Americans with Disabilities (Title II) Policy

Policy Statement

Title II of the Americans with Disabilities Act (ADA) provides that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination by any such entity”. 42 U.S.C. §12132.

Application

This policy applies to all participants in any County service, program, or activity of the County.

Policy

It is the policy of Northampton County to assure that qualified individuals with disabilities have 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, Northampton County staff will assist qualified individuals with disabilities who request reasonable accommodations by utilizing the guidelines and procedures established by this policy and other applicable County policies.

Policy Administration

The Deputy Director of Human Services, who is the Northampton County’s Title II ADA Coordinator, is responsible for implementing this policy, including resolution of reasonable accommodation, safety, and undue hardship issues.

If you require an accommodation under Title II of the ADA, it is recommended that you make your request as soon as possible or at least three (3) business days before your scheduled participation in any County service, program or activity. All requests for accommodation, regardless of timeliness, will be given due consideration and if necessary, may require an interactive process between the requestor and the Northampton County Title II ADA Coordinator to determine the best course of action.

Effective: 03/09/20
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To request a reasonable accommodation under Title II of the ADA, please complete the “Request for Reasonable Accommodation Form” and return it to:

Deputy Director of Human Services,
Title II ADA Coordinator
Northampton County Department of Human Services
2801 Emrick Boulevard, Bethlehem, PA 18020

If you need assistance in completing this form, contact the Northampton County Title II ADA Coordinator.

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 the impairment caused by your disability and how it prevents you from participating in the County proceeding(s). If you are unsure, state the impairment as best you can and describe how it affects you. For example, if you have difficulty remembering 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? Please identify the type of accommodation you are requesting with as much specificity as possible.
- **Section 7:** If there is other information that will help the Title II 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 located. Return the form to the Title II ADA Coordinator listed above.

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Notice of Accommodation Procedure:
The Title II 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 requested accommodation. This report will be submitted to all applicants and will be utilized to supplement and document verbal communications to the applicant regarding the Title II ADA Coordinator's decision.

Denial of Accommodation:
An application may be denied only if the Title II 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.

Complaints alleging violations of Title II under the ADA may be filed with the Deputy Director of Human Services, Title II ADA Coordinator. A response will be sent to you after careful review of the facts.

Grievance Procedure

This grievance procedure is established for the prompt resolution of complaints alleging any violation of Title II of the Americans with Disabilities Act (ADA) in the provision of services, programs, or activities. If you require a reasonable accommodation to complete this form, or need this in an alternate format, please contact the Deputy Director of Human Services, Title II ADA Coordinator. To file a complaint under the Grievance Procedure please take the following steps:

1. Complete the “Grievance Form” and return to the Deputy Director of Human Services, Title II ADA Coordinator, Northampton County Department of Human Services, 28C1 Emrick Boulevard, Bethlehem, PA 18020. Alternative means of filing complaints will be made available for persons with disabilities upon request. The complaint should be
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1. The grievance procedure must be submitted as soon as possible but no later than sixty (60) calendar days after the alleged violation.

2. Within fifteen (15) calendar days of receipt of the complaint, the Title II ADA Coordinator (or designated individual) will investigate the complaint, including meeting with the individual seeking an accommodation, either in person or via telephone, to discuss the complaint and the possible resolutions. Upon completing the investigation, the Title II ADA Coordinator will issue a response in writing.

3. If the response to the complainant does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to County Solicitor, Northampton County, 669 Washington St., Easton, PA 18042.

4. Upon completion of the consideration of the appeal, the County Solicitor shall issue a response in writing, stating the reason(s) for the disposition of the appeal.

This grievance procedure is informal. An individual's participation in this informal process is completely voluntary. Use of the grievance procedure is not a prerequisite to and does not preclude a complainant from pursuing other remedies available under law.

Effective Date

This policy is effective February 29, 2020, unless otherwise stated herein. This policy shall revise, amend, and replace all prior County policies and practices regarding Title II of the ADA.

Approved by:

[Lamont McClure, County Executive]

[3/9/2020]
REQUEST FOR REASONABLE ACCOMMODATION

Please complete each section and return to ADA Title II Coordinator listed below. (PLEASE PRINT)

Section 1: Person Requesting Accommodation
Name: __________________________ __________________________
Last First
Mailing Address: __________________________________________
Street Address
City __________________________ State __________ Zip Code __________
Phone Number: __________________________
Email: __________________________

Section 2: Case Information
Case Number (if any) __________________________
Case Name (if any) __________________________ Date __________________________

Section 3: Event or Activity (check all that apply)
□ County service or program (specify county department if any): __________________________
□ Other: __________________________

Section 4: List all known dates and times the accommodation(s) are needed (specify):
________________________________________
________________________________________
________________________________________

Section 5: What is the nature of impairment caused by your disability?
________________________________________
________________________________________
________________________________________
________________________________________

Section 6: What accommodation(s) would you like and why?
________________________________________
________________________________________
________________________________________
________________________________________

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Section 7: Please provide any other information that would help the County respond to your request:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Section 8: How do you want to be informed of the status of your requested accommodation?
☐ Telephone ☐ Letter ☐ E-mail ☐ Other (specify) __________________________

Name of person making request: ____________________________________________
(PLEASE PRINT)
Signature of person making request: _______________________________________
Date: __________________________

Deputy Director of Human Services
Title II ADA Coordinator
Northampton County Human Services Building
2801 Emrick Boulevard
Bethlehem, PA 18020

Effective: 6/3/20