

ATTENTION

To: All Members, Groups, Areas, and Regions
From: The WSC Additional Needs Ad-Hoc Committee

We need you and your input to help us complete our primary purpose as defined as: "As method of reaching those still suffering addicts who for whatever reason are unable to receive the message carried by N.A. in the conventional ways."

Enclosed please find a questionnaire which better assists us in understanding the needs of your particular area. We request that the information enclosed be read by you, and that the questionnaire be filled out and returned to us at the enclosed address as soon as possible.

We thank you for this effort. If you have any questions please contact the WSO attention Additional Needs Ad-Hoc Committee.

Yours in service,



Bill Zimmerman, Chairman
WSC Additional Needs Ad-Hoc
Committee

Instructions:

Please answer the following questions in order that your Regional Additional Needs Committee can best serve your group.

Area: _____

Group Name: _____

Group Location: _____

Name of Meeting Hall: _____

Meeting Day: _____

Time: _____

Type of Meeting: _____

1. Our Group Officers:

- _____ Sign Language Interpreters
- _____ Deaf/Blind Interpreters
- _____ Foreign Language Interpreters for _____
- _____ Computer Monitored Meetings for Deaf
- _____ Special Seating Arrangements
- _____ None of the Above

2. Is your group willing and able to provide any of the above?

_____ Yes _____ No If yes--what? _____

3. Is your group financially able to provide any of the above?

_____ Yes _____ No If yes--what? _____

3. Does your meeting hall offer any of the following?

- _____ Wheelchair ramps into hall
- _____ Accessible restrooms
- _____ Accessible parking
- _____ People to assist entry and exit of wheelchair bound
- _____ Telephone _____ TTY for the Deaf
- _____ Other _____

5. Is there potential for your meeting to become more accessible?
_____ Yes _____ No If yes explain _____

6. If your group and hall meets any of the above criteria for any accessible meeting, are you willing to be listed as such in a Coded Regional and Area Meeting List?

_____ Yes _____ No If yes--Complete the following:

We wish our group to be listed as offering the following handicapped services (refer to the lists in question 1 & 4)

7. Are there any members of your group who are interested in becoming involved in the Regional Additional Needs Committee?

_____ Yes _____ No If yes, please list on the back of this sheet. Name, Address & Phone.

PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO:

World Service Office, Inc.
Attn: Additional Needs Ad-Hoc Committee
P.O. Box 9999
Van Nuys, CA 91409