

ADA Survey for Organizations Representing Individuals with Disabilities

Crawford County is currently updating its Americans with Disabilities Act Self-Evaluation and Transition/Barrier Removal Plans. In order to enhance access to programs and services for individuals with disabilities, the County is asking for your input.

Name of organization: _____

Address: _____

Contact Person _____

Position: _____ Phone: _____

Name of person completing this form: _____

Name of the ADA Coordinator(s) for your organization: _____

The following questions have been developed to determine how organizations and advocacy agencies perceive Crawford County's ability to provide services and accommodations for individuals with disabilities and to ask for input regarding how programs, services and activities can be more accessible for individuals with disabilities.

1. What direct communications have you had with Crawford County to facilitate services and accommodations for individuals with disabilities?

2. Are there any specific complaints or problems regarding access for individuals with disabilities to any of the programs, services or activities provided by the County?

