

## **Civil Rights Protections**

AppalCART is committed to operating transportation programs and services without regard to disability, race, color or national origin, in accordance with applicable federal statutes:

- Title II of the Americans with Disabilities Act
- Title VI of the Civil Rights Act

### **A. Requests for Reasonable Modifications of Policies and Procedures**

AppalCART is committed to ensuring a reliable, accessible experience for all customers. If, due to a disability, you are not able to fully utilize AppalCART programs and services (including fixed route, complimentary paratransit, and demand response because of a policy or procedure that AppalCART has established, you may submit a request for a modification of the policy or procedure. To request a modification, complete a Request for Modification of Policy/Procedure Form, which is available online at <http://www.appalcart.com/equal-rights> 1-800-297-1300 or 1-800-735-3962 (TDD/TTY). All requests for reasonable modifications to AppalCART policies or procedures will be considered on an individual basis. Please note that the AppalCART may be unable to accommodate requests for modifications which would: (1) result in a fundamental alteration to the nature of the service; (2) create a direct threat to the health or safety of others, and; (3) create an undue financial or administrative burden. Requests for modifications might also not be granted if the AppalCART determines that the service can be fully utilized without the requested change. In the event that a barrier to access exists, but the requested modification cannot be granted, the AppalCART will, to the maximum extent possible, assist in determining other possible actions that might be taken to provide access to its programs and services.

### **B. Reasonable Modification of Policies and Procedures**

Individuals with disabilities may ask AppalCART to modify a policy or procedure if they feel the policy or procedure is discriminatory or prevents them from fully utilizing AppalCART services. AppalCART will review these requests and will modify policies unless it finds that:

- The person can fully utilize the service without the requested modification (i.e., it is for convenience only).
- The change would create a direct threat to the safety of others.
- The change would fundamentally alter the nature of the service.
- The change would cause an undue financial or administrative burden.

AppalCART encourages people to request such modifications in advance when possible. To request a modification of a policy or procedure in advance complete the Request for Modification of Policy/Procedure Form, which is available online at <http://www.appalcart.com/equal-rights> or by calling 828-297-1300 or 1-800-735-3962 (TDD/TTY)).

AppalCART will be guided by examples in Appendix E of 49 CFR Part 37 ([http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=d315855e2f2c9f940970f4c191349c12&rgn=div5&view=text&node=49:1.0.1.1.27&idno=49#ap49.1.37\\_1215.e](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=d315855e2f2c9f940970f4c191349c12&rgn=div5&view=text&node=49:1.0.1.1.27&idno=49#ap49.1.37_1215.e)) when making decisions on requests for modifications of policies. If AppalCART denies a request, it will consider other reasonable actions or approaches that might be able to meet the person's needs.

AppalCART has designated its Transportation Director to coordinate the acceptance and review of requests for reasonable modifications of policies. This policy will be communicated to the public on the AppalCART website and in the AppalCART Route Schedule.

AppalCART  
REASONABLE MODIFICATION REQUEST FORM

Name of Passenger: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_  
Advocate Name: \_\_\_\_\_  
Relationship to passenger: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Describe the service policy or program that may need to be modified to allow the passenger full access to the transit service provided. \_\_\_\_\_  
\_\_\_\_\_
2. How does the current service policy or program prevent the rider from using the transit service program? \_\_\_\_\_  
\_\_\_\_\_
3. Please describe the specific modification to the current policy/procedure that you are requesting.  
\_\_\_\_\_  
\_\_\_\_\_
4. How would you like the (transit agency) to respond to your request?  
 in writing to the address provided above                       by email

If further communications regarding this request are needed in an alternate format, please indicate the appropriate format below:     large print (font size: \_\_\_\_\_)     Spanish

This form can be requested in large print or Spanish by calling \_\_\_\_\_:  
TTY \_\_\_\_\_ or emailing \_\_\_\_\_.

Please send the completed forms and any required documentation of disability to:  
AppalCART  
Director  
305 NC Hwy 105 Bypass  
Boone, NC 28607

Electronic versions of the completed form and scans of required documentation of disability should be sent to [director@appalcart.com](mailto:director@appalcart.com)

AppalCART will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.