

**AUDRAIN DEVELOPMENTAL DISABILITY SERVICES (ADDS)
BARRIER REMOVAL NEEDED
ACCESSIBILITY**

What barrier needs to be addressed? _____

Name of Facility? _____ Date: _____

Why did you notice the barrier? _____

Did the barrier allow the person receiving services/Employee/Community, etc. to participate in the activity? _____

Do you have any suggestions how to correct the barrier? _____

Would you like to be contacted after the barrier is improved? _____

Contact information? _____