

CUMBERLAND COUNTY

HUMAN RESOURCES POLICY	
() Proposed (X) Final	Section
Date DATE	Subject Americans with Disabilities Act (TITLE II) Policy

DISCLAIMER: This manual is a reference source for Cumberland County Human Resources policies, which are subject to change at any time and for any reason. The policies are not intended to create a contractual relationship between the County and any of its employees.

GENERAL

PURPOSE: To provide Cumberland County employees and/or citizens with guidelines relating to their responsibilities in dealing with Americans with Disability Act (ADA).

APPLICABILITY/

COVERAGE: This policy applies to all employees within the designated County group and any citizens who utilize Cumberland County's Courthouse and/or buildings.

POLICY: It is the policy of Cumberland County to assure that qualified individuals with disabilities have equal and full access to the County's services, programs, activities, and employment. Nothing in this policy shall be constructed to impose limitations or to invalidate the remedies, rights and procedures accorded to any qualified individual with disabilities under state or federal law. To that end, County of Cumberland staff will make every effort to assist qualified individuals with disabilities who request reasonable accommodations by utilizing the guidelines and procedures established by this policy and other applicable County policies.

DEFINITIONS:

1. **Accommodation** means measures to make each services, program, or activity, when viewed in its entirety, readily accessible to and usable by an applicant who is a qualified person with a disability, and may include but is not limited to:
 - a. Making reasonable modifications in policies, practices, and procedures;
 - b. Furnishing, at no charge, auxiliary aids and services, including but not limited to equipment, devices, materials in alternative formats, qualified interpreters, or readers.
 - c. As to otherwise unrepresented parties to the proceedings, representation by counsel, as appropriate or necessary to making each service, program, or activity, when viewed in its entirety, readily accessible to and usable by a qualified person with a disability.
2. **Applicant** means any lawyer, party, witness, juror, or any other individual who has a specific interest in or is participating in any County program, service, or activity.
3. **Person with a disability** means a person covered by the Americans with Disabilities Act. This term includes an individual who has a physical or mental impairment that limits one or more major life activities, has a documented record of such impairment, or is regarded as having such an impairment.
4. **Qualified person with a disability** means a person with a disability who is otherwise entitled to participate in any County program, service, or activity.

INSTRUCTIONS-REQUEST FOR REASONABLE ACCOMMODATIONS:

If you have a disability and you need an accommodation to fully and equally participate in a County program, service activity or proceeding, you may request a reasonable accommodation. To request a reasonable accommodation, complete the **Request for Reasonable Accommodation Form** and return the form to the County of Cumberland ADA Coordinator listed below: (steps to complete the form are provided in the next sections)

Josephine Bentley – ADA Coordinator
16 W. High Street, Suite 301
Carlisle, PA 17013
Phone: 717.240.5396
FAX: 717.240.7877
Email: jmbentley@cumberlandcountypa.gov

If you need additional help completing the **Request for Reasonable Accommodation Form**, the above listed individual will make arrangements to assist you. Accommodation request are to any qualified person with a disability for whom such accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA), other similar local, state, and federal laws. A request will be granted unless:

- It is impossible or impractical for the County office to provide the requested accommodation on the date of the proceeding; and the proceeding cannot be continued without prejudice to a party to the proceeding

You may be required to provide additional information to properly evaluate your accommodation request. If needed, the ADA Coordinator may ask that medical and other health information be submitted by you to the ADA Coordinator. An application for accommodation should be made as far in advance as practical of the proceeding or activity for which the accommodation is sought.

STEPS TO COMPLETE REQUEST FOR REASONABLE ACCOMMODATION FORM

- **Section 1.** Fill in your name, address (street, city, state, and zip code), phone number and email address; if you have an email address.
- **Section 2.** Fill in the Case Number (if any), Case Name (if any) and Date you are completing the form. (Please print or type all information on form)
- **Section 3.** Identify your specific interest or participation in the proceeding, service, program or activity for which you need an accommodation by checking the corresponding box. If you check the “Other” box, provide specific information regarding your interest or connection to the case, if any.
- **Section 4.** If you know the date(s) of the proceeding (s), list them. If you do not know the dates at the time you are submitting the form to the ADA Coordinator, and later determine the dates you will need to be accommodated, please contact the ADA Coordinator listed above.
- **Section 5.** You must explain why the accommodation is needed. You should state the nature of your disability and how it prevents you from participating in the County proceeding(s). If you are unsure, state the disability as best you can and describe how it affects you. For example, if you have difficulty remember information, or understanding the proceedings due to a learning disability, you need to explain this in this section.
- **Section 6.** What is it you think will help you participate in the County proceedings? Examples of accommodations the ADA Coordinator may be asked to provide include: sign language interpreters, assistive listening devices, note takers, readers for persons with impaired eyesight, removal of barriers for persons with mobility impairments, guardian ad litem, or appointed counsel for persons with mental impairments or cognitive disabilities.
- **Section 7.** If there is other information that will help the ADA Coordinator evaluate your request, include it in this section of the form.

- **Section 8.** Check the box which indicates the best way to contact you. Print your name and sign and date the request form. Also, identify the city and state where you are signing the form. Return the form to the ADA Coordinator of the County as listed above.

NOTICE OF ACCOMMODATION PROCEDURE

The ADA Coordinator will be responsible for notifying the applicant of the decision regarding their request for reasonable accommodation. The applicant shall be notified of the following information:

- Whether the request was denied or approved
- The type of accommodation to be provided
- The duration of the accommodation
- Who the applicant should contact to acquire the accommodation
- Explanation of the appeal process

The Notice of Accommodation Form will be used to notify the applicant in writing of the decision regarding approval or denial of the accommodation. This report will be submitted to all applicants and will be utilized to supplement and document verbal communications to the applicant regarding the ADA Coordinator's decision.

DENIAL OF ACCOMMODATION

An application may be denied only if the ADA Coordinator finds that:

1. The applicant has failed to satisfy the substantive requirements of this policy;
2. The requested accommodation would create an undue financial or administrative burden;
3. The requested accommodation would fundamentally alter the nature of the County service, program, or activity;
or
4. Permitting the applicant to participate in the proceeding with the requested accommodation would create a direct threat to the safety or well-being of the applicant or others.

REVIEW PROCEDURE

When an accommodation has been denied, an applicant may appeal the decision within 15 business days of the date of denial by submitting a request for review to the Cumberland County Human Resources Director. The request for review or appeal may be made in writing, verbally or presented by a third party of behalf of the applicant. The Cumberland County Human Resources Director will respond to the applicant within 15 business days of receipt of the appeal to discuss the decision regarding the accommodation denial. If it is determined by the Cumberland County Human Resources Director that the appeal of the decision has merit, the Cumberland County Human Resources Director will work with the applicant to grant the request or seek resolution of an alternative accommodation that provides equal access to the County programs, services, or activities.

QUESTIONS: Questions about this policy should be directed to Human Resources.