



City of Sunny Isles Beach
Human Resources 18070 Collins Avenue, Sunny Isles Beach, FL 33160
(305) 792-1708 Phone (305) 949-3113 Fax

**Americans with Disabilities Act
People with Disabilities Citizen Survey**

P URPOSE

Under Title II of the Americans with Disabilities Act (ADA), state and local governments cannot discriminate against or exclude people with disabilities from their services or programs. The City of Sunny Isles Beach is providing this survey to make sure we are following ADA guidelines. If you are a person with a disability or have had experience with disabled persons, we would appreciate your completing this survey and returning it to the City.

If you need assistance in completing this form, please contact **Human Resources at (305) 792-1708. For special needs call: (305) 792-1590 (TTY)**

If you would like more information about the ADA, the U.S. Department of Justice toll-free number is 1-800-514-0301 (voice) or 1-800-514-0383 (TDD). You can also visit the ADA Web site at www.usdoj.gov/crt/ada.

SECTION A – Personal Data: (OPTIONAL)

Name: _____ Phone: _____

Address: _____ E-mail: _____

SECTION B – Completion of this section will allow us to know the needs of those with disabilities who use or wish to use our facilities. Please feel free to use additional sheets if necessary.

1. My specific disability is: **(OPTIONAL)**



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2. The following City activities, facilities, and/or services are accessible or available to me: (Please check all that apply and add any other if necessary.)

Applying for a job **Attending a meeting at City Hall**
 Using a park **Paying a bill** **Using the library**
 Obtaining a license or permit **Other (please list):**

3. The following City activities, facilities, and/or services are not accessible or available to me: (Please check all that apply and add any other if necessary.)

Applying for a job **Attending a meeting at City Hall**
 Using a park **Paying a bill** **Using the library**
 Obtaining a license or permit **Other (please list):**

4. What other activities would you participate in if proper accommodations were provided?

5. The following accommodations will help me gain equal participation in the activities and services provided: (Please describe the type of accommodations and how they will assist you.)

6. Have you had any difficulty traveling on City streets or sidewalks to get to a facility? If the answer is "yes" and you can remember the particular locations, please list them.



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SECTION C – Completion of this section will help us determine the satisfaction level of our disabled citizens with City employees. If you have interacted with our staff, e.g., paying a bill, applying for a job, calling for service, etc. we would like to know how you were treated. Please place an “X” in the area that most reflects your opinion. IF YOU HAVE HAD NO EXPERIENCE WITH OUR STAFF, PLEASE SKIP THIS SECTION.

Category	Poor	Good	Excellent
Overall Experience			
Understand my needs and requirements			
Accessible to customers/Responsive to Special Requests			
Provides effective support and guidance			
Facilitates problem resolution			
Professional and knowledgeable staff			
Courteous and helpful staff			
Usefulness of Web site			

Please include any additional comments you wish to make about assistance provided by our staff relating to your disability:

PLEASE MAIL, FAX OR DELIVER THIS SURVEY TO:

**HUMAN RESOURCES DEPARTMENT
 ADA COORDINATOR
 18070 Collins Avenue
 Sunny Isles Beach, FL 33160
 Phone (305) 792-1708 / Fax (305) 949-3113**

The City of Sunny Isles Beach does not discriminate on the basis of disability in admission or access to our programs, services, or activities, and we do not discriminate on the basis of disability in hiring or employment practices.