



Tuesday, August 6, 2019
5:00 p.m. – 7:00 p.m.
Administration Board Room
505 S. Garey Avenue, Pomona, CA 91766



Coffee with a Cop



City's ADA program
ADA Program & Facility Survey Form
Americans with Disabilities Act (ADA)

Transparency
Transparency in City Government, [click here](#) to access key documents.

NIXLE Notifications
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- More Articles...
- Southeast Area Commander Meeting
 - NATIONAL NIGHT OUT 2019
 - Concerts in the Park
 - CANNABIS MEETINGS
 - 2019 Water Annual Report

**Survey for City of Pomona, CA
Americans with Disabilities Act (ADA)
Program and Facility Users Survey Form**

The City is seeking input from agencies, organizations, and individuals with disabilities to help the City enhance accessibility to its facilities, programs, services and events.

The City of Pomona is in the process of preparing their ADA Self Evaluation and Transition Plan which is required by Americans with Disabilities Act (ADA) Title II (28 CFR §35.105(a)). Your input will assist the City in improving its ability to serve the needs of people with disabilities and their families.

Please send completed forms to:

Email: Laura_Lara@ci.pomona.ca.us

Mail: City of Pomona Public Works
Attention: Laura Lara
505 S. Garey Ave
Pomona, CA 91766

Thank you for your time and consideration.

Date (Optional): _____ Email address (Optional): _____

Address (Optional): _____

Name (Optional): _____ Phone (Optional): _____

Name of Facility or type of Program or Service you are providing input: _____

- 1. What is your relationship to the City of Pomona?
 - Resident
 - Visitor
 - Contractor
 - Employee
 - Participant of a Program, Service or Activity
 - Other

If other, please describe:

- 2. Check all program, services or activities in which you participate at the facility.

<input type="checkbox"/> Classes	<input type="checkbox"/> Seminars
<input type="checkbox"/> Recreation	<input type="checkbox"/> Work (Volunteer)
<input type="checkbox"/> Meetings	<input type="checkbox"/> Work (Employee)
<input type="checkbox"/> Sporting Events	<input type="checkbox"/> Other

If other, please describe:

City of Pomona ADA Program Accessibility Questionnaire

3. Do you know who to contact if you need assistance, have a concern or complaint, or need an accommodation to access a facility, program, service or event: Yes No

If yes, who would you contact?

4. Have you ever requested an accommodation for a disability from the City? Yes No

5. If an accommodation was requested, was your request for accommodation made by the City? Yes
 No
 Don't know
 Not Applicable

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

6. Have you requested auxiliary aids, an interpreter or specialized equipment? Yes No

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

7. Is information provided regarding accommodations, auxiliary aids (such as assistive listening systems, interpreters, alternate formats, specialized equipment, or assisted services, etc.)? Yes
 No
 Don't know

Please describe:

8. Have you experienced any nonaccessible areas or programs? Yes No

(Examples: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, stairs only to the facility, narrow doorways, protruding objects in the hallways, lack of assistive devices, missing or inappropriate signage, lack of interpreters, etc.)

If yes, please describe:

9. Are you aware of any areas or elements of the facility that are not accessible to individuals with disabilities? Yes No

City of Pomona ADA Program Accessibility Questionnaire

If yes, please describe:

10. Are you aware of any programs, services or activities that are not accessible to individuals with disabilities?
- Yes
 No
 Don't know

If yes, please describe:

11. Have you attended any special events at the City?
- Yes No

- a. If yes, did you encounter and non accessible areas?
- Yes
 No
 Don't know
 Not Applicable

If yes, please describe event attended and the non accessible area:

12. Is accessible seating provided for individuals with disabilities at meetings, classes, programs, etc. held at the facility?
- Yes
 No
 Don't know

If no, please describe:

13. Has the attitude of the staff of the City of Pomona towards you, or someone you know with a disability, been generally helpful, supportive, positive and proactive in solving accessibility issues?
- Yes
 No
 Don't know

Please describe:

14. What do you feel is the highest priority for accessibility in the City of Pomona?

SAMPLE ANNOUNCEMENT FOR THE GENERAL PUBLIC:

INTRODUCTION:

The City of Pomona, in coordination with Owen Group, is undertaking a survey of on accessibility needs and is asking residents to take the survey—and volunteer to distribute it—to collect vital resident feedback that will shape the City’s roadmap for accessibility.

To make the City of Pomona’s programs, services, and facilities accessible to persons with disabilities, the City is engaged in developing an American with Disabilities Act (ADA) Transition Plan for the city’s public right of way, parks, and city-owned facilities. The ADA Transition Plan for public facilities services, facilities, and activities for citizens with disabilities

HOW TO PROVIDE INPUT:

The ADA Self-Evaluation and Transition Plan process is currently underway and the City would like your comments and concerns regarding accessibility to assist in the development of the Transition Plan. Please help with this process and list your concerns regarding accessibility of the public facilities within the City of Pomona.

THE CITY IS LOOKING FOR INPUT FROM:

- People with disabilities – the City is seeking representatives for a variety of disabilities
- Senior citizens
- Other individuals and members of groups that encounter barriers related to transportation, such as parents of children with disabilities
- People with experience and knowledge of ADA planning and requirements or also serve disabled populations
- Interested City residents

TIMEFRAME

This is available starting ___ and open through ___. In addition to the online form, a hard copy will be available in a variety of places including elderly housing centers and other areas for those without online access. Residents can contribute in this effort by volunteering to help distribute and help residents complete the questionnaire.

NOTICE OF ACCESSIBILITY

This form can be made accessible upon request.