Mountain Mobility Reasonable Modification Request Form

Section 1. *To be completed by or on behalf of the Mountain Mobility passenger requesting an accommodation:*

Date of Request: _____

Name of the Mountain Mobility Passenger: _____

Name of Person Requesting the Modification: _____

Address and Phone Number of Person to Contact: _____

_____

What modification or accommodation is requested? _____

_____

_____

Without the modification, would the passenger be able to fully access or benefit from Mountain Mobility's services, programs, or activities?   Yes _____   **No** _____

If the answer is "no", why not?

_____

_____

<p align="center">###############</p>

Section 2. *To be completed by Mountain Mobility Management:*

Funding Sources for Eligibility: _____

Disability on Record: _____

Would granting the request create a direct threat to the health or safety of others? If yes, explain.

_____

Would granting the request fundamentally change the nature of the transportation service? If yes, explain. _____

Would granting the request cause an undue financial and administrative burden? If yes, explain.

_____

What is the decision for this request:

_____ **Grant the request and make the change**

_____ **Deny the request on the basis of the following (check all that apply):**

____ It would create a direct threat to the health or safety of others, whether driver or other passengers.

____ Granting the request would fundamentally change the nature of the transportation service.

____ Without the requested modification, the individual with a disability is able to fully utilize Mountain Mobility services, programs or activities for their intended purpose.

____ The request would cause an undue financial and administrative burden.

If the decision was to deny the request, were there other changes or actions taken to better accommodate the person making the request?

_____

_____

Signature of Person Making Decision: _____

Date: _____

Send scanned copy of the completed form to Mountain Mobility Administration for response letter and recordkeeping.

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Mountain Mobility Administration:

Date received: _____

Date denial letter sent, if applicable: _____