

ADA Access and Inclusion Solutions

Los Alamos County is committed to making all reasonable efforts to ensure that its facilities, programs, and services are accessible to and usable by all people, including those with disabilities.

The ADA Access and Inclusion Solutions Process may be used by any individual who believes that a Los Alamos County program, service, or facility is not available to them because of their disability.

ADA Access and Inclusion Solutions Process Steps

1. Submit a written request for a solution.

A Request for an ADA modification should be made in writing and contain information about the concerns requiring a solution. The request process is detailed in the *Request for an ADA Modification for Community Members form*

Requests may be made to the respective department's ADA Coordinator in writing through US Postal Service, in person, or online. Upon request, the Department will accept alternative means of making a request for an ADA modification.

The request should be submitted by the individual and/or his/her designee as soon as possible but no later than 30 calendar days following any alleged incident.

2. Set up a meeting.

Within 15 calendar days after receipt of the complaint, the ADA Coordinator will meet with the requesting individual to discuss the concern and possible resolutions.

3. Response.

Within 15 calendar days of the meeting, the ADA Coordinator will respond in writing in a format accessible to the individual, such as large print, Braille, or audio tape. The response will explain the position of Los Alamos County and offer options for substantive resolution.

4. Grievance Procedure.

If the response by the ADA Coordinator does not satisfactorily resolve the issue, the individual and/or their designee may appeal the decision within 15 calendar days after receipt of the response to the ADA Coordinator. Within 15 calendar days after receipt of an appeal, the County Manager or designee will meet with the individual to discuss the complaint and possible resolutions.

5. Written follow up.

Within 15 calendar days after the meeting, the ADA Coordinator will respond in writing in a format accessible to the individual with a final resolution of the complaint.

Request for an ADA Modification for Community Members

If you require a modification, please complete the following form regarding your modification.

Date of Request: _____

Requests for modification should be submitted as far in advance as possible, but preferably no less than 48 hours prior to review the need for the modification.

Contact Information

Applicant in need of ADA modification:

Contact (Preparer) Name:

Relationship to applicant: _____

Mailing Address: _____

Phone: _____ Email: _____

Preferred contact method: Phone _____ Email _____ Other _____

Request for Modification

Please provide specific location(s) related to the modification request, complaint or grievance (if applicable):

Specify the modification(s) you are requesting, if applicable:

___ ASL Interpreter	___ Material in Braille
___ Assistive Listening Device	___ Note Taker
___ Frequent Breaks	___ Qualified Readers
___ Large Print Materials	___ Taped text
___ Audio recordings CART (Computer-aided Real-time Translation)	
___ Use of OPDMD (Other power-driven mobility device)	
___ Other: _____	

Specify the reasons you are requesting a modification (select all that apply):

☐ **To allow applicant to participate in a program, service, or activity**

Department offering the program, service, or activity: _____

Name of program, service, or activity:

Date of program, service, or activity: _____

☐ **To ask for an exception to a policy or procedure, please specify the policy or procedure if known:**

☐ **Modification request for a specific facility, please specify:**

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☐ Other, please specify:

Describe how this modification will assist you:

Please provide a complete description of the specific complaint or grievance:

Please state what you think should be done to resolve the complaint or grievance:
