

**GOLDEN CRESCENT REGIONAL PLANNING COMMISSION
TRANSPORTATION PROGRAM
REASONABLE MODIFICATION FORM**



GCRPC will be guided by the Americans with Disabilities Act (ADA) FTA C 4710.1 with determining whether to grant requested modification.

Name of individual requesting modification: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone Number (Home) _____ Telephone Number (Cell) _____

E-mail Address: _____

If the request is being made by someone else on behalf of the individual with disabilities, please provide name, relationship to individual and telephone number below:

Advocate name: _____

Relationship to rider: _____

Advocate's telephone number: _____

Describe the individual's disabilities:

Has the you/the individual been determined ADA paratransit eligible by Victoria Transit?

☐ Yes ☐ No

If no, please attach some form of documentation verifying you/the individual's disability.

Which Victoria Transit policies or procedures may need to be modified in order for you/the individual to access the services (attach additional sheets if necessary):

GCRPC Office Use only:

Date Received: _____

Notification sent: _____

Request Approved/Denied _____

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Describe how the current service policy or program prevents you/the individual from using the transit service or program (attach additional sheets if necessary):

Describe the specific modification to the current policy or procedure that you/the individual are requesting (attach additional sheets if necessary):

Please indicate the location (or address) where you/the individual will need the requested modification:

Please check the box on how you/the individual would prefer Victoria Transit to respond to this request?

- ☐ In writing to the address listed above
- ☐ By email to the address listed above

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I/the individual verify that all statements are true and correct to the best of my/the individual's knowledge. I understand that supplying false information can disqualify you/the individual and/or subsequent registration. I/the individual authorize Victoria transit to obtain verification of any information given in this application and obtain essential medical information necessary for the determination of reasonable modification.

Signature _____ Date _____

If completed by someone other than the individual with disabilities:

| | | |
|------------|--------------------|--------------------|
| Name _____ | Relationship _____ | Phone Number _____ |
|------------|--------------------|--------------------|

Signature _____ Date _____

This form may be dropped off or mailed to:

Golden Crescent Regional Planning Commission

ATN: Victoria Transit

1908 N. Laurent St. Ste. 115

Victoria, TX 77901

****To check on the status of the request, call Victoria Transit at (361) 578-8775 or toll free**

1-877-538-6819

| | |
|--------------------------|-------------------------------|
| GCRPC Office Use only: | |
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