**MIDDLETOWN TOWNSHIP HUMAN RELATIONS COMMISSION**

**SURVEY FOR MAKING IMPROVEMENTS IN ACCESSIBILITY TO PUBLIC ACCOMODATIONS FOR PERSONS WITH DISABILITIES AND FOR RAISING AWARENESS OF ISSUES FACING PERSONS WITH DISABILITIES**

This survey is intended for completion by all residents of Middletown Township, Pennsylvania, and is intended to aide persons with disabilities who reside in the Township. Your participation in this survey is entirely voluntary and will assist the Township’s Human Relations Commission (HRC) to ensure that you and all of Middletown Township’s residents are living in an aware, inclusive, and diverse environment that is accessible and accommodating.

If you have a disability and need assistance in filling out the survey, a member of your household such as a parent, legal guardian, spouse, roommate, caregiver, etc., may assist you. There is no right or wrong answer to the questions so please give your best response. Feel free to skip a question if it does not apply to you or you do not feel comfortable providing an answer. All surveys will be collected by the HRC and will only be shared amongst its members. Your personal information will not be shared with anyone outside the HRC. If you have any questions or concerns, please contact us through our website:

<https://www.middletownbucks.org/Government/Boards-Commissions/Human-Relations-Commission> ;

or contact us through our Middletown Township Manager, Stephanie Teoli Kuhls:

 E-mail: [steoli@middletownbucks.org](http://steoli@middletownbucks.org)

**SURVEY QUESTIONS**

1. How long have you resided in Middletown Township? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have a disability?

YES \_\_\_\_ NO \_\_\_\_

1. If YES, what is your disability or disabilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were you born with this disability or disabilities? YES \_\_\_\_\_ NO \_\_\_\_\_\_
	* If NO, How long have you had the disability or disabilities? \_\_\_\_\_\_\_\_\_
3. Are you are a caregiver for someone who does have a disability ? YES \_\_\_\_\_ NO \_\_\_\_\_\_
	1. If YES, what is that person’s age and their disability or disabilities?

Age: \_\_\_\_\_\_\_\_\_\_\_\_

What are their disabilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What is your current education status?
2. Current School Student: YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_
3. Current School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Previous Schools Attended:

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Graduated:\_\_\_\_\_\_

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Graduated:\_\_\_\_\_\_

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Graduated:\_\_\_\_\_\_

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Graduated:\_\_\_\_\_\_

1. Highest educational degrees earned: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do/did your schools provide educational programs on disabilities?

 YES \_\_\_\_\_ NO \_\_\_\_\_\_

1. If YES, please describe the programs and how often they were provided:

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

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1. IF NO, would you like to see the school system initiate a program on disabilities?

YES \_\_\_\_\_\_ NO \_\_\_\_\_\_

1. What is your current work status:
	1. Working Full-time \_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Working Part-time \_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Unemployed \_\_\_\_\_\_
	4. If unemployed, are you currently seeking work? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_
	5. Does/did your employer provide educational training on disabilities? YES \_\_\_\_ NO \_\_\_\_
2. If YES, please briefly describe the training and how often it is/was provided:

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

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1. If you are currently seeking employment, are your disabilities affecting your search?

Yes \_\_\_\_\_ NO \_\_\_\_\_

* 1. IF YES, please briefly describe how:

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

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1. Have you quit or been fired from a job because of disability issues or workplace attitudes?

Yes \_\_\_\_\_ NO \_\_\_\_\_

* 1. If YES, please briefly describe the situation:

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

1. What places of business do you go to for errands and entertainment in Middletown Township?
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Of all the schools, workplaces and business places you listed, have you ever experienced any issues with accessibility and/or accommodations?

YES \_\_\_\_\_\_ NO \_\_\_\_\_\_

* 1. If YES, how long have you been experiencing these issues? \_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Please briefly describe the issues:

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

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* 1. Have these issues ever required you to need assistance? YES \_\_\_\_\_ NO\_\_\_\_\_\_
	2. Did the assistance resolve the issue? YES \_\_\_\_\_\_ NO \_\_\_\_\_
	3. If you have stopped going to places because of an issue, what and where are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you ever been unable to enter a place because it was not accessible for you?

 YES \_\_\_\_\_\_ NO \_\_\_\_\_\_

* 1. If YES, what places are/were they?

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

1. Are you currently experiencing any issues with accessibility and/or accommodations anywhere in Middletown Township, including school, workplace, recreational or business?

 YES \_\_\_\_\_\_ NO \_\_\_\_\_\_

* 1. If YES, would you like assistance from the Middletown Township Human Relations Commission to address the issues: YES \_\_\_\_\_ NO \_\_\_\_\_\_
	2. If NO, are you seeking professional, legal or other outside assistance in the matter?

 YES \_\_\_\_\_ NO \_\_\_\_\_

1. Thinking just about attitudes of others you have encountered:
	1. Was there ever a time you felt no one was willing to accommodate you, so you avoided approaching anyone?

YES \_\_\_\_\_\_ NO \_\_\_\_\_\_

* 1. Was there ever a time you did ask for an accommodation and no one provided it?

YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_

* 1. Was there ever a time you had to address or file a complaint about accommodations not being met, lack of sensitivity to your needs, harassment, and/or discrimination?

YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

1. What other issues, information or comments do you have regarding your experiences with disability issues in Middletown Township? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If you are willing to be contacted by the Middletown Township Human Relations Commission for possible follow-up discussions, please provide your contact information:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU FOR YOUR PARTICIPATION!**