

Survey for Organizations Representing Individuals with Disabilities

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 organiza	tion:
perceive the City of Indian Wells' ability to provide	letermine how organizations and advocacy agencies services and accommodations for individuals with disabilitied ices and activities can be more accessible for individuals
1. What direct communications have you had with accommodations for individuals with disabilities?	n the City of Indian Wells to facilitate services and
2. Are there any specific complaints or problems programs, services or activities provided by the Cit	regarding access for individuals with disabilities to any of the ty of Indian Wells?
3. What information or other resources can you seabout your organization and your services for indiv	upply to help educate or inform the City of Indian Wells viduals with disabilities?
	could your organization provide to the City of Indian Wells to als with disabilities in its programs, services and activities?
5. What do you feel is the highest priority for the 0 with disabilities?	City of Indian Wells to improve accessibility for individuals
Please add any additional comments on the back of Thank you for your input. (continue to page 2)	



Please return this survey by December 17, 2018 to Mirian Fulson, ADA Coordinator, City of Indian Wells, 44-950 Eldorado Drive, Indian Wells, CA 92210. Comments can also be made by calling (760) 776-0237 or by email at mfulson@indianwells.com.

Surveys can also be returned to Disability Access Consultants, 2243 Feather River Boulevard, Oroville, CA 95965. Comments can also be emailed to bthorpe@dac-corp.com, faxed to (530) 533-3001 or made by phone to (800) 743-7067.