



## ADA Public Input Survey

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

The purpose of this survey is to gather information on how County of Ventura programs, services, activities or events are, or are not, accessible to persons with disabilities.

1. **Optional:** Please complete the following:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I wish to remain anonymous

2. What role most adequately describes your association with the County 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

County volunteer

Other: \_\_\_\_\_

3. Do you participate in programs, services, activities or events offered by the County?

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: \_\_\_\_\_

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

No

Yes - Please describe the request: \_\_\_\_\_

\_\_\_\_\_

6. Was your accommodation provided?

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

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Not applicable

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

No – Please explain: \_\_\_\_\_

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Yes

Somewhat

Do not 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 County?

No

Yes - Please describe: \_\_\_\_\_

9. Do you know who the designated ADA Coordinator is for the County?

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 County's highest priority to improve accessibility for persons with disabilities? (i.e. – improvements to accessing public facilities, providing specific hearing and visual aids for events and public meetings, providing more accommodations for persons with disabilities, etc.)

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Please return this survey by May 31, 2024 to:

Dani Anderson, Disability Access Manager/ADA Coordinator

County of Ventura

800 S. Victoria Avenue

Ventura, CA 93009

By email: [Dani.Anderson@ventura.org](mailto:Dani.Anderson@ventura.org)

Phone: (805) 654-2862

TDD: by California Relay at 7-1-1