

## **CITY OF BUFFALO**



## AMERICANS WITH DISABILITY ACT SELF EVALUATION SURVEY FOR ORGANIZATIONS REPRESENTING INDIVIDUALS WITH DISABILITES

This survey is part of the City of Buffalo's self evaluation of City of Buffalo programs, services, and activities. The City of Buffalo is asking for your input in a continuing effort to improve the quality of life for all city residents.

**INSTRUCTIONS:** Please complete this survey in black or blue ink and return the completed survey to: Melissa L. Hoffman, ADA Coordinator, Department of Law, 1100 City Hall, Buffalo, New York 14202 or via Facsimile (716) 851-4105. Should you have any questions you may contact Melissa Hoffman at (716) 851-4342.

This survey was developed to determine how organizations and advocacy agencies perceive the City of Buffalo's ability to provide services and accommodations to individuals with disabilities. We are requesting input regarding how City of Buffalo programs, services, activities and facilities can be more accessible for individuals with disabilities.

Thank you for your input.

| NAME OF ORGANIZATION:   |        |
|---|--------|
| CONTACT PERSON:   | TITLE: |
| ADDRESS:  |        |
| TELEPHONE NUMBER:   |        |
| NAME & PHONE NUMBER OF PERSON COMPLETING THIS SURVEY:             |        |
| NAME & PHONE NUMBER OF THE ADA COORDINATOR FOR YOUR ORGANIZATION: |        |

| What direct communications have you had with the City of Buffalo to facilitate services and accommodations for individuals with disabilities?   |
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| Are there any specific complaints or problems regarding access for individuals with disabilities to any City of Buffalo programs, services, activities, or facilities?  |
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| What information or other resources can you supply to help educate or inform the City of Buffalo about your organization and your services for individuals with disabilities?   |
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| What general guidance, advice, or assistance could your organization provide to the City of Buffalo to protect against potential discrimination of individuals with disabilities in its programs, services, and activities? |
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| What do you feel is the highest priority for the City of Buffalo to improve accessibility for individuals with disabilities?  |
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| Do you have any additional comments or suggestions? Please attach an additional page if needed.   |
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