

ROCK ISLAND PARKS AND RECREATION ACCOMMODATION POLICY

Rock Island Parks & Recreation is committed to complying with the Americans with Disabilities Act which prohibits discrimination on the basis of disability. We strives to ensure that no qualified individual with a disability shall, by reason of that disability, be excluded from participation in or denied the benefits of its services, programs or activities.

Rock Island Parks & Recreation is pleased to promote positive participation by providing reasonable accommodations for individuals with disabilities upon request. Accommodations may include providing auxiliary communication aids and services for participants who have hearing or vision impairments; removing barriers or selecting available alternate activity sites when necessary and possible; allowing individuals with disabilities to be accompanied by their trained service animals in all areas where the public is allowed to go; and revising rules and practices when necessary to facilitate participation.

Persons with disabilities are encouraged to request reasonable accommodations if needed for the enjoyment of the services, programs and facilities of Rock Island Parks & Recreation. To request an accommodation, click on this link to access an accommodation request form:

<http://rigov.org/AccommodationForm>. Accommodation request forms are also available at our main office located at 4303 24th Street, Rock Island, IL. If you require assistance in filling out this paperwork, or in requesting an accommodation, call or stop by our main office during regular business hours. The main office phone number is 309-732-7275. The accommodation request form is just a guide; your request for a reasonable accommodation may be made in any alternate manner, as long as the information requested in the form is provided.

We urge requestors to submit their request two weeks in advance of program participation. Once a request for a reasonable accommodation is received, we will contact the requestor within five business days to set up a time to discuss the request with John Gripp. A determination on the request will be issued in writing within five business days following the discussion. If a request is denied, an explanation will be provided and an alternative accommodation offered where possible. If a requestor does not wish to accept the alternative accommodation, and disagrees with the denial of their requested accommodation, they may submit a revised request for an accommodation within five business days of receiving the determination. A particular accommodation request will only be denied if it would fundamentally alter the nature of the services, programs, and activities, or if it would pose and undue financial or administrative burden.

Rock Island Parks & Recreation may impose legitimate safety requirements necessary for the safe operation of its services, programs, or activities. Rock Island Parks & Recreation will base safety requirements on current, objective assessments of actual risks, not on mere speculation, stereotypes, or generalizations about individuals with disabilities. The Department may deny an accommodation request that would require waiving legitimate safety criteria unless, after conducting an individualized assessment, it is determined that safety can be provided by other methods.

**ROCK ISLAND PARKS AND RECREATION
REQUEST FOR AN ACCOMMODATION ON THE BASIS OF DISABILITY**

If you or a family member has a disability, and need an accommodation to have equal opportunity to participate in services, programs, or activities please complete this form and return it to Rock Island Parks and Recreation at 4303 24th Street, Rock Island, IL, 61201, or you may access the form online at <http://rigov.org/84>. We will respond to this request in accordance with the procedures set forth in our Accommodation Policy. If you require assistance in completing this form, or want to make an oral request, contact us for assistance at 309-732-7275. This form is just a guide; your request for a reasonable accommodation may be made in any alternate manner, as long as the information requested below is provided.

Name of Individual Making Request _____

Today's Date _____

The person who has a disability requiring a reasonable accommodation is:

Me _____ A family member or person associated with me _____

Name of person with disability _____

Phone # _____ Email _____

Address _____

I am requesting the following accommodation, or change in rule, policy, or practice so that a person with a disability can have an equal opportunity to participate in the services, programs or activities of Rock Island Parks and Recreation:

This accommodation is needed because:

I understand I am not required to provide private medical records about the nature and extent of disability; however, to facilitate my request, I am voluntarily attaching the following documentation from a healthcare provider stating that the requested accommodation is necessary due to disability:

Signature of Person Making Request

Date

Signature of Person Receiving Request

Date

**FORM TO BE COMPLETED BY ROCK ISLAND PARKS AND RECREATION STAFF
WHEN RECEIVING A VERBAL REQUEST FOR A REASONABLE
ACCOMMODATION**

On _____ [date], _____ [name] orally
requested the following reasonable accommodation:

I, _____ [name]:

[Check all that apply]

- Gave the requester the applicable form and offered to assist in filling it out
- Documented the verbal request on this form without providing the applicable form
- Gave the requester a copy of the Accommodations Policy
- Informed the requester when management would discuss the request with him/her
- Other response as described below:

Signature

Date

Requester's Address _____

Requester's Telephone Number _____

Requester's Email Address _____

**ROCK ISLAND PARKS AND RECREATION
NOTICE OF APPROVAL OR DENIAL OF ACCOMMODATION REQUEST**

Dear: _____

Address: _____

Phone: _____

Email: _____

On _____ [date], you requested the following accommodation on the basis of disability [describe request]:

On _____ [date], the following individuals spoke with you to discuss your accommodation request: _____

We have (check all that apply):

___ **Approved** your request. The following reasonable accommodation will be permitted:

___ The change is effective immediately.

___ The reasonable accommodation is not effective immediately because [list reason(s) accommodation cannot be implemented immediately]

We anticipate that the accommodation will be made by _____ [date], and we will notify you if we discover that there will be a delay.

___ **Can neither approve nor deny your request** without the following additional information:

___ **Denied** your request, in whole or in part. We have denied your request because [You must check at least one]:

___ Granting the request would impose an undue administrative burden

___ Granting the request would impose an undue financial burden

___ Granting the request would fundamentally alter the nature of our operations

___ Granting the request would require waiving a legitimate safety requirement, and after conducting an individualized assessment, we have determined there is no other means to effectively ensure safety.

We based the denial on the following facts:

We are offering the following alternative accommodation:

Please let us know if you accept the proposed alternative accommodation by contacting _____.

If you disagree with this decision, you may submit an appeal within 3 days of this notice which we will review, and discuss with you within 30 days of receiving the revised request.

Sincerely,

Signature: _____ Date _____

Name: _____ Title: _____