

## SUMMARY OF INACCESSIBLE FEATURES - PLAN OF CORRECTION

Facility Name \_\_\_\_\_ Address/Site Location \_\_\_\_\_

Work Sheet Completed by \_\_\_\_\_ Telephone \_\_\_\_\_ Date Completed \_\_\_\_\_

Contact Person and Telephone # \_\_\_\_\_

Please Keep a copy of this form and plan of correction with your Licensing Material.

Possible survey elements (listed as reminders only)	Description of Barriers	Change Necessary	Cost Estimate & Person Responsible	Implementation Schedule	Date Completed
<b>Accessible Entrance Into Facility</b> Path of Travel Ramps Parking & Drop off areas Entrance Emergency Egress Signage Other				2003    2004	
<b>Access To Programs</b> Horizontal Circulation Doors Rooms and Spaces Signage Controls Seats, Tables and Counters Vertical Circulation Stairs Elevators Lifts					
<b>Access to Rest Rooms, Getting to Rest Rooms..</b> Doorways and Passages Stalls Lavatories Signage Other					
<b>Other Elements</b> Drinking Fountains Telephones Alarms Other					

Please return to: Licensing Specialist, Dept. of Behavioral and Developmental Services, Marquardt Building, 3rd Floor, 165 State House Station, Augusta, ME 04333

Please complete this form only if you are unable to meet full ADA Compliance at your site within the next year.

PROGRAM ACCESS OPTIONS

Agency \_\_\_\_\_ Site Location \_\_\_\_\_

Address \_\_\_\_\_

Worksheet completed by \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

<b>Location(s) where Program Occurs</b>	<b>List significant barriers</b>	<b>Access options S=structural NS=nonstructural</b>	<b>Detail nonstructural Solutions (Use next page for structural solutions)</b>	<b>Schedule of nonstructural changes</b>

Please complete this form only if you have structural barriers that you are unable to complete within the next year, or if you are Claiming undue burden.

Agency \_\_\_\_\_ Total number of Sites \_\_\_\_\_

This page completed by \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

A) STRUCTURAL MODIFICATION TO BE COMPLETED (USE ADDITIONAL SHEETS IF NEEDED)

Facility	Description of Structural Changes	Cost Estimate	Reason for Delay and anticipated completed date

B) MODIFICATIONS NOT TO BE IMPLEMENTED (USE ADDITIONAL SHEETS IF NECESSARY)

Facility	Description of Structural Changes	Cost Estimate	Explanation of undue burdens and steps to be taken in lieu of barrier removal.	Date of Re-evaluation to determine if changes can now be made.