

Instructions

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (*) are mandatory.

A. Organization information

Organization category * Business or Non-profit	Number of employees range * 20-49 employees	Reporting year 2023
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Business details

Organization legal name * Niagara Falls Community Health Centre Inc	Number of employees in Ontario * Help 37
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Business number (BN9) * [Help](#)
856647557

Check if operating/business name is same as legal name

Organization operating/business name
Niagara Falls Community Health Centre

Sector that best describes your organization's principal business activity * [Help](#)
62 - Health care and social assistance

Subsector (if possible)

Industry group (if possible)

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country *

The fields below will change based on your selection.

Canada USA International

Type of address * Street address Street address served by route Other

Unit number	Street number * 4790	Street name * Victoria
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Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
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Postal code (e.g. A1A 1A1) *
L2E 4C2

Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country *

The fields below will change based on your selection.

Canada

USA

International

Type of address *

Street address

Street address served by route

Other

Unit number	Street number * 4790	Street name * Victoria	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code (e.g. A1A 1A1) * L2E 4C2			

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.

Organization category Business or Non-profit

Number of employees range 20-49

Filing organization legal name Niagara Falls Community Health Centre Inc

Filing organization business number (BN9) 856647557

Fields marked with an asterisk (*) are mandatory.

B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at ontario.ca/accessibility

Additional accessibility requirements apply if you are:

- a library board
- a producer of education material (e.g. textbooks)
- an education institution (e.g. school board, college, university or school)
- a municipality

C. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

Note: It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

Certifier: Someone who can legally bind the organization(s).

Primary Contact: The person who will be the main contact for accessibility issues.

Acknowledgement

I certify that all the information is accurate and I have the authority to bind the organization *

Certification date (yyyy-mm-dd) * 2023-04-28

Certifier information

Last name *		First name *		
Blundell		Laura		
Position title *	Position title other *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
Other	Executive Director	905-356-4222	234	
Email *		Alternate phone number	Extension	Fax number
lblundell@nfchc.ca				905-356-1636

Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name *	First name *
Sage	Bronwyn

Position title * Other	Position title other * Executive Assistant	Business phone number * 905-356-4222	Extension 222	<input type="checkbox"/> Check here if TTY
Email * bsage@nfchc.ca		Alternate phone number	Extension	Fax number 905-356-1636

D. Accessibility compliance report questions

Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response. If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

Customer Service

1. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? * Yes No

- Staff and volunteers
- People involved in developing accessibility policies
- People providing goods, services or facilities on behalf of the organization

(If Yes, please answer an additional question)

Read O. Reg. 191/11, s. 80.49: Training for staff, etc.

[Learn more about your requirements for question 1](#)

- 1.a. Does the training include all of the following: * Yes No

- A review of the purposes of the AODA?
- A review of the purposes of the Customer Service Standards?
- How to interact and communicate with persons with various types of disability?
- How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person?
- How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods, services or facilities to a person with a disability?
- What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?

Read O. Reg. 191/11, s. 80.49: Training for staff, etc.

[Learn more about your requirements for question 1.a](#)

Comments for
question 1.a

2. If there is a temporary disruption of goods, services or facilities used by persons with disabilities, does your organization give a notice of the disruption to the public? * Yes No
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 80.48 \(1\): Notice of temporary disruptions](#)

[Learn more about your requirements for question 2](#)

- 2.a. Does the notice of the disruption include all of the following? * Yes No

- The reason for the disruption?
- Its anticipated duration?
- A description of available alternative facilities or services (if any)?

[Read O. Reg. 191/11, s. 80.48 \(2\): Notice of temporary disruptions](#)

[Learn more about your requirements for question 2.a](#)

Comments for question 2.a We provide this information to our patients and those who have registered for our programs.

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3. Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? * Yes No
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 80.47 \(5\): Use of service animals and support persons](#)

[Learn more about your requirements for question 3](#)

- 3.a. Does your organization do all of the following before requiring a person with a disability to be accompanied by a support person on your premises: * Yes No

- Consult with the person with a disability?
- Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises?
- Determine that there is no other way to protect the health or safety of the person with a disability or others on premises?

[Read O. Reg. 191/11, s. 80.47 \(5\): Use of service animals and support persons](#)

[Learn more about your requirements for question 3.a](#)

Comments for question 3.a



Organization category Business or Non-profit

Number of employees range 20-49

Filing organization legal name Niagara Falls Community Health Centre Inc

Filing organization business number (BN9) 856647557

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards. **Your organization may be audited to verify compliance.**