

# Accessibility Report

CARF 1.L. Accessibility

**Instructions:** As barriers to accessibility are identified and/or removed, this report should be completed and submitted to Compliance. All work on identified barriers must be detailed in Paladin's annual Accessibility Plan.

Use the information provided here to identify and categorize barriers.

## **Architectural or Physical Barriers**

Barriers that prevent access to a building for an individual such as, but not limited to, narrow doorways, accessible bathrooms, absence of light alarms, signs in Braille etc.

## **Environmental Barriers**

Any Location or characteristic of the setting that compromises, hinders or impedes service delivery. External and internal barriers in the community, facilities, homes etc. Examples include, but not limited to, feeling safe, feeling that confidentiality is at risk, noise levels, flickering fluorescent lights, temperature etc.

## **Attitudinal Barriers**

May include, but not limited to, the terminology and language that the organization uses in its literature or when it communicates with individuals with disabilities, other stakeholders and the public, how individuals with disabilities are viewed and treated by the organization, their families and the community, whether or not client input is solicited and used, whether or not the eligibility criteria of the organization screens out individuals with specific types of disabilities.

## **Financial Barriers**

Include, but not limited to insufficient funding for services. Supports flexibility in the workplace, such as considering requests for flex time, job sharing, part-time work, etc.

## **Communication Barriers**

Include, but not limited to, absence of TTY (teletype machine) or the absence of materials in a language or format that is understood by the persons served, having a website that is difficult for individuals to navigate, etc.

## **Transportation Barriers**

Barriers include, but not limited to, persons unable to reach services locations or being unable to participate in full range of services/supports and activities offered.

## **Community Integrations**

Any barrier that would prevent the persons served from returning to full participation in their community of choice. Another barrier to community integration might be the involvement of the persons served in the criminal justice system which would impact employment, housing, etc.

**Other barriers** identified by the person served, personnel, and/or stakeholders.

Center/Department: \_\_\_\_\_

Staff Name: \_\_\_\_\_

**Category of Barrier to Access:** \_\_\_\_\_

	Barrier(s) Identified	Month/Year Barrier(s) Identified	Steps to Remove Barrier(s)	Progress Made on Barrier(s)	Completion Date (If unknown Use TBD)	Reason Barrier(s) was not Removed
Short-Term (less than 3 months to complete)						
Long-Term (more than 3 months to complete)						

**Specific Request for Modification:**

Person Making Request:	
Date of Request:	Received By:
Is Paladin able to accommodate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Details:
Date of Decision:	Decision Made By:
Date of Notification:  Method: <input type="checkbox"/> Telephone <input type="checkbox"/> E-Mail <input type="checkbox"/> US Mail <input type="checkbox"/> In Person	Contact Information of Person Notified: