# Claiborne County Human Resource Agency Americans with Disabilities

Act Policy



Revised July 25, 2018

**TABLE OF CONTENTS**

**Introduction**

**Maintenance of Accessible Features**

**Mobility Aids and Life Support**

**Communication and Material Accessibility**

Policy & Procedures

It is the policy of the Claiborne County Human Resource Agency/Public Transit to ensure that persons with disabilities have equal access to the public transportation services; that this facility, services and programs are accessible to persons with disabilities, that this agency provides service to passengers with disabilities in the same vehicles and facilities as the general public during the same operating hours. Under the American with Disabilities Act (ADA), a person with disability is defined as a person with a physical or mental impairment that substantially limits one or more major life activities such as:

* Seeing
* Hearing
* Speaking
* Walking
* Breathing
* Learning
* Caring for oneself
* Working
* Performing manual tasks

Examples of those disabilities are visual impairment, mental impairment, deaf; mobility impairment, speech impairment, short stature, cognitive impairments, etc. All disabilities are not visible.

**Procedural Application**

* All new buses purchased or leased after August 26, 1990 must be accessible –lift equipped or low to floor to individuals with disabilities, including wheel chair users.
* Complementary paratransit service must be provided for individuals with disabilities whose disabilities prevent them from using the fixed route systems.
* Bus stops and facilities must be accessible to individuals with disabilities.
* Vehicles must be accessible unless, when viewed in its entirely, is providing equivalent service to passengers with disabilities.

**Maintenance of Vehicles Accessible Features**

* Accessible features and equipment must be kept in working order. This includes lift, securement systems, and public address systems, stop requested signs and elevators.
* Lifts must be pre and post checked on a regular basis to ensure that they are working.
* Drivers must report non-working lifts immediately.
* Non-working lifts must be taken out of service and repaired promptly.

Reasonable steps must be taken to continue serving passengers with disabilities.

**Mobility Aids & Life Support**

***Lifts and Securement***

* + Drivers must transport all persons using wheelchairs or other mobility aids in common use. Drivers cannot refuse to transport any individual using a common wheelchair Lift the chair cannot be secured. A common wheelchair measures no more than 30 inches wide and 48 inches long and weighs no more than 600 lbs. occupied.
  + Standees must be allowed to use the lift upon request.
  + Passengers using wheel chair or other mobility aids must use the securement positions. Drivers are not required to transport a wheelchair if it has to be parked in the aisle or if it obstructs the passage of others.
  + F all wheelchair securement positions are occupied, drivers are not required to transport other individuals who need the wheelchair location.
* Wheelchairs must be secured; however, drivers may not deny transportation because the wheelchair cannot be secured.
* Driver may not require that passengers using wheelchairs be restrained by a lap belt or shoulder harness.
* Drivers may recommend, but not require that **a** passenger transfer to seat.
* Upon request of the passenger, drivers must assist with securing the

Wheelchair if the passenger cannot do so independently.

***Life Support***

* + Drivers must announce stops at major intersections and destinations, transfer points, and at the request of passengers with disabilities.
  + Announcements may also be made by recorded systems.
  + Where more than one bus serves the same stop, drivers must provide means to help passengers with visual impairments to identify their buses.
  + Service animals must be permitted to accompany passengers with disabilities on buses, provided their presence does not create a direct threat to the safety of others. Donot touch or feed a service animal without asking the owner's permission. Service animals must be kept under control by the owners at all times and comply with local animals safety regulations. If the animal gets out of control it may be removed from the vehicle and turned over to the local animal officials, if appropriate.. If you are not sure that the animal is not a service animal, say "pets are not allowed." If the passenger responds that the animal is a service animal, then you may ask the passenger if he/she has a disability. Please do not request that the passenger identify his/her disability.
  + Communications and information about the bus service must be available to the

individual with disability with accessible formats and appropriate technology

(Braille, large print, audio, TTY, etc.)

* + Passengers with disabilities shall be permitted adequate time to get on and off the bus.
  + Passengers with disabilities shall be permitted to travel with respirators and portable

oxygen.

* + When passengers with a disability needs a priority seat, the driver shall

ask other passengers

to move , unless a passenger with disability or senior citizen is already seated in the designated priority seat.

* + When a passenger with disability needs to occupy the wheel chair securement location

, the driver shall ask, not force passengers who are seated in the fold down seats to move other seats.

**CLAIBORNE COUNTY HUMAN RESOURCE AGENCY PASSENGER GRIEVANCE FORM**

P.O. BOX 719 ~ Port Gibson, MS 39150

601-437-3063 ~

601-437-2639 (fax)

POLICY: Claiborne County Human Resource Agency is committed to providing safe, reliable, and affordable transportation options to **all** passengers. We strive to resolve **all** grievances with fairness, professionalism and as expeditiously as possible in accordance with applicable CCHRA Board of Directors and/or State of Mississippi and/or Federal Guidelines. CCHRA does not discriminate against race, color, or national origin.

Name

Address

**Street Address**

Street Address Line 2

I I

City **State / Province**

Postal / Zip Code

Phone Number

I -

**Area Code Phone Number**

Date of Complaint

1. Fill out all information accurately and completely.

2. Submit form and any supporting documentation within 3 business days of the occurrence.

3. An initial written response will be provided to person and address named in this complaint within 15 business days from receipt of this form.

Please Select

**Country**

Name

Address Street Address

Street Address Line 2 City

State/ Province Postal/ Zip Code

Country

Phone Number

Area Code

Phone Number Date of Complaint

Month Day Year

Statement of facts relating to your complaint or problem.

List of person or people who have knowledge of above statement or information concerning this complaint.

Statement of resolution or action sought to resolve this complaint. Document(s) upload

By signing you declare that all information you have given here is truthful and accurate. Signature

Submit Complaint

**Grievance Procedures:**

1. Fill out all information accurately and completely.
2. Submit form and any supporting documentation within 3 business days of the occurrence.
3. An initial written response will be provided to person and address named in this complaint within 15 business days from receipt of this form.