



City of Peoria

Community Services Department

REQUEST FOR MODIFICATIONS
Informational Packet

To submit your Request for Modifications:

1. Review the **Applicant Letter**.
2. Complete **Request for Modifications form** if eligibility requirements are met.
3. Attach **supporting documentation** from medical or school personnel to the Request for Modifications form.
4. Return required information to appropriate Certified Therapeutic Recreation Specialist, listed below, two weeks prior to the registration deadline or the beginning of the program, whichever is earlier.

Community Services Department
9875 N 85 th Avenue
AM/PM (Before & After School)
Little Learners Preschool Program
Summer Youth Programs
Youth Sports
Adult Sports
Teen Programs
Aquatics/Swim Team
Outdoor Recreation Programs
Kathleen Kresl: 623-773-7108

Community Center
8335 W Jefferson
Senior and Adaptive
(Special Needs) Programs
Paula Considine: 623-773-7436
Jodi Roth-Jones: 623-773-7436

Rio Vista Recreation Center
8866 W Thunderbird Road
Recreation Center Programs
Special Interest Classes (SIC)
Andrea Traganza: 623-773-8600

Mailing Address (for all programs)
City of Peoria
9875 N 85 th Avenue
Peoria, AZ 85345



Community Services Department

Request for Modifications Applicant Letter

Dear Applicant,

The Community Services Department is pleased to provide you with a Request for Modifications form as part of its commitment to the Americans with Disabilities Act (ADA). The Act was designed to remove barriers to full participation in public programs by individuals with disabilities. We will plan reasonable modifications to support participation by persons with disabilities in programs with persons without disabilities.

Successful modifications require careful planning and coordination. The Request for Modifications form is designed to help the Community Services Department's ADA Review Committee evaluate the needs of the participant and plan accordingly. Our goal is your safe and enjoyable participation. It is advisable that forms be **completed at least two weeks prior to the closing date of registration or the participants start date for a seasonal program** such as AM/PM, Summer Camp, Swimming Lessons, etc., as some requests can take up to a week to review and another week or more to arrange. We ask this of you so we can make the optimal use of our resources, and create the best plan for you. A member of the Committee will be in contact with you as soon as possible but not later than 5 working days after you submit your request for modifications.

Commonly Asked Questions

What is a reasonable modification?

A modification can take many forms. Each modification is made on a case-by-case basis and may include, but is not limited to: changing program procedures, providing adaptive equipment, providing auxiliary aids such as a sign language interpreter or using Braille documents, making accessibility modifications at an existing site, providing extra staff, staff training, technical assistance, and more. The ADA Review Committee will determine the degree of modification needed for each participant and will monitor progress throughout participation in the program or activity, providing adjustments when the need arises.

What documentation should I provide?

There are a number of documents that can accompany a request. These will be utilized in verifying a disability and assisting the ADA Review Committee in planning an effective modification. A few of the forms that can be helpful when applying for a modification are: a child's I.E.P., medical records, and/or doctor's diagnosis. We may also ask for other information, or even an opportunity to meet and discuss past successful recreation participation with you. Our goal again is to make a plan for modifications that permits safe and enjoyable recreation participation.

How long is the Request for Modification valid?

The Request for Modification should be completed when registering for a program. Modifications may vary from activity to activity, so separate requests need to be completed for separate activities. For example, what works in a sports program may not be effective in swimming. Modifications can be

changed over time to meet the needs of the participant. If a Request for Modifications was completed for the AM/PM Program, it would be in effect throughout the school year only, and must be re-submitted the following school year. As mentioned before, requests should be submitted at least two weeks prior to the beginning of a program.

Why do we suggest that you make your request in advance?

We recognize that not everyone benefits from the same modification. We want to assess the needs of the registrant and make a plan for support that will result in safe and enjoyable participation. The further in advance of the program start that we have your request, the more likely we can review the information and make a successful plan.

What services are not provided under the ADA?

ADA identifies some tasks that are not considered a reasonable modification in a recreation program. Department staff does not provide invasive services such as an injection with a hypodermic needle. Aggressive behaviors that jeopardize the health and safety of others (i.e. hitting, kicking, biting, throwing objects) can be grounds for removal from a program or denial of admission to a program. The Department will assist in dispensing most medications during program hours for extended day programs such as the AM/PM program or Summer Camp, however, clear instructions must be provided and medication should be sent in the original prescription bottle. If you have questions about what the staff can do versus what the staff cannot do, please contact the ADA Coordinator for the Department, Paula Considine at 623-773-7436.

Program Policies and Procedures

Residency in Peoria is important. Peoria residents have the first opportunity to register in Department programs with residency requirements, and receive reasonable modifications. Some spaces for nonresidents are available in programs, if not taken by Peoria residents. If you have questions about residency benefits or our nonresident policy, please contact the Recreation Manager, at 623-773-7137. We may also consider other policy and procedure issues, including, but not limited to, the age of the registrant and the age group for the program, and the grade level of the registrant and the grade level the program is planned for.

What if I am not sure about the most appropriate recreation program?

The Department's Adaptive Recreation Program provides year-round activities for individuals with disabilities. Youth programs provide modifications for children with a wide range of health conditions and disabilities. Staff from each program are available to discuss any questions or concerns as they relate to the modification. The staff and phone numbers are located on the Information Packet page.

If you have additional questions regarding modifications, please feel free to contact the **Community Services Department at 623-773-7137** or the **Adaptive Recreation Program at 623-773-7436**.



Community Services Department, Recreation Division

Request for Modifications Form

The City of Peoria endeavors to make all of its programs accessible to individuals with disabilities in accordance with the Americans with Disabilities Act. In order to better service citizens who require modification, this form needs to be completed as thoroughly as possible **prior to program registration.**

Individual's Name: _____ DOB: ____/____/____ Age: _____
Caregiver Name: _____ Cell Phone: (____) _____ - _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
Emergency Contact: _____ Cell Phone: _____

Check Program Desired

- Adaptive Recreation** – Site Location: _____ Start Date: _____
- AM/PM Program** – Name of School: _____ Start Date: _____
- Little Learners Sunrise Family Center** Start Date: _____
- Summer Camp** – Site Location: _____ Start Date: _____
- Tiny Tots** – Site Location: _____ Start Date: _____
- Summer Recreation (Grades 1-5)** – Site Location: _____ Start Date: _____
- STEP Out** – Site Location: _____ Start Date: _____
- Sports** – Name of Sport: _____ Activity Code #: _____ Start Date: _____
- Aquatics** – Desired Pool: _____ Level: _____ Start Date: _____
- SIC** – Name of Class: _____ Activity Code #: _____ Start Date: _____
- Outdoor** – Activity Name: _____ Activity Code #: _____ Start Date: _____
- Seniors** – Activity Name: _____ Activity Code #: _____ Start Date: _____

COMPLETE QUESTIONS 1-4 WITH AS MUCH DETAILED INFORMATION AS POSSIBLE

Documentation of a Disability from your Physician, Health Care professional or School District is REQUIRED FOR REQUEST FOR MODIFICATIONS. Provide as much information as possible to allow staff who are Certified Therapeutic Recreation Specialists to properly assess the level of modification needed. Attach additional documentation, such as the individual's I.E.P., medical records and/or doctor's diagnosis to the request. Please do not use abbreviations.

1. Name of Disability: _____
2. Type of Documentation providing: _____
3. Describe the desired modification that you are requesting: _____

(Please continue on next page)

