



City of Revere

Commission on Disabilities

Accessibility Survey

A. Disability Information

1. Did you or do you need any assistance filling out this form? (Please contact our office at 781-286-8267 if you do not have anyone available to assist you)

- Yes**
- No**

2. Please choose your connection with disability issues. (Check all that apply)

- I am a Person with a Disability**
- I am a Family member of a person with a disability**
- I am an advocate or professional who works with people with disabilities**
- Other**

3. What type of disability do you/ your family member have? (Check all that apply)

- Intellectual or Developmental Disability**
- Psychiatric or Mental Health disability**
- Physical or Mobility Disability**
- Blind or Low Vision**
- Deaf or Hard of Hearing**
- Learning Disability or ADHD**
- Cognitive Disability (e.g., Traumatic Brain Injury or Stroke)**
- Chronic Health Condition**
- Other (Please Specify)**

B. Introduction

1. Do you know that the Commission on Disabilities has live televised meetings on the second Tuesday of each month where the public is welcome to attend?

- Yes**
- No**

2. Do you use the City of Revere website – www.revere.org for information along with accessing the Disability Departments Page for information?

- Yes**
- No**

3. Have you experienced any barriers while using the reve.re.org website?

- Yes
- No
- N/A

4. If so, please explain the features of the reve.re.org website that have not worked for you.

5. Do you use social media?

- Yes → If yes what types _____
- No

6. Do you use a Smartphone?

- Yes
- No

7. Do you use email?

- Yes → Email Address (optional) _____
- No

C. Pedestrian Access-Please let us know about your experiences with accessibility in the following types of public spaces:

1. Do you rely on accessibility features related to these aspects of the public right of way? (Please check all that apply)

- Sidewalks
- Curb ramps
- Audible Pedestrian Signals (APS)
- Intersections/Crosswalks
- Accessible HP Parking Spaces

2. Please select which of the following create barriers to your access as a pedestrian. (Please check all that apply)

- Broken sidewalks
- I cannot reach the button for a walk signal
- No curb ramps
- Snow / ice clearing deficiencies
- Street obstacles, such as garbage barrels
- Malfunctioning Audible Pedestrian Signals (APS)
- Sidewalk/utility construction activities that cause sidewalk closures
- Something else

3. Is there anything else you want to tell us about pedestrian access and public spaces?

D. HP Accessible Parking

1. I have a Disabled Placard or Plate from the Registry of Motor Vehicles (RMV).

- Yes** → Placard or Plate Number and State _____
- No**

2. I know how to apply for an Accessible Parking Space from the City of Revere.

- Yes**
- No**
- N/A**

3. I have an Accessible Parking Space (HP space) at my address in front of my home.

- Yes** → Address: _____
- No**

4. I know how to report Disabled Placard abuse.

- Yes**
- No**

5. I know where to find accessible parking in my neighborhood.

- Yes**
- No**
- N/A**

6. There are usually accessible parking spots available in my neighborhood.

- Yes**
- No**
- Not sure**
- N/A**

7. Is there anything else you want to tell us about accessible parking?

E. Transportation

1. I use forms of transportation *other than* a personal vehicle some or all of the time.

- Yes**
- No**

2. There are public transportation options in my neighborhood.

- Yes**
- No**
- Not sure**
- N/A**

3. The public transportation options in my neighborhood are accessible.

- Yes**
- No**
- Not sure**
- N/A**

4. Please tell us more about how you use transportation. (Mark your uses with X)

	I use this form of transportation	I can access this form of transportation without physical barriers	I can access this form of transportation without communication barriers	I am able to bring my service animal on this form of transportation
Subway				
Buses				
Commuter rail				
The RIDE				
Revere Senior Shuttle				
Uber or Lyft				
Other Agency				

5. Is there anything else you want to tell us about transportation?

F. Employment

1. Do you currently work? (Optional)

- Yes**
- No**
- N/A**

2. Have you worked in the past?

- Yes**
- No**
- N/A**

3. Is your current/past employment full time?

- Yes**
- No**
- N/A**

4. If you do not work, is it because of accessibility barriers?

- Yes**
- No**
- N/A**

G. Demographic Information**1. Gender**

- Male**
- Female**
- Transgender Male/Transman/FTM**
- Transgender Female/Transwoman/MTF**
- Genderqueer**
- Prefer not to answer**
- Additional category (please specify)**

2. Age of Disabled Person

- 0-5**
- 6-15**
- 16-22**
- 23-35**
- 36-45**
- 46-59**
- 60-74**
- 75+**

3. Do you use a language other than English at home?

- Yes**
- No**

4. If so, please write the name of the language here: _____

5. Which of the following best describes your race/ethnicity? (Check all that apply). (Optional)

- White/Caucasian
- Black/ African-American
- Hispanic/Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other (please specify)

I. Please Include Your Contact Information If you would like to Be Added into our Disability Database for Future Updates or Services-(Please Print) NOTE: Your Information is Private and will greatly benefit our Office.

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Thank You

Please Mail or Drop off Your Completed Survey to the Mayor's Office at 281 Broadway or to Revere Commission on Disabilities

C/O Veterans Services Office

American Legion Building

249R Broadway Revere, MA.

781-286-8267

disabilities@revere.org