avēsis
a GUARDIAN company

Americans with Disabilities Act Survey

Section I: Provider Information	
Practice Name:	
Practice Address:	
Type of Provider:	☐ Dental Provider ☐ Hearing Provider ☐ Eye Care Provider

Section II: Location Information		
Address:		
Category	**Accommodation Indicator**	**Response**
Physical accessibility	Meets accessibility standards for the physically disabled	☐ Yes ☐ No
Intellectually and/or Cognitively Disabled	Meets accommodation standards for the intellectually and/or cognitively disabled	☐ Yes ☐ No
Blind/Visually Impaired	Meets accommodation standards for the blind/visually impaired	☐ Yes ☐ No
Deaf or Hearing Impaired	Meets accommodation standards for the deaf or hard-of-hearing	☐ Yes ☐ No
Deaf or Hearing Impaired	Does the office have TTY?	☐ Yes ☐ No

Public Transportation

Mode(s) of Public Transportation accessible at this location: ☐ Bus ☐ Subway ☐ Regional Train

Section III: Provider Attestation	
I attest that to the best of my knowledge, the above information is true, accurate and complete.	
Provider Signature:	
Provider's Printed Name:	
Provider's TIN/EIN number:	
Date:	

Please return the completed survey with a roster of providers and locations.