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 strive 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 an 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 ____________________________
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: ____________________________