



**Opening Doors to Community Service
Accommodation Assessment
2009-2010**

This survey is to assist the Montana Commission Opening Doors Project in assessing specific accommodation needs of AmeriCorps members and providing appropriate training and technical assistance to AmeriCorps Program Directors.

Instructions: Do not identify yourself by name or number on this form. Please check the box or boxes that apply to you.

#1. In which AmeriCorps program are you a member?

- Jobs for Montana Graduates Foundation
- Montana Campus Corps
- Montana Conservation Corps
- Montana Making \$ense
- Literacy Support Corps

#2. Are you a:

- First year AmeriCorps member
- Second year AmeriCorps member

#3. If you are a first year AmeriCorps member; how long have you been enrolled?

- 0 to 6 months
- 6 months to 1 year

#4. Which of the following impairments substantially limits one or more of your major life activities, or you have a record of, or are regarded as having such impairment.

- | | | |
|---|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Prefer not to report | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Anxiety Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Pulmonary Disability | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Amputation | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Deaf/ Hard of Hearing | <input type="checkbox"/> Chemical or alcohol Dependency |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Environmental Sensitivity | <input type="checkbox"/> Muscular Dystrophy | |
| <input type="checkbox"/> Visual (Wearing glasses may or may not identify an impairment.) | | |
| <input type="checkbox"/> Other (specify)_____ | | |

- **PLEASE CONTINUE. Read all questions until the end of the survey.**

Persons with disabilities may require a reasonable accommodation to provide service in an AmeriCorps program.

Reasonable Accommodation (A reasonable accommodation is a modification or adjustment to a member's service experience; flexible service schedule, swapping tasks, architectural changes to access service sites, etc.)

A reasonable accommodation enables a qualified individual with a disability equal opportunity to provide the same service as AmeriCorps members without disabilities by providing the member with the means of attaining the same level of performance or enjoying equal benefits and privileges from providing service as are available to members who do not have a disability.

#5. Have you requested a reasonable accommodation?

- Yes No An accommodation is not needed so not asked for.

#6. If you asked for a reasonable accommodation has the AmeriCorps program provided you with a reasonable accommodation to assist you in fully participating in the program?

- Yes No

Reasonable Accommodation (Auxiliary Aids/Services and Alternative Formats Printed Material) Designed to assist you in providing service and benefiting from the AmeriCorps program for example; a CCTV to enlarge print, amplified audio listening device, a person who reads to you, a sign language interpreter material on audiotape or print is enlarged.

#7. Have you requested, because of your disability, auxiliary aids/services or alternate formats/ printed material?

- Yes No

#8. If you requested an auxiliary aid/service or alternate format/printed material, was it provided?

- Yes No

Thank you for completing this survey. Please return it to the designated personnel.

To make additional comments regarding your service experience please visit our website at http://mt.gov/mcsn/opendoors/od_default.asp and email kbean@mt.gov.