



FULTON COUNTY GOVERNMENT

REASONABLE MODIFICATIONS REQUEST FORM

Instructions: This form has been developed to assist Members of the Public in requests for Reasonable Modifications (due to a disability) and, Department staff in documenting and addressing these public requests. Requestors must complete all applicable fields relative to Fulton County event or activity and, return this form to the County’s ADA Administrator at AskAda@fultoncountyga.gov or, fax to **(404) 612-2259**, 5-10 business days prior to the event.

Missing information will impede the process in providing you with the requested modification and/or our ability to contact you. No requests for reasonable modifications are guaranteed. Be sure to include the applicable department; State Court, Health Services, Sheriff’s Office etc. corresponding case #, program name and requested modification. This form will be maintained by the applicable program manager and, the County’s ADA Administrator.

Medical information or documentation for verification of disability or, to support requests for reasonable modification are not required and should not, be submitted.

CLIENT INFORMATION

Client Name:			
Client Address:		Client Phone Number:	
Department Name:		Program Name:	
Program Address:		Program or Case #	
Program Phone #:		Supervisor or Contact Person’s Name:	
Today’s Date:		Date Modification is needed:	

FULTON COUNTY POLICY

Fulton County’s Program Access Policy for Persons with Disabilities / Standard Operating Procedures (600-72):

Fulton County is committed to ensuring that its physical facilities, programs, services and activities are accessible to all members of the public, including qualified individual with disabilities, in compliance with Title II of the ADA as amended and Section 504 of the Rehabilitation Act of 1973. Public entities must reasonably modify their rules, policies, and procedures to avoid discriminating against people with disabilities. Client is requesting the modification-type as noted below:

- Rules/Policy/ Procedures
- Program Access
- Physical Access (Barrier Removal)

REQUESTED ACCOMMODATION

Description: Please provide a brief description of the requested modification; e.g. auxiliary aids and services, communication in alternate format, program location or schedule change...

RESOLUTION DESCRIPTION (INTERNAL USE)

Resolution: Actions taken to accommodate this client?

- The requested modification was provided as described above
- A program manager was contacted and provided guidance
- The program manager or supervisor’s name was: _____

(Date) Resolution Description: (brief)

Date Client was informed of Resolution on: