

ACCESSIBLE RHODE ISLAND Assessment Sheet

MS Dream Center 401-383-8878 www.access-ri.org

Please return completed form via email to: ekreutler@access-ri.org

or mail to: MS Dream Center of Rhode Island, P.O. Box 20185, Cranston, RI 02920

NAME OF FACILITY _____

TYPE OF FACILITY _____

ADDRESS _____

CONTACT PERSON _____

TELEPHONE _____ EMAIL _____

WEBSITE _____

survey all floors where participants access (ramps, lifts, bathrooms)

CIRCLE or FILL IN THE FOLLOWING IF FOUND ADA ACCESSIBLE

P Accessible Parking is marked with appropriate painted wheelchair symbol and is 8'0 wide _____

V Van/Valet Parking is indicated by an additional 5' space that is marked with yellow diagonal lines indicating adequate space for vans/minibuses _____

R Route from parking to entrance of facility must have curb cuts, elevated ramps OR a level path of travel must be established

M Main Entrance at least 32" wide – must be measured from inside the door frame _____

B Bathroom – next page

Date _____
Assessor _____
Telephone _____

