



# City of Revere

## Commission on Disabilities

### Accessibility Survey

#### A. Disability Information

**1. Did you or do you need any assistance filling out this form? (Please contact our office at 781-286-8267 if you do not have anyone available to assist you)**

- Yes
- No

**2. Please choose your connection with disability issues. (Check all that apply)**

- I am a Person with a Disability
- I am a Family member of a person with a disability
- I am an advocate or professional who works with people with disabilities
- Other

**3. What type of disability do you/ your family member have? (Check all that apply)**

- Intellectual or Developmental Disability
- Psychiatric or Mental Health disability
- Physical or Mobility Disability
- Blind or Low Vision
- Deaf or Hard of Hearing
- Learning Disability or ADHD
- Cognitive Disability (e.g., Traumatic Brain Injury or Stroke)
- Chronic Health Condition
- Other (Please Specify)

#### B. Introduction

**1. Do you know that the Commission on Disabilities has live televised meetings on the second Tuesday of each month where the public is welcome to attend?**

- Yes
- No

**2. Do you use the City of Revere website – [www.revere.org](http://www.revere.org) for information along with accessing the Disability Departments Page for information?**

- Yes
- No

**3. Have you experienced any barriers while using the reve.re.org website?**

- Yes
- No
- N/A

**4. If so, please explain the features of the reve.re.org website that have not worked for you.**

**5. Do you use social media?**

- Yes → If yes what types \_\_\_\_\_
- No

**6. Do you use a Smartphone?**

- Yes
- No

**7. Do you use email?**

- Yes → Email Address (optional) \_\_\_\_\_
- No

## **C. Pedestrian Access-Please let us know about your experiences with accessibility in the following types of public spaces:**

**1. Do you rely on accessibility features related to these aspects of the public right of way? (Please check all that apply)**

- Sidewalks
- Curb ramps
- Audible Pedestrian Signals (APS)
- Intersections/Crosswalks
- Accessible HP Parking Spaces

**2. Please select which of the following create barriers to your access as a pedestrian. (Please check all that apply)**

- Broken sidewalks
- I cannot reach the button for a walk signal
- No curb ramps
- Snow / ice clearing deficiencies
- Street obstacles, such as garbage barrels
- Malfunctioning Audible Pedestrian Signals (APS)
- Sidewalk/utility construction activities that cause sidewalk closures
- Something else

**3. Is there anything else you want to tell us about pedestrian access and public spaces?**

## **D. HP Accessible Parking**

**1. I have a Disabled Placard or Plate from the Registry of Motor Vehicles (RMV).**

- Yes** → Placard or Plate Number and State \_\_\_\_\_
- No**

**2. I know how to apply for an Accessible Parking Space from the City of Revere.**

- Yes**
- No**
- N/A**

**3. I have an Accessible Parking Space (HP space) at my address in front of my home.**

- Yes** → Address: \_\_\_\_\_
- No**

**4. I know how to report Disabled Placard abuse.**

- Yes**
- No**

**5. I know where to find accessible parking in my neighborhood.**

- Yes**
- No**
- N/A**

**6. There are usually accessible parking spots available in my neighborhood.**

- Yes**
- No**
- Not sure**
- N/A**

**7. Is there anything else you want to tell us about accessible parking?**

## **E. Transportation**

**1. I use forms of transportation *other than* a personal vehicle some or all of the time.**

- Yes**
- No**

**2. There are public transportation options in my neighborhood.**

- Yes
- No
- Not sure
- N/A

**3. The public transportation options in my neighborhood are accessible.**

- Yes
- No
- Not sure
- N/A

**4. Please tell us more about how you use transportation. (Mark your uses with X)**

	<b>I use this form of transportation</b>	<b>I can access this form of transportation without physical barriers</b>	<b>I can access this form of transportation without communication barriers</b>	<b>I am able to bring my service animal on this form of transportation</b>
<b>Subway</b>				
<b>Buses</b>				
<b>Commuter rail</b>				
<b>The RIDE</b>				
<b>Revere Senior Shuttle</b>				
<b>Uber or Lyft</b>				
<b>Other Agency</b>				

**5. Is there anything else you want to tell us about transportation?**

**F. Employment**

**1. Do you currently work? (Optional)**

- Yes
- No
- N/A

**2. Have you worked in the past?**

- Yes
- No
- N/A

**3. Is your current/past employment full time?**

- Yes
- No
- N/A

**4. If you do not work, is it because of accessibility barriers?**

- Yes
- No
- N/A

**G. Demographic Information****1. Gender**

- Male
- Female
- Transgender Male/Transman/FTM
- Transgender Female/Transwoman/MTF
- Genderqueer
- Prefer not to answer
- Additional category (please specify)

**2. Age of Disabled Person**

- 0-5
- 6-15
- 16-22
- 23-35
- 36-45
- 46-59
- 60-74
- 75+

**3. Do you use a language other than English at home?**

- Yes
- No

4. If so, please write the name of the language here: \_\_\_\_\_

5. Which of the following best describes your race/ethnicity? (Check all that apply). (Optional)

- White/Caucasian
- Black/ African-American
- Hispanic/Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other (please specify)

**I. Please Include Your Contact Information If you would like to Be Added into our Disability Database for Future Updates or Services-(Please Print) NOTE: Your Information is Private and will greatly benefit our Office.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Thank You**

**Please Mail Your Completed Survey**

**Revere Commission on Disabilities**

**C/O Veterans Services Office**

**American Legion Building**

**249R Broadway Revere, MA.**

**781-286-8267**

**Or Email a Scanned Completed Form to**

**[disabilities@revere.org](mailto:disabilities@revere.org)**