



**Survey for Organizations Representing Individuals with Disabilities**

Name of Organization \_\_\_\_\_

**Optional:**

Name of Person Completing Form \_\_\_\_\_

Address \_\_\_\_\_ Contact person \_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Today's date \_\_\_\_\_

Email \_\_\_\_\_

Please complete the survey regarding programs, services and resources your organization provides for persons with disabilities in the City of Lake Elsinore. Your input will assist the City of Lake Elsinore to identify available resources and priorities for accessibility.

1. What direct communications have you had with the City regarding services and accommodations for individuals with disabilities?

\_\_\_\_\_

2. Are you aware of any specific complaints or problems regarding access for individuals with disabilities to any of the programs, services, activities or events provided by the City?

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

5. What do you feel is the highest priority for the City to improve accessibility for individuals with disabilities?

\_\_\_\_\_

Please return this survey by April 30, 2022 to Bill Belvin, ADA/504 Coordinator, City of Lake Elsinore, 130 South Main Street, Lake Elsinore, CA 92530.

For any additional feedback, please contact Bill Belvin by phone at (951) 674-3124 x286, by TDD through California Relay at 7-1-1, or by email at [bbelvin@lake-elsinore.org](mailto:bbelvin@lake-elsinore.org).

**Thank you for your input**