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## Transportation ADA Reasonable Modification Request Form

*The Transportation Program of Carey Services strives to provide services to all eligible individuals in accordance with all relevant federal and state rules and regulations.*

In order that we may best assist you, if you would like to request a needed modification in our transportation services, please complete the following information and submit your request, either via US Mail or in person, to **Carey Services, ATTN: Community Services Manager, 2724 S. Carey St. Marion IN 46953**. You may also email this form to Carey Services Community Services Manager at [sbrashear@careyservices.com](mailto:sbrashear@careyservices.com). Feel free to contact us with any questions by calling 888-668-8961, ext. 122 weekdays between 8:00AM to 4:00PM.

Name/Contact Information of Individual to Receive Services:

Last: \_\_\_\_\_ First: \_\_\_\_\_

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

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

Disability Information: Please Check All That Apply:  Mobility  Dexterity  Vision

Hearing  Communication  Cognitive  Psychiatric  Hidden  Other-Please

Describe: \_\_\_\_\_

What modification(s) are you requesting? (If you have an accommodation in mind, please describe

it and include specific information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I'm not sure what I need.

Do you currently use accommodations or assistive technologies?  Yes  No.

If so, please describe: \_\_\_\_\_

You may also submit this information to you Internal Case Coordinator (ICC) if you have one.

Once received, the Community Services Manager will be in touch via phone or email within three (3) business days to discuss the modification request. Once a decision/plan is completed, you will be notified by the appropriate staff.