

York County Accessibility Survey

York County is seeking input from individuals with disabilities, agencies, and organizations to enhance accessibility to facilities, programs, services, and events.

First Name (Optional)

Last Name (Optional)

Date (Optional)

Address (Optional)

Phone (Optional)

E-mail address (Optional)

Name of York County facility or location, or type of program or service for which you are providing input:

1. What is your relationship to York County? (check all that apply)

Resident

Visitor

Contractor

Employee

Participant of a Program, Service or Activity

Other

If other, please describe.

2. Check all programs, service or activities in which you participate at the facility, site or location.

Classes

Recreation

Meetings

Sporting Events

Seminars

Work (Volunteer)

Work (Employee)

Other

If other, please describe. _____

3. 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?

Yes

No

If yes, who would you contact?

4. Have you ever requested an accommodation for a disability from York County?

Yes

No

Not applicable

Don't know

5. If an accommodation was requested, was your accommodation made by York County?

Yes

No

Not applicable

Don't know

If yes, what accommodations were made? If no, were you given a reason why it was not provided?

6. Have you experienced any barriers, inaccessible areas, or inaccessible programs? (Examples: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, need for assistive listening device, large print, etc.)

Yes

- No
- Not applicable
- Don't know

If yes, please describe.

7. Have you attended any special events in York County?

- Yes
- No

If yes, did you encounter any barriers to accessibility?

8. Is accessible seating provided for individuals with disabilities at meetings, classes, programs, etc. held at the facility?

- Yes
- No
- Not applicable
- Don't know

If no, please describe.

9. Are you aware of any programs, service or activities that are not accessible to individuals with disabilities?

- Yes
- No
- Not applicable
- Don't know

If yes, please describe.

10. Are you aware of any areas or elements of the facility that are not accessible to individuals with disabilities?

- Yes
- No
- Not applicable
- Don't know

If yes, please describe.

11. Is information provided regarding accommodations and auxiliary aids (such as assistive listening systems, interpreters, alternate formats, specialized equipment, or assisted services, etc.)?

- Yes

- No
- Not applicable
- Don't know

Please describe.

12. Is there adequate directional and informational signage provided at the facility?

- Yes
- No
- Not applicable
- Don't know

If no, please describe.

13. If you have requested auxiliary aids, an interpreter or specialized equipment, was your request accommodated?

- Yes
- No
- Not applicable
- Don't know

If no, please describe.

14. Has the attitude of York County staff towards you or someone you know with a disability been generally helpful, supportive, positive and proactive in solving accessibility issues?

- Yes
- No
- Not applicable
- Don't know

Please describe.

15. Other comments:

16. What do you feel is the highest priority for accessibility in York County's Accessibility Plan?

Additional copies of the survey, in hard copy or electronic format, can be obtained from Disability Access Consultants, LLC (DAC) by calling 530-533-3000 or by sending an email request to bthorpe@dac-corp.com.

Surveys are requested by Friday, August 9th, but can be returned as necessary to:

Brian Woodward – Director of Public Works, ADA Coordinator

York County, Virginia

105 Service Drive, P.O. Box 532

Yorktown, VA 23690-0532

Phone: 757-890-3750

TTY: 757-890-3621 or by state relay at 7-1-1

ADAcordinator@yorkcounty.gov



You may also return the completed survey to:

Barbara Thorpe

Disability Access Consultants. LLC

2862 Olive Highway, Suite D

Oroville, CA 95966

By email to bthorpe@dac-corp.com

Thank you for your input!