

JONES COUNTY VETERAN'S TRANSPORTATION SERVICE
REASONABLE ACCOMODATION/MODIFICATION REQUEST FORM

Name of Passenger: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Email address: _____

Advocate Name: _____

Relationship to passenger: _____

Telephone: (_____) _____

1. Describe the service policy or program that may need to be modified to allow the passenger full access to the transit service provided.

2. How does the current service policy or program prevent the rider from using the transit service program?

3. Please describe the specific modification to the current policy/procedure that you are requesting,

4. How would you like Jones County to respond to your request?

☐ in writing to the address provided above ☐ by email

5. If further communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

☐ large print (font size:) ☐ Spanish

This form can be requested in large print or Spanish by calling _____
or emailing _____.

Please send the completed forms and any required documentation of disability to:

Jones County Veterans' Transportation
Attn: JCVAP Coordinator
418 NC Hwy 58 N
Trenton, NC 28585

Electronic versions of the completed form and scans of required documentation of disability should be sent to veterans@jonescountync.gov

Jones County will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.