

Town of Lancaster - Commission on Disability (LCOD)
Community Survey

Please fill out and return mail this Survey to: Lancaster COD c/of Lancaster Town Clerk, 701 Main Street, Suite 2, Lancaster, MA 01523, or leave it in the outside drop box at the rear door of the Town Hall Prescott Building

The LCOD is soliciting your input/ assistance to hopefully create a more inclusive, enhanced quality of life for Lancaster residents with disabilities. The information you provide will be strictly held as confidential and only discussed in aggregate when reviewing overall results with town officials. Personal identities of survey participants will not be shared or divulged with anyone, including town officials.

1. How would you rate the following? Please circle one (Excellent, Good, Fair, or Poor)					
a. Sidewalks are safe for pedestrians, and mobility devices	Excellent	Good	Fair	Poor	Comments:
b. Separate pathways for bicyclists and pedestrians	Excellent	Good	Fair	Poor	Comments:
c. Safe and accessible recreation areas for everyone <u>to enjoy</u>	Excellent	Good	Fair	Poor	Comments:
d. Public buildings/spaces and businesses, including restrooms, are accessible to people of different physical abilities	Excellent	Good	Fair	Poor	Comments:
e. Adequate benches for resting in public areas such as parks, along sidewalks, and around public buildings	Excellent	Good	Fair	Poor	Comments:
Other/ Please Comment/ Make Recommendations:					

2. How do you rate our community on the following? Please circle one (Excellent, Good, Fair, or Poor)					
a. Community information is in one central easy-to-access source	Excellent	Good	Fair	Poor	Comments:
b. Community information is clearly displayed and in large print	Excellent	Good	Fair	Poor	Comments:
c. Community information is available in different languages	Excellent	Good	Fair	Poor	Comments:
Other/ Please Comment/ Make Recommendations:					

3. Would you turn to the following for resources if you, a family member or friend needed information about caregiving, home delivered meals, medical transport, home repair, or social services? Please circle one: Yes, No or Not sure				
a. Local government resources such as the Board of Health	Yes	No	Not Sure	Comments:
b. Internet (list below - i.e., town website, Facebook page etc.)	Yes	No	Not Sure	Comments:
c. Family or friends	Yes	No	Not Sure	Comments:
d. Faith-based organizations such as churches or synagogues	Yes	No	Not Sure	Comments:
e. Lancaster Community Center	Yes	No	Not Sure	Comments:
f. Lancaster Commission on Disability	Yes	No	Not Sure	Comments:
g. Other resources (please state in comments)	Yes	No	Not Sure	Comments:
Other/ Please Comment/ Make Recommendations:				

Demographics:

1. Please circle your gender:			
Female	Male	Other	Prefer not to Answer

2. Please state the number of persons in your household in each age group:				
< 18	18-30	31-50	50-65	>65

3. Do you, your spouse, partner, or other household member have some form of disability?		
Yes	No	Optional/ Voluntary: If yes, please stipulate or describe the disability:

The Lancaster Commission on Disability **THANKS YOU** for participating in this survey. Your input will be useful in assisting the town to ensure that our community is inclusive and values people of all abilities.

If you would like more information about the LCOD or would consider becoming a volunteer, please put an "X" in this box and complete the information at the bottom of this form.

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If you would prefer to discuss your survey responses with a member of the LCOD, please put an "X" in this box and complete the information at the bottom of this form.

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Name _____

Phone/Cell _____ Email _____