

SANTA ROSA COUNTY
ADA TITLE II ACCOMMODATION REQUEST FORM¹

June 12, 2015

RIGHT TO AN ACCOMMODATION

If you are an individual with a disability who needs an accommodation in order to participate in a county meeting or other county service, program, or activity, you are entitled, at no cost to you, to the provision of certain assistance. Requests for accommodations may be presented on this form, in another written format, or orally. Please complete the attached form and return it to:

DeVann Cook, Human Resources Director
6495 Caroline Street, Suite I
Milton, FL 32570
(850) 983-1863 phone (850) 983-1868 fax
devannc@santarosa.fl.gov

as far in advance as possible, but preferably at least seven (7) days before the scheduled meeting or other county activity.

Upon request by a qualified individual with a disability, this document will be made available in an alternate format. If you need assistance in completing this form due to your disability, or to request this document in an alternate format, please contact:

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6495 Caroline Street, Suite I
Milton, FL 32570
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¹This form was developed for use by individuals with disabilities who may require a modification in a policy, provision of an auxiliary aid or service, or assignment to an accessible location in order to participate in a county meeting, program, or activity that is covered by Title II of the Americans with Disabilities Act. County employees with disabilities who need a reasonable accommodation to be able to perform the essential functions of their jobs should contact their immediate supervisor or the ADA coordinator for Santa Rosa County.

ADA ACCOMMODATIONS PROVIDED BY SANTA ROSA COUNTY

Pursuant to Title II of the Americans with Disabilities Act the Santa Rosa County will make reasonable modifications in policies, practices, and procedures; furnish auxiliary aids and services; and afford program accessibility through the provision of accessible facilities, the relocation of services or programs, or the provision of services at alternative sites, as appropriate and necessary.

Examples of auxiliary aids or services that Santa Rosa County may provide for qualified individuals with disabilities include:

- Assistive listening devices
- Qualified ASL or other types of interpreters for persons with hearing loss
- Communication access real-time translation / Real-time transcription services
- Accessible formats such as large print, Braille, electronic document, or audio tapes
- Qualified readers

Accommodations that are granted by Santa Rosa County are made at no cost to qualified individuals with disabilities.

AIDS/SERVICES SANTA ROSA COUNTY CANNOT ADMINISTRATIVELY GRANT AS ADA ACCOMMODATIONS

Examples of aids or services Santa Rosa County cannot provide as an accommodation under Title II of the Americans with Disabilities Act include:

- Transportation to and from a meeting, program or activity
- Personal devices such as wheelchairs, hearing aids, or prescription eyeglasses
- Personal services such as medical or attendant care
- Readers for personal use or study

DOCUMENTATION OF THE NEED FOR AUXILIARY AIDS AND SERVICES

If an individual has a disability that is not obvious, or when it is not readily apparent how a requested accommodation relates to an individual's impairment, it may be necessary for the County to require the individual to provide documentation from a qualified health care provider in order for the County to fully and fairly evaluate the accommodation request. These information requests will be limited to documentation that (a) establishes the existence of a disability; (b) identifies the individual's functional limitations; and (c) describes how the requested accommodation addresses those limitations. Any cost to obtain such documentation is the obligation of the person requesting the accommodation.

Communication access real-time translation/real-time transcription services (*CART is a word-for-word speech-to-text interpreting service for people who need communication access. A rendering of everything said in the meeting will appear on a computer screen.*)

Sign Language Interpreter (*Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.*): _____

Provision of county documents in an alternative format (*Please specify Braille, large print, accessible electronic document, or other accessible format used by persons who are blind or have low vision.*): _____

Other accommodation (please specify): _____

6. Use the Submit Button (immediately following) to send us your request:

Submit Request

THE FOLLOWING SECTION IS TO BE COMPLETED BY SANTA ROSA COUNTY PERSONNEL ONLY

7. Date request was received: _____ / _____ / _____

8. Additional oral or written information requested? Yes No

If so, describe information: _____

9. Describe the accommodation(s) granted by the County: _____

10. Indicate the duration the accommodation will be provided: _____

11. If an accommodation is denied, indicate reason(s) for denial:

Based on the information provided, it appears the person does not have a disability as defined by the ADA

Requested accommodation does not directly correlate to functional limitations

Request relates to a service, program, or activity outside the county system (transportation, legal representation, mental health counseling, parenting course, etc.)

Request is for an aid/service the county cannot administratively grant as an accommodation pursuant to Title II of the ADA (official transcript, extension of time, etc.)

Requested accommodation would result in an undue burden

Requested accommodation would result in a fundamental alteration

Other (please specify): _____

12. Remarks: _____

13. County staff responding to request: _____

14. Date person notified of determination: ____/____/____