



Office of the County Administrator  
Key West, Florida

**MONROE COUNTY ADMINISTRATIVE INSTRUCTION 4719.4**

Date: September 30, 2021

Subject: Americans with Disabilities Act  
Request for Accommodation

Reference: Monroe County Personnel Policies and Procedures  
Code of Federal Regulations  
Americans with Disabilities Act Title II

Enclosure: (1) Accommodation Request Form (3 pages)

Effective Date: Immediately

- (1) **Background:** The Americans with Disabilities Act states that a public entity, regardless of the number of employees, must provide reasonable accommodations to qualified persons with disabilities in order that they might fully participate in activities, programs, benefits or services when requested.
- (2) **Purpose:** The purpose of this instruction is to comply and carry out responsibilities under the American with Disabilities Act.
- (3) **Cancellation:** Instruction is to remain continuously in effect unless specifically revised or canceled.
- (4) **Instruction:** Enclosure (1) is to be utilized for those requesting an accommodation for services, activities, programs or benefits by Monroe County BOCC. Employees with disabilities who need a reasonable accommodation to be able to perform the essential functions of their jobs should contact the County's ADA Coordinator, Alana Thurston.

**(5) Action:**

This Request for Accommodation procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (“ADA”). Monroe County will make reasonable modifications in policies, practices, and procedures; furnish auxiliary aids and services, and afford program accessibility through the provision of accessible facilities, the relocation of services or programs, or the provision of services at alternative sites, as appropriate and necessary.

Examples of auxiliary aids or services that Monroe County may provide for qualified individuals with disabilities include:

- Assistive listening devices
- Qualified ASL (American Sign Language) or other types of interpreters for persons with hearing loss
- Communication access real-time translation/Real-time transcription services
- Accessible formats such as large print, Braille, electronic document, or audio tapes
- Qualified readers

Examples of aids or services which Monroe County may not be able to provide as an accommodation under Title II of the Americans with Disabilities Act include:

- Transportation to and from county buildings
- Personal devices such as wheelchairs, hearing aids, or prescription eyeglasses
- Personal services such as medical or attendant care
- Readers for personal use or study

The Americans with Disabilities Act (ADA) does not require the County to take any action that would fundamentally alter the nature of the County’s programs, services, or activities, or that would impose an undue financial or administrative burden on the County.

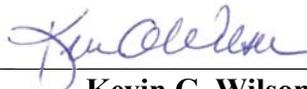
The request should be in writing and contain information about the request such as the requestor’s name, contact information and a description of the accommodation. Alternative means of filing a request, such as personal interviews or a tape recording of the request, will be made available for persons with disabilities upon request.

The request should be submitted by the requestor and/or his/her designee as soon possible but no later than **five calendar days prior** if the request pertains to a scheduled meeting to:

**Lindsey Ballard**  
**Monroe County Board of County Commissioners**  
**Gato Building- 1100 Simonton St.**  
**Office of the County Administrator**  
**Key West, Florida 33040**  
**(305) 292-4441 between the hours of 8:30 a.m. – 5:00 p.m.**  
**Hearing or voice impaired, call 1-800-955-8770, or for TTY 1-800-955-8771.**

**\*Family members and companions of deaf persons will not be asked to serve as sign language interpreters.**

If an individual has a disability that is not obvious, or when it is not readily apparent how a requested accommodation relates to an individual's impairment, it may be necessary for Monroe County to require the individual to provide documentation from a qualified health care provider in order for the court to fully and fairly evaluate the accommodation request. These information requests will be limited to documentation that (a) establishes the existence of a disability; (b) identifies the individual's functional limitations; and (c) describes how the requested accommodation addresses those limitations. Any cost to obtain such documentation is the obligation of the person requesting the accommodation.



