

## **COMMUNITY OUTREACH QUESTIONNAIRE**

Please return this questionnaire by June 7, 2017

This questionnaire is also available, by request, in an alternate format.

Capitola is a very walkable/bike rideable community. We are collecting information on how people use our sidewalks and paths to travel through town. This process is part of the ADA Self-evaluation and ADA Transition Plan for City facilities in compliance with the Americans with Disabilities Act (ADA).

This questionnaire is one of many ways that the city is identifying and defining accessibility needs as part of its process to provide more accessible programs, activities and services.

We want to better understand how you use the facilities we intend to improve. We welcome comments as well as answers to the questions below. Any information provided to us will help strengthen the final recommendations for policies and procedures that will result from these efforts. Please feel free to attach additional pages, where necessary.

1.	In your experience in Capitola, have you encountered physical barriers or difficulties using the sidewalks or pedestrian paths (steep paths, broken sidewalks, absence of traffic signals, trip hazards or spots where no paved path is provided)? If yes, please describe the location and situation that caused the difficulty.
2.	Do you use City sidewalks or walkways to get around as a pedestrian? $\hfill \square$ Yes $\hfill \square$ No
3.	Do you walk/travel around your neighborhood, to nearby transit stops using city sidewalks, or city buildings/parks?  □ Neighborhood □ Bus Stops □ City facilities □ Local shops, restaurants, etc.
	☐ Neighborhood ☐ Bus Stops ☐ City facilities ☐ Local shops, restaurants, etc.
4.	Which neighborhood do you live in?
5.	Do you use City programs, services or activities (Twilight Concerts or movies at the beach on Esplanade Park, Opera on the Beach or Camp Capitola or classes at

the Community Center)?



6.	☐ Yes ☐ No  Are there City facilities that you cannot reach due to issues with the sidewalk or pathways leading to them (buildings, parks or other city facilities)?
7.	Can you describe barriers or difficulties that prevent or complicate access to City programs, activities or services provided? If you have, then please describe:
8.	Have you ever used the "Submit a Service Request" link on the City website to inform us about a street or sidewalk issue? If yes, was the response useful?
9.	Can you suggest improvements to City facilities that would improve access?
10.	Do you have other suggestions for improving mobility to or around City facilities to encourage full participation in our programs, activities or services?
	Thank you for taking the time to fill out this questionnaire!
	We would appreciate completion of the information below. This information is optional. If completed, it will provide our team the opportunity to contact you for further comment and to notify you of future disability-related events.
	☐ My responses may be published
	Name:
	Address:
	Phone Contact:
	E-mail Address:

Coordinator, 420 Capitola Ave., Capitola, Ca 95010

E-mail address: bvanson@ci.capitola.ca.us

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Please mail or e-mail to: City of Capitola, Attn: Brian Van Son, CBO, Accessible