



ADA Public Input Survey

The City of Bell Gardens is in the process of updating its Americans with Disabilities Act (ADA) Self-evaluation and Transition Plan. As part of this process, the City is asking for your input by completing this questionnaire which addresses accessibility of programs, services, and activities offered to the public.

The purpose of this survey is to gather information on how City department programs or services are, or are not, accessible to persons with disabilities. The goal is that when each program, service or activity is viewed in its entirety, it is readily accessible to and usable by persons with disabilities.

1. Please complete the following:

Name _____

Email _____

Phone _____

I wish to remain anonymous

2. What role most adequately describes your association with the City of Bell Gardens and the representation you are providing?

Member of the public with a disability

Member of the public without a disability

Relative or caregiver of a person with a disability

Community organization - Please list the name of the organization:

City volunteer

3. Do you participate in programs, services, or activities offered by the City of Bell Gardens?

No

Yes - Please list: _____

Not applicable

4. Do you know who to contact if you need assistance, have a concern or complaint, or need an accommodation to access a facility, service, or event?

No - I do not know who to contact

Yes - Please list who you would contact: _____

Not applicable

5. Have you ever requested an accommodation for a disability from the City?

- No
- Yes - Please describe the request:

- Not applicable

6. Was your accommodation provided?

- No
- Yes
- Yes, but I was unsatisfied with how the accommodation was provided - Please elaborate:

- Not applicable

7. Is the attitude of City of Bell Gardens staff towards persons with disabilities generally helpful, supportive, positive, and proactive in solving accessibility issues?

- No
- Yes
- Somewhat
- Don't Know

8. Are you aware of any specific concerns, complaints, or problems regarding access for persons with disabilities to any of the programs, services, or activities provided by the City of Bell Gardens?

- No
- Yes - Please describe: _____

9. Do you know who the designated ADA Coordinator is for the City of Bell Gardens?

- No
- No, I have not had a need or reason to seek out this person.
- Yes - Please provide the name: _____

10. What do you feel should be the City of Bell Gardens' highest priority to improve accessibility for persons with disabilities?

Please return this survey by March 1, 2020, to:

Will Kaholokula, ADA/504 Coordinator
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Bell Gardens, CA 90201
By email to wkaholokula@bellgardens.org
By phone at (562)806-7758
California Relay at 7-1-1