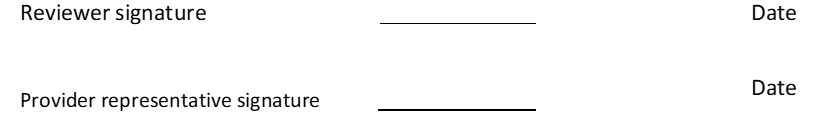
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| **Instructions:** This form should be typed or completed legibly in blue or black ink. If you need additional space, please attach additional sheets, which reference the question(s) being answered. For more information, please contact us at: **Credentialing** **Department - (541) 298-2101 and/or** [**credentialing@GOBHI.org**](mailto:credentialing@GOBHI.org)  **Once completed submit this document to:** [credentialing@GOBHI.org](mailto:credentialing@GOBHI.org) | |
| **Provider Name:** | |
| **Provider staff member completing this form:** | |
| **Provider staff member email:** | **Provider staff member telephone:** |
| **Address:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Accessibility** | **Yes** | **No** | **N/A** |
| 1. Access for disabled persons is adequate (meets ADA). |  |  |  |
| 2. Restroom facilities are available. |  |  |  |
| 3. Restroom facilities are available for disabled persons (meets ADA). |  |  |  |
| 4. The office address is clearly visible. |  |  |  |
| 5. There is adequate parking available for disabled persons. |  |  |  |
| 6. There is adequate emergency exit. |  |  |  |
| 7. For multi-floor buildings, there is elevator access for disabled persons. NA, if single story building. |  |  |  |



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| EOCCO Attestation: ADA Compliant  Organization Cover by Attestation: \_\_\_\_[AGENCY NAME]\_\_\_\_\_\_  Provider attests that their facility is ADA accessible.  By signing below, I attest that I have carefully reviewed the information provided on this Attestation Form and attest to its completeness and accuracy, and that I have the authority to sign this Attestation on behalf of the provider.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |