

Sample Title II Statement of Need

[DATE]

[ADA COORDINATOR]

[STREET ADDRESS] [CITY, STATE ZIPCODE]

RE: Statement of Need for a Reasonable Modification under Title II of the ADA

Dear [ADA COORDINATOR]:

[Name of Person Requesting Modification] has contacted me regarding the need for a reasonable modification made pursuant to Title II of the Americans with Disabilities Act, which requires public entities to make reasonable modifications in their policies, practices, or procedures. 28 C.F.R. §35.130(b)(7).

I have been informed that the requested modification is: [describe modification requested].

I am aware of the nature of the disability of [Name of Person Requesting Modification], and I understand the reasons for the underlying request. I do hereby verify that, in my judgment, [Name of Person Requesting Modification]: (1) is an individual with a disability according to Title II of the ADA, which defines disability as “a physical or mental impairment that substantially limits one or more major life activities; a record of having such impairment; or being regarded as having such an impairment” (28 C.F.R. §36.104); and (2) that such a reasonable modification is necessary to afford [Name of Person Requesting Modification] equal access to your agency’s facilities, services, or programs, as provided under Title II of the ADA.

Sincerely,

----- [Your Signature]

----- [Date]

----- [Print Your Name]

-----[Your Business Address]

-----[Your Business Telephone Number]