

Illinois Center for Autism ADA Transportation Policy

Board Approved 5/5/25

Purpose

It is the goal of the **Illinois Center for Autism**, through its transit services, to design, implement, and maintain a safe, efficient, effective, and accessible transportation system for persons with disabilities. **Illinois Center for Autism** works to ensure nondiscriminatory transportation to enhance the social and economic quality of life for all people of the communities served by **Illinois Center for Autism**.

Policy

It is the policy of **Illinois Center for Autism** to abide by all provisions of the Americans With Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1973, as amended, and US Department of Transportation (DOT) regulations found at 49 CFR Parts 27, 37, and 38, as amended, including all programs, services, activities, operations and relationships with – and accommodations/modifications of – employees, client-customers, and the general public, including but not limited to those stated below.

The Americans with Disabilities Act of 1990 (ADA) requires that individuals with disabilities receive the same level of service as non-disabled individuals. Services that are “separate but equal” are not acceptable. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance.

Illinois Center for Autism will keep federally funded equipment and facilities in good operating condition. **Illinois Center for Autism** has policies and procedures to maintain vehicles. We will maintain, in operative condition, those features of facilities, vehicles, and other capital equipment that are required to make them accessible. ADA accessibility features will be repaired promptly if they are damaged or out of order. **Illinois Center for Autism** has established a system of regular and frequent maintenance checks of lifts sufficient to determine if they are operative

Equivalent service

As required by the ADA, **Illinois Center for Autism** has a sufficient number of, or access to, wheelchair accessible vehicles in our fleet to ensure that individuals needing an accessible vehicle have equivalent access to our transportation services as ambulatory individuals.

Maintenance of Accessible Features on Vehicles

As required by the ADA, the accessible features on our vehicles are maintained in operative condition so that individuals needing these features receive equivalent service to individuals not needing those features. Accessibility features are repaired promptly if they are damaged or out of order. Drivers are required to report lift and ramp failures promptly.

Transporting and securing wheelchairs

A wheelchair is a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for, and used by individuals with mobility impairments, whether operated manually or powered. **Illinois Center for Autism** will transport passengers with wheelchairs, even in circumstances when the wheelchair cannot be secured to the driver's satisfaction, unless the wheelchair exceeds the size or weight capacity of the wheelchair lift or ramp.

Adequate Time for Vehicle Boarding and Disembarking

As required by the ADA, **Illinois Center for Autism** provides adequate time for boarding and disembarking our vehicles for individuals with disabilities. Additionally, **Illinois Center for Autism** permits individuals with disabilities who do not use wheelchairs, including standees, to use a vehicle's lift or ramp to board and/or disembark the vehicle.

Use of Portable Oxygen/Respirator Equipment

As required by the ADA, individuals using our transportation service may bring a respirator, portable oxygen equipment, and/or other life support equipment on board our vehicles, as long as they do not violate the law or rules relating to the transportation of hazardous materials. All equipment must be small enough to fit into our vehicles safely and without obstructing the aisle and/or blocking emergency exits. Passengers (with the assistance of the driver) must secure the equipment by means such as carrying the equipment using a shoulder strap or securing the equipment to a wheelchair or a seat.

Service Animals

As required by the ADA, any guide dog, signal dogs, or other animal individually trained to work or perform tasks for the benefit of an individual with a disability, including but not limited to, guiding individuals with impaired vision or alerting individuals with impaired hearing, have access to our vehicles. All service animals must be kept under the control of their owner at all times and abide by local animal safety regulations.

Personal Care Attendant

Illinois Center for Autism will not charge a fee for Personal Care Attendants to ride along with a passenger.

Training in Wheelchair Securement, Sensitivity to Passengers

As required by the ADA, **Illinois Center for Autism** trains its personnel to operate vehicles and equipment safely, assist passengers properly, and treat individuals with disabilities who use the service in a respectful and courteous way.

Driver use of, and assistance with, Accessibility Equipment

As required by the ADA, **Illinois Center for Autism** personnel make use of all available accessibility equipment when needed and provide a reasonable level of assistance to passengers as necessary and upon request with lifts, ramps, and securement devices.

ADA complaints

Discrimination related customer service complaints, including those associated with ADA regulations, are reported to a DOT Civil Rights Office and complaint documentation is maintained on file for one year. ADA related service complaint logs are kept on file for five years, per US DOT regulations. For a complete description of **Illinois Center for Autism**'s response to these complaints, refer to Discrimination ADA/Title VI Complaint Form. **Illinois Center for Autism**'s contact for ADA complaints is:

Illinois Center for Autism
ATTN: John Burris
548 S. Ruby Ln.
Fairview Heights, IL 62208
618-398-7500, x-205
johnnyb@illinoiscenterforautism.org

Discrimination ADA/Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability		
Date of Alleged Discrimination (Month, Day, Year): _____		
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Section IV:		
Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide any reference information regarding your previous complaint.		
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Section V:		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court: _____	<input type="checkbox"/> State Agency: _____	
<input type="checkbox"/> State Court: _____	<input type="checkbox"/> Local Agency: _____	
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name: _____		
Title: _____		
Agency: _____		
Address: _____		
Telephone: _____		
Section VI:		
Name of agency complaint is against: _____		
Name of person complaint is against: _____		
Title: _____		
Location: _____		
Telephone Number (if available): _____		

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date are **required** below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Illinois Center for Autism
John Burris
548 S. Ruby Ln., Fairview Heights, IL 62208
618-398-7500, x-205

Rev. 05/25

johnnyb@illinoiscenterforautism.org

A copy of this form can be found online at **www.illinoiscenterforautism.org**