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**Kevin G. Wilson**  
**Assistant County Administrator**

Distribution: VI  
Originator: DHR  
Review: September 30, 2023

**AMERICANS WITH DISABILITIES ACT (ADA)  
ACCOMMODATION REQUEST FORM**

**Complete and send to:**  
County Administrator's Office  
1100 Simonton Street, Suite 205  
Key West, FL 33040  
Ph: (305) 292-4441 Fax: (305) 292-4544

**Contacts:**  
Lindsey Ballard, Aide to County Administrator  
[ballard-lindsey@monroecounty-fl.gov](mailto:ballard-lindsey@monroecounty-fl.gov)

**ADA Coordinator Contact:**  
Alana Thurston  
1100 Simonton Street, Suite 268  
Key West, FL 33040  
[thurston-alana@monroecounty-fl.gov](mailto:thurston-alana@monroecounty-fl.gov)  
Ph: (305) 292-4461 Fax: (305) 292-4454

**REQUESTOR INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE (include area code) \_\_\_\_\_ Business Phone (include area code) \_\_\_\_\_

**PERSON MAKING THE REQUEST (if other than individual needing the accommodation):**

Name \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE (include area code) \_\_\_\_\_ Business Phone (include area code) \_\_\_\_\_

OTHER CONTACT INFORMATION: \_\_\_\_\_

**INFORMATION ON ACCOMMODATION**

DATE AND TIME ACCOMMODATION NEEDED: \_\_\_\_\_

LOCATION ACCOMMODATION NEEDED: \_\_\_\_\_

DURATION FOR WHICH THE ACCOMMODATION NEEDED: \_\_\_\_\_

NATURE OF DISABILITY THAT NECESSITATES ACCOMMODATION (attach additional information or documentation if necessary)

\_\_\_\_\_

**ACCOMMODATIONS REQUESTED (please check one of the following six options):**

Assistive listening device (Assistive listening systems work by increasing the loudness of sounds, minimizing background noise, reducing the effect of distance, and overriding poor acoustics. The listener uses a receiver with headphones or a neckloop to hear the speaker.)

Communication access real-time translation/real-time transcription services (CART is a word-for-word speech-to-text interpreting service for people who need communication access. A rendering of everything said in a meeting will appear on a computer screen. CART is not an official transcript of a proceeding.)

Sign Language Interpreter (Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.): \_\_\_\_\_

\_\_\_\_\_

Assignment to a meeting room that is accessible to a person using a mobility device (Please specify wheelchair, scooter, walker, or other mobility device that is used.): \_\_\_\_\_

\_\_\_\_\_

Provision of County documents in an alternative format (Please specify Braille, large print, accessible electronic document, or other accessible format used by persons who are blind or have low vision.): \_\_\_\_\_

Other accommodation (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is best practice to give consideration to the accommodation sought as required under title II of the ADA; however, alternative methods that achieve effective communication are permissible. The County may comply with the requirements of this section through such means as redesign of equipment, reassignment of services to accessible buildings, assignment of aides to beneficiaries, home visits, delivery of services at alternate accessible sites, alteration of existing facilities and construction of new facilities, use of accessible rolling stock or other conveyances, or any other methods that result in making its services, programs, or activities readily accessible to and usable by individuals with disabilities. The County is not required to make structural changes in existing facilities where other methods are effective in achieving compliance with this section. The County, in making alterations to existing buildings, shall meet the accessibility requirements of Regulation 35.151. In choosing among available methods for meeting the requirements of this section, the County shall give priority to those methods that offer services, programs, and activities to qualified individuals with disabilities in the most integrated setting appropriate. Auxiliary aid requests will be provided at no charge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING SECTION IS TO BE COMPLETED BY COUNTY PERSONNEL ONLY**

Date request was received: \_\_\_\_\_

Name and title of individual responding to this request: \_\_\_\_\_

Additional oral or written information requested?  Yes  No

If so, describe information: \_\_\_\_\_

Accommodation granted?  Yes  No

Describe the accommodation(s) granted by the County if an alternative means to provide access to program or service is offered: \_\_\_\_\_

Indicate the duration the accommodation will be provided: \_\_\_\_\_

*If an accommodation is denied, indicate reason(s) for denial (If the request is denied, granted only in part, or if an alternative accommodation is granted, a written response must be provided to the individual with a disability. Transmittal of a copy of this section of the accommodation request form by email or by U.S. Mail delivery is one means of providing the written response required. If an accommodation is denied due to a finding of undue burden or fundamental alteration, that such determination must be made in writing by the County Administrator).*

Request is denied. Written response provided to requestor and a copy is attached to this document for the record.