: (985) 748 – 3211 Ext. 272 or by fax to (985) 748 - 5680.