

**Office of Equal Opportunity
Request for Accommodation**

The Greater Cleveland Regional Transit Authority (“GCRTA”) is an equal opportunity agency committed to the equal treatment of people regardless of a person’s protected characteristics such as race, color, creed, natural origin, religion, sex, age or disability.

Request for Accommodation

In compliance with the Americans with Disabilities Act, the Greater Cleveland Regional Transit Authority (“GCRTA”) makes every effort to satisfy requests made by persons with disabilities, provided the accommodation does not result in fundamental alteration to the transportation services provided, does not create an undue financial or administrative burden, or does not constitute a violation of state or federal law.

Please contact the Office of Equal Opportunity at (216) 566-5068 or fbwilliams@gcrt.org, if you need assistance with your request for accommodation.

Request Form for ADA Accommodation

Please complete the following for and ADA accommodation at least 5 days prior to the accommodating event.

1. Person who needs the accommodation.

Name:

Address:

Telephone: (Home) _____ TTY* or Voice (Work) _____
TTY or Voice _____

If a minor, also list name, address & telephone number of parent or guardian:

2. Caller’s Name (If different than person needing accommodation):

Address:

Telephone: (Home) _____ TTY* or Voice (Work) _____
TTY or Voice _____

3. Requested Accommodation. (Please note if multiple users and their respective interpreter modalities or equipment needs.)

- Sign Language Interpreter: [] ASL * [] Signed English [] Oral [] CDI* [] Other
Describe _____ need:

*ASL = American Sign Language; CDI = Certified Deaf Interpreter; TTY = Text Telephone

- Assistive Listening Equipment: Describe need:

Does requesting party wear a hearing aid? [] Yes [] No
 Does the hearing aid have a "T" switch? [] Yes [] No
 If yes, do you wish to use the "T" switch with assistive listening equipment? [] Yes
 [] No

- If requesting party is bringing own assistive listening equipment, describe equipment and need:

- **Other equipment or services:**

Describe need:

4. **Date(s) accommodation is needed:**

Time period accommodation is needed:

5. **Requested by:**

Signature

Date

Please send a copy of completed forms by mail or fax to GCRTA's Manager of EEO and ADA Programs.

Cancellations

Requestor must confirm or cancel request of accommodation with the GCRTA's Manager of EEO and ADA Programs at least two days in advance of requested date.

If you have any questions, please contact:

Manager of EEO and ADA Programs, Felicia Brooks-Williams at (216) 566-5068
fbwilliams@gcrta.org or Facsimile: (216) 781-4250