



TOWN OF OAK BLUFFS

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MAY 1, 2019

AMERICANS WITH DISABILITIES ACT SURVEY FOR ORGANIZATIONS REPRESENTING INDIVIDUALS WITH DISABILITIES

An online format is available from the Town's website: oakbluffisma.gov
Click on the [Americans with Disabilities Act Survey](#) link on the homepage and
select the appropriate survey.

Name of Organization: _____

Address: _____ Contact person: _____

_____ Position: _____

Phone: _____ Today's date: _____

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 the Town of Oak Bluffs' 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 the Town of Oak Bluffs 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 Town of Oak Bluffs?

3. What information or other resources can you supply to help educate or inform the Town of Oak Bluffs about your organization and your services for individuals with disabilities?

4. What general guidance, advice or assistance could your organization provide to the Town of Oak Bluffs to protect against potential discrimination of individuals with disabilities in its programs, services and activities?

5. What do you feel is the highest priority for the Town of Oak Bluffs to improve accessibility for individuals with disabilities?
