



*City of Miami Gardens*

## **Americans with Disabilities Act**



## **PEOPLE WITH DISABILITIES CITIZEN SURVEY**

### **PURPOSE**

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 Miami Gardens 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 the **City Manager's Office** at **(305) 622-8000**. For special needs call:

- **1-800-955-8771 (TTY)**
- **1-800-955-8770 (Voice)**
- **1-800-955-1339 (ASCII)**
- **1-877-955-8260 (VCO-Direct)**
- **1-800-955-5334 (STS)**
- **1-877-955-8773 (Spanish)**
- **1-877-955-8707 (French Cr)**

If you would like more information about the ADA, the 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](http://www.usdoj.gov/crt/ada).

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**SECTION A – Personal Data: (OPTIONAL)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**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)**

\_\_\_\_\_  
\_\_\_\_\_

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  Using a park  Attending a meeting at City Hall

Using the library  Paying a bill  Obtaining a license or permit

Other (please list)

\_\_\_\_\_  
\_\_\_\_\_

3. The following City activities, facilities, and/or services are not accessible or available to me:

Applying for a job  Using a park  Attending a meeting at City Hall

Using the library  Paying a bill  Obtaining a license or permit

Other (please list)

\_\_\_\_\_  
\_\_\_\_\_

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

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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.)

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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.**

<b>Category</b>	<b>Poor</b>	<b>Good</b>	<b>Excellent</b>
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:

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**PLEASE MAIL, FAX OR DELIVER THIS  
SURVEY TO:**

**ADA COORDINATOR/HUMAN RESOURCES DIRECTOR  
1515 NW 167<sup>TH</sup> ST., SUITE 5-200  
MIAMI GARDENS, FL 33169**

**FAX: 305-622-8001**

The City of Miami Gardens 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.