**Americans with Disabilities Act**

**Survey for Individuals with Disabilities Using City Programs, Services, and Facilities**

**City of Morganton, NC**

We Want to Hear from You! The City of Morganton is reviewing our facilities, programs, and services in order to enhance access for individuals with disabilities. We are asking for your input.

|  |  |
| --- | --- |
| Name (Optional): |       |
| Address (Optional): |       |
|  |       |
|  |       |
| Phone (Optional): |       |
| Date: |       |

The following questions have been developed to solicit help with improving the City of Morganton’s efforts 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **N/A** | **Comments** |
| 1. Have you experienced any **exterior** (outside) barriers, non-accessible areas, or non-accessible programs?
 | [ ]  | [ ]  | [ ]  | If Yes, please describe:       |
| 1. Have you experienced any **interior** (inside) barriers, non-accessible areas, or non-accessible programs?
 | [ ]  | [ ]  | [ ]  | If Yes, please describe:       |
| 1. Is accessible seating provided for people with disabilities at programs, community events, etc. held by the City?
 | [ ]  | [ ]  | [ ]  | If No, please describe:       |
| 1. Are you aware of any City programs, services, or activities that are **not accessible** to individuals with disabilities?
 | [ ]  | [ ]  | [ ]  | If Yes, please describe:       |
| 1. Are you aware the City will provide accommodations (such as interpreters)?
 | [ ]  | [ ]  | [ ]  | If No, please describe:       |
| 1. Is there adequate directional and informational signage provided at City facilities?
 | [ ]  | [ ]  | [ ]  | If No, please describe:       |
| 1. Has the City (or its employees) been generally helpful, supportive, positive and proactive in solving accessibility issues?
 | [ ]  | [ ]  | [ ]  | Please describe:       |
| 1. Are there any areas of the City you or someone you know with a disability cannot access?
 | [ ]  | [ ]  | [ ]  | If Yes, please describe:       |
| 1. What do you feel should be the highest priority for the City of Morganton to improve accessibility in the City facilities/areas?
 |       |
| 1. What recommendations do you have for making City services, programs, or facilities more accessible?
 |       |
| 1. Other comments or concerns:
 |       |

Thank you for your input. If you would like to give further input or need accommodations, please contact Andy Smith. His contact information is below.

Please return this survey to the City of Morganton, Attn: Andy Smith, P.O. Box 3448, Morganton, NC 28680. Comments can also be made by email to asmith@morgantonnc.gov or by phone to (828) 438-5279 or fax to (828) 432-2670.