

Name \_\_\_\_\_

Role \_\_\_\_\_ Date \_\_\_\_\_

## What reasonable modifications can your market provide?

### Pre-ordering and curbside pickup

**Are the extra costs and administrative requirements of this modification unreasonable for your market?**

Yes; provide detail:

• Undue costs: \_\_\_\_\_

• Administrative burdens: \_\_\_\_\_

No

**Would providing this modification result in a direct threat to the health and safety of others?**

Yes; provide detail of risk:

• Nature: \_\_\_\_\_

• Duration: \_\_\_\_\_

• Severity: \_\_\_\_\_

• Probability of Injury: \_\_\_\_\_

Source of Authority: \_\_\_\_\_

No

### Designate market volunteer or personnel to shop for customer

**Are the extra costs and administrative requirements of this modification unreasonable for your market?**

Yes; provide detail:

• Undue costs: \_\_\_\_\_

• Administrative burdens: \_\_\_\_\_

No

**Would providing this modification result in a direct threat to the health and safety of others?**

Yes; provide detail of risk:

• Nature: \_\_\_\_\_

• Duration: \_\_\_\_\_

• Severity: \_\_\_\_\_

• Probability of Injury: \_\_\_\_\_

Source of Authority: \_\_\_\_\_

No

**Other:**

**Are the extra costs and administrative requirements of this modification unreasonable for your market?**

Yes; provide detail:

- Undue costs: \_\_\_\_\_
- Administrative burdens: \_\_\_\_\_

No

**Would providing this modification result in a direct threat to the health and safety of others?**

Yes; provide detail of risk:

- Nature: \_\_\_\_\_
  - Duration: \_\_\_\_\_
  - Severity: \_\_\_\_\_
  - Probability of Injury: \_\_\_\_\_
- Source of Authority: \_\_\_\_\_

No

**Other:**

**Are the extra costs and administrative requirements of this modification unreasonable for your market?**

Yes; provide detail:

- Undue costs: \_\_\_\_\_
- Administrative burdens: \_\_\_\_\_

No

**Would providing this modification result in a direct threat to the health and safety of others?**

Yes; provide detail of risk:

- Nature: \_\_\_\_\_
  - Duration: \_\_\_\_\_
  - Severity: \_\_\_\_\_
  - Probability of Injury: \_\_\_\_\_
- Source of Authority: \_\_\_\_\_

No

## Other Steps

Reach out to ADA regional office for guidance

Contact local officials to better understand state and local requirements and enforcement mechanisms

Public health officials: \_\_\_\_\_

Safety officials: \_\_\_\_\_

Train all vendors and market personnel (including volunteers) in ADA requirements and how to accommodate customers with a disability: \_\_\_\_\_