

260-ADA Accommodations

1.0 Purpose:

In accordance with ADA title II, the William Shore Memorial Pool District must ensure:

1. Reasonable access to services, programs and activities;
2. Accommodation of a person with disabilities;
3. Provide for the identification and request resolution of accommodation within a service, program or activity of local government.

1.2 Policy:

The Shore Metropolitan Park District does not discriminate on the basis of disability. It is the policy of the District to assure disabled persons the opportunity to participate in, or benefit from employment, services, activities and facilities, where possible. The District upon request, will provide reasonable accommodation in compliance with the Americans with Disabilities Act and the Washington Law Against Discrimination.

1.3 Definitions

1. *Disabled Individual* – an individual (1) with a physical or mental impairment that substantially limits one or more of the major life activities of such individual, (2) with a record of such an impairment; or (3) who is regarded as having such an impairment.
2. *Reasonable Accommodation* – modifications or adjustments that enable an individual with a disability to enjoy equal benefits and privileges as are enjoyed by other individuals without disabilities, without placing an undue hardship on the operation of the District

1.4 Procedures

1. The Executive Director or his/her designee shall be the William Shore Memorial Pool District ADA Coordinator.
2. Requests for accommodation may first be directed to the individual responsible for the program, activity or service to which access is requested.
3. If access is not accommodated, a formal complaint may be submitted in writing or verbally to the ADA Coordinator within 15 days after the complainant becomes aware of the alleged violation, or as soon as reasonably possible if the fifteen days has passed. Reasonable accommodation to assist in completing the form is available upon request.
4. The complaint must contain the name, address, and telephone number of the individual filing the complaint, briefly describe the alleged violation, and the requested accommodation or resolution.
5. The ADA Coordinator will conduct an informal, but thorough, review affording the complainant and the affected department(s) an opportunity to submit information relevant to the complaint and potential accommodations/resolution.
6. A written response and description of the accommodation/resolution, if any, will be issued by the ADA Coordinator and sent to the complainant no later than 30 calendar days after the complaint is received, unless the complexities of the complaint require additional time. The accommodation or resolution might not be the same as requested.

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7. The complainant may request a reconsideration of the case determination by submitting a request for reconsideration within 10 working days following the date the complainant receives the entity's response.
8. The Board of Commissioners will conduct their review of the complaint and issue their decision to the complainant within 20 working days of receiving the request for reconsideration unless the complexities of the complaint require additional time. The Board of Commissioners decision is final.
9. The ADA Coordinator will maintain the files and records of the District's related to ADA complaints filed.
10. Use of this grievance is an administrative remedy, the result of which may be appealed to an appropriate court of law or administrative agency. The individual's right to a prompt and equitable solution of the complaint will not be impaired by his/her pursuit of other remedies such as filing a grievance or an ADA complaint with the responsible federal department or agency.
11. The above process shall be construed to protect the substantive rights of interested parties, to meet appropriate due process standards, and to comply with the Americans with Disabilities Act, its implementing regulations and the Washington State Law Against Discrimination

Attachment A

REQUEST FOR ACCOMMODATION

Name of Individual Requesting Accommodation: _____

Address: _____ Phone: _____

Explain what functional disability you have that limits your ability to participate in a Shore Aquatic Center program or service: (e.g. "I am confined to a wheelchair"):

Describe the program, service or activity you cannot access due to your disability, and what you believe are the barriers to access or participation:

Proposed Accommodation/Resolution: _____

*****OFFICIAL USE ONLY*****

Date Received: _____ By: _____

Response Given Date: _____

___ Approved Accommodation ___ Adjusted Accommodation ___ Forwarded to Coordinator

Date Coordinator Response Sent: _____ (If Necessary)

___ Approved Accommodation ___ Adjusted Accommodation ___ Forwarded to Board

Attachment B

ADA Complaint Form

Name of Individual Requesting Accommodation: _____

Address: _____ Phone: _____

Issue (*Identify the nature of disability and how it impairs a major life function*): _____

Proposed Accommodation/Resolution: _____

*****OFFICIAL USE ONLY*****

Date Received: _____ By: _____

Date Sent to ADA Coordinator: _____

Notes: _____

___ Approved Accommodation ___ Adjusted Accommodation ___ Forwarded to Coordinator

Date Sent to Board: _____ (*if necessary*)

___ Approved Accommodation ___ Adjusted Accommodation

Notes: _____