



## 2013 ServeMontana Accommodation Assessment

This survey is to assist the Governor's Office of Community Service (OCS) in assessing the accommodation needs of National Service members in Montana. The information collected helps OCS to provide appropriate training and technical assistance to National Service 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 National Service program are you a member?

- |   |  |
|---|--|
| <input type="checkbox"/> AmeriCorps State | <input type="checkbox"/> AmeriCorps National |
| <input type="checkbox"/> AmeriCorps VISTA | <input type="checkbox"/> Senior Corps        |

Program Name \_\_\_\_\_

2. Are you a:

- First year member
- Second year member
- Third/Plus year member

3. What city or region is your host site?

- City \_\_\_\_\_
- Region \_\_\_\_\_

4. Please check any of the following conditions substantially limit one or more of your major life activities; you have a record of, or are regarded as having such impairment.

Definitions at: <http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

- |  |  |   |
|--|--|---|
| <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"/> Visual                         |
| <input type="checkbox"/> Bipolar disorder      | <input type="checkbox"/> Autism                    | <input type="checkbox"/> Diabetes                       |
| <input type="checkbox"/> Learning Disability   | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> HIV/AIDS                       |
| <input type="checkbox"/> Cerebral Palsy        | <input type="checkbox"/> Cancer                    | <input type="checkbox"/> Muscular Dystrophy             |
| <input type="checkbox"/> Spinal Cord Injury    | <input type="checkbox"/> Environmental Sensitivity | <input type="checkbox"/> Chemical or alcohol dependency |
| <input type="checkbox"/> Other (specify) _____ |  |   |

Persons with disabilities may require a reasonable accommodation to successfully complete their National Service program. For more info contact [serve@mt.gov](mailto:serve@mt.gov) or call 406-444-9077.

**Disclosure** can happen in a number of ways from an informal conversation to a formal, written request for an accommodation. It can also happen at any time during the term of service, from the interview, to months after becoming a member.

5. Have you disclosed a disability to any person in a supervisory position in your organization?

- Yes                       No                       N/A

**Reasonable Accommodation:** A reasonable accommodation is a modification or adjustment to a member's service experience, schedule, tasks, or service site, etc.

A reasonable accommodation enables a qualified individual with a disability equal opportunity to provide the same level of performance, enjoy equal benefits, and receive equal privileges from National Service as members who do not have a disability.

**Note:** Reasonable accommodations may include auxiliary aids/services, CCTV, an amplified audio listening device, a sign language interpreter, materials on audio tape, enlarged text documents, or alternative formats of printed materials

6. Have you requested a reasonable accommodation? (auxiliary aids, alternative materials, etc.)

- Yes                       No                       N/A

7. If you requested a reasonable accommodation was it provided?

- Yes                       No                       N/A

8. When you applied to serve in your program were you aware of the availability of reasonable accommodations?

- Yes                       No

9. If provided did the reasonable accommodation allow you to fully participate as stated in the definition above?

- Yes                       No                       N/A

10. Are you interested in learning more about disability inclusion?

- Yes                       No

If yes what would be the most convenient way for our office to distribute information?

- E-mail                       Newsletter                       In person training  
 Conference sessions                       Website Posts

Thank you for completing this survey!

**Please return the completed survey to your program director or mail directly to:**

Governor's Office of Community Service

PO Box 200801

Helena, MT 59620

To make additional comments visit [serve.mt.gov](http://serve.mt.gov), email [serve@mt.gov](mailto:serve@mt.gov), or call 406-444-9077.