

Co-op Name:

Unit number

Member Survey (optional)
Anticipating needs to accommodate disabilities

Please note: This survey is created only to collect general information about needs for upgrades in the co-op in the next five years. Completing the survey does not represent a formal request to the board. If you have or anticipate needs for accommodation, please put them in writing to the board.

If you intend to reside in the co-op for the next five years, please indicate if you anticipate any difficulties with tasks of daily living in that time:

1. Do you have, or anticipate having, any physical disabilities? YES/NO (if no, you can skip to number 5) **YES** **NO**

Unit Requirements

2. If you answered “yes” to number 1, what changes to your unit do you think you might need in order to help with any physical challenges?

- a) Bathroom wall grab bars
- b) Wheel-in shower
- c) Automatic door
- d) Levers instead of doorknobs on doors
- e) Levers on taps
- f) Lowered counters and fixtures
- g) Other (please describe)

3. Do you have any other challenges that might require some adaptation of your unit, i.e. sight, hearing, etc.? If so, please describe the challenge and required adaptation(s):

Common Area Requirements

4. Do you anticipate requiring any adaptations in the common areas of the co-op?

- a) Levers instead of doorknobs on doors
- b) Levers on taps
- c) Door operator
- d) Ramp or other accommodations (elevator, stair lift) or a need to move to unit on the ground level with no need to take stairs
- e) Larger text on signs
- f) Levelling of sidewalks
- g) Better lighting in certain areas
- h) Other (please describe)

5. Please return this form to email: