

Americans with Disabilities Act
Survey for Individuals with Disabilities Using City Programs, Services and Facilities
 City of Fayetteville, NC

The City of Fayetteville 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 City of Fayetteville is asking for your input.

Name of Person Completing Form (Optional): _____

Address (Optional): _____

Phone (Optional): _____

Date: _____

Name of the City of Fayetteville Facility, Program or Service you are providing input on:

The following questions have been developed to determine how individuals with disabilities perceive the City of Fayetteville'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.

Key: NA=Not Applicable, DK=Don't Know

QUESTION	YES	NO	NA	DK	COMMENTS
1. Have you ever requested an accommodation for a disability from the City					
2. If an accommodation was requested, was your accommodation made by the City?					If yes, what accommodations were made?
3. Have you experienced any exterior barriers, non-accessible areas, or non-accessible programs?					If yes, please describe:
4. Have you experienced and interior barriers, non-accessible areas, or non-accessible programs?					If yes, please describe:
5. Is accessible seating provided for people with disabilities at programs, community events, etc. held by the City?					If no, please describe:
6. Are you aware of any City programs, services or activities that are not accessible to individuals with disabilities?					If yes, please describe:
7. Are you aware of any areas and elements of the City that are not accessible to individuals with disabilities?					If yes, please describe:

8. Is information provided regarding the City's accommodations, auxiliary aids (such as assistive listening systems, interpreters, alternate formats, specialized equipment, or assisted services, etc.)?					If no, please describe:
9. Is there adequate directional and informational signage provided at City facilities?					If no, please describe:
10. If you have requested City auxiliary aids, interpreters, or specialized equipment, was your request accommodated?					If no, please describe:
11. Do you know who to contact at the City to request accommodations for yourself, a relative, or a friend with a disability?					If yes, who would you contact:
12. Is the attitude of the City (or its employees) toward you, or someone you know with a disability, generally helpful, supportive, positive and proactive in solving accessibility issues?					Please describe:
13. Are there any areas of the City you or someone you know with a disability cannot access:					If yes, please describe:
14. What do you feel is the highest priority for accessibility in the City of Fayetteville?					
15. What accommodations do you have for making City services, programs or facilities more accessible:					
16. Other comments or concerns:					

Thank you for your input.

Please return this survey to the **Human Relations Department** of the City of Fayetteville, Attn: **Dr. Anthony Wade**, Human Relations Director and ADA Coordinator, 433 Hay Street, Fayetteville, NC 28302 (Mailing Address) or 225 Ray Avenue, Fayetteville, NC 28301 (Physical Address). Comments can also be made by e-mail to awade@ci.fay.nc.us or by phone to (910) 433-1605, (910) 433-1696 or fax to (910) 433-1535.