



PROGRAM POLICIES

POLICY: Section 5310 Transportation Provider ADA Policy

EFFECTIVE DATE: 9/24/2024 **REVISED DATE:** **POLICY:** 800.12

DISTRIBUTION: All Administrative Policy & Procedure Manual Folders

It is the policy of Paladin, Inc. to abide by all provisions of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, 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.

All recipients must keep federally funded equipment and facilities in good operating condition. Recipients must have policies and procedures to maintain vehicles. Recipients must maintain, in operative condition, those features of facilities, vehicles, and other capital equipment that are required to make them accessible. ADA accessibility features must be repaired promptly if they are damaged or out of order. Recipients must establish a system of regular and frequent maintenance checks of lifts sufficient to determine if they are operative.

Specific transportation provisions of the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act of 1973, as amended, include but are not limited to the following requirements:

Equivalent service: As required by the ADA, Paladin, Inc. has a sufficient number of, or access to, wheelchair accessible vehicles in our fleet regardless of employment status 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. Paladin, Inc. 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, Paladin, Inc. provides adequate time for boarding and disembarking our vehicles for individuals with disabilities. Additionally, Paladin, Inc. 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 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

Paladin, Inc. 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, Paladin, Inc. 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. A "Certified Trainer" in Passenger Assistance Safety and Security (P.A.S.S.) provides training to personnel prior to being released to drive for the agency.

Driver use of, and assistance with, Accessibility Equipment: As required by the ADA, Paladin 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 Paladin Inc.'s response to these complaints, refer to ***Policy #800.08 Complaints of Discrimination***.

Paladin's contact for ADA complaints is:

Paladin, Inc.
ATTN: Corporate Compliance Officer
4315 E Michigan Blvd.
Michigan City, Indiana 46360
compliance@paladin.care

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): _____		
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.		

Section VI:

Have you previously filed a Discrimination Complaint with this agency? Yes No

If yes, please provide any reference information regarding your previous complaint.

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
 Yes No

If yes, check all that apply:
 Federal Agency: _____
 Federal Court: _____ State Agency: _____
 State Court: _____ 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:

Paladin, Inc.
Corporate Compliance Officer
4315 E Michigan Blvd. Michigan City, Indiana 46360
219-874-4288
compliance@paladin.care
A copy of this form can be found online at **www.paladin.care**