

TCRC, Inc., DBA We Care
Reasonable Modification Appeal Form

Section I:			
Name:			
Address:			
Telephone (Home):	Email:		
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 appeal 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 appealing for.			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the person if you are filing on behalf of a third party.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:			
In determining whether to grant a requested modification or not, TCRC, Inc., DBA We Care will be guided by the provisions of the Americans with Disabilities Act (ADA) as amended and the United States Department of Transportation (DOT) regulations in conjunction with the guidance provided in Appendix E of Title 49 CFR Part 37.			
Explain as clearly as possible why you are appealing this decision:			

Date modification requested _____			
Date modification denied _____			

You may attach any written materials or other information that you think is relevant to your appeal. Your signature and date are **required** below:

Signature Date

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

Human Resources
TCRC, Inc., DBA We Care
33 S. 4th St.
Pekin, IL 61554
(309) 347-7148

For Office Use Only:

_____ Date Received
_____ Request Approved/Denied
_____ Response Issued
_____ Notification sent