

COMMUNITY OUTREACH QUESTIONNAIRE

Please return this questionnaire by **May 31, 2016** (see below)

This questionnaire is also available, by request, in an alternate format.

The City of Fresno FAX Department is collecting information as part of the process of preparing an ADA Self-evaluation and ADA Transition Plan for City facilities in compliance with the Americans with Disabilities Act (ADA) to update our existing documents.

This questionnaire is one of many ways that the City of Fresno FAX Department is identifying and defining accessibility needs as part of its process to provide more accessible programs, activities and services.

Any information provided to us will help strengthen the final recommendations for policies and procedures that will result from these efforts. Please feel free to attach additional pages, where necessary.

1. In your experience with FAX, have you encountered physical barriers or difficulties in gaining physical access to these facilities? If you have, then please identify the facility in which it took place and describe the condition(s) or situation(s) that caused the difficulty.

2. Have you encountered policies or practices that make it difficult in gaining access to City programs, services or activities?

3. In your experience with FAX facilities, have you encountered barriers or difficulties that prevented or complicated access to programs, activities or services provided? If you have, then please describe the situation(s), the response and/or outcome of the situation(s).

4. What improvements do you think would enhance accessibility to FAX facilities (busses or paratransit vehicles)?

5. Can you identify any successful outcome or solution to accessibility issues that has been used at other FAX facilities that you would consider a model solution or program that the FAX could implement?

6. Do you have other suggestions for improving mobility around or at FAX facilities to encourage full participation in our programs, activities or services?

Thank you for taking the time to fill out this questionnaire!

We would appreciate completion of the information below. This information is *optional*. If completed, it will provide our team the opportunity to contact you for further comment and to notify you of future disability-related events.

- ☐ My responses are confidential
☐ My responses may be published

Name: _____

Address: _____

Phone Contact: _____

E-mail Address: _____

Questionnaires must be received by May 31, 2016.

Please mail or e-mail to: Fresno Area Express, Attn: Brian Barr, 2223 G Street, Fresno CA 93706

E-mail address: brian.barr@fresno.gov