



KART

In accordance with the State of California's mask order, Kings County Area Public Transit Agency (KART) now requires face coverings to be worn by all passengers while waiting at the Transit Station and while on the bus. If you are unable to comply with this order due to a medical disability, please see below:

KART Reasonable Accommodation Process for People with Disabilities

Fixed Route, Paratransit, and DAR

In compliance with Department of Transportation (DOT) 49 (CFR) Parts 27 and 37, KART is committed to ensuring equal access for all individuals to use its transportation services, including Fixed Route, Paratransit, and DAR service. KART will make reasonable accommodations / modifications to its policies, practices, and procedures when necessary for individuals with disabilities to receive access to these services.

KART has designated the Transit Manager to handle requests for reasonable accommodation regarding access to transit. **If you are unable to wear a face covering due to a medical disability, complete a reasonable modification request form. You will need to submit a statement from your doctor indicating that you are unable to use a mask (COMPLETE REQUEST FORM ON THE BACK).** Please provide your name, address, phone number, and email address when submitting a request so the Transit Manager may reach you promptly. Submit your request by mail, email, or fax:

Transit Manager
610 W 7th Street
Hanford CA 93230

info@KARTbus.org
(559) 852-2717
(559) 582-5003 FAX

Requests for accommodation and modification of KART's transportation system policies and practices may be denied only on one or more of the following grounds:

1. Granting the request would fundamentally alter the nature of KART's transportation services, programs or activities.
2. Granting the request would create a direct threat to the health or safety of others.
3. The request is not necessary in order for the individual to fully access the transportation services, programs or activities.

In any instance in which a request is denied, KART will take, to the maximum extent possible, any other actions (that would not result in a direct threat or fundamental alteration) to ensure that the individual with a disability receives full access to transportation services.

COMPLETE REQUEST FORM ON THE BACK



KART

Reasonable Modification Request Form

Request Date _____
Name _____
Address _____
City _____
State _____
Zip Code _____
Phone Number _____
Email _____

Select:

Fixed Route Paratransit DAR

Explain why you are unable to use a face covering due to your medical disability:

Doctor's Written Statement as to why passenger is unable to use face covering:

License Professional's Name (Printed)

Office Number: (_____) _____ - _____

License Professional's Name (Signature)

Date