

POLLING PLACE SURVEY

*The Protection & Advocacy
System for South Carolina*

Thank you so much for completing this survey. Your findings will help P&A to advocate for the voting rights of South Carolinians with disabilities. Please complete each item on this checklist. Then **fold, tape and mail** once completed. Again, **thank you!**

Date and Time: _____

Name of Surveyor: _____ Phone Number (optional): _____

Name/Address/County of Precinct: _____

_____ Are there clearly marked parking spaces with the wheelchair symbol? If so, how many? _____

_____ Is at least one space van accessible (striped area beside space, sign)?

_____ Is there a sign showing what to do if a person wants to vote at the curbside?

_____ If you voted curbside, did you experience any problems? If so, what type of problems?

_____ Is there a drop off area with a clear path of travel to an accessible entrance?

_____ Is there a sign showing how to get to an accessible entrance if the main entrance is not accessible?

_____ Is there a path from the parking area to the door that a person in a wheelchair can use?

_____ Is the path of travel clear for a person in a wheelchair in rainy weather? If not, what are the barriers (gravel, dirt, etc...)? _____

_____ Is the path of travel clear for a voter who is blind or has low vision? If not, what are the barriers (uneven pavement, tree branches, etc...)? _____

_____ Is there a ramp? If so, does the ramp have handrails? _____ Is the ramp slip-resistant with grippers, textured paint, etc...on the surface? _____

_____ What is the estimated distance from the parking place to the door?

_____ Can a person using a wheelchair get in the door without help?

_____ Is the door handle operable with a closed fist?

_____ Is the door easy to push and pull?

_____ Is there a clear path from the door to the voting area?

_____ Are there stairs and/or high thresholds on the path of travel?

_____ What is the estimated distance from the door, past the sign-in table, to the voting booth?

_____ Do items such as fire extinguishers project into the path of travel getting in the way of people who are blind? If so, what items? _____

_____ Does the facility have loose carpeting and/or loose floor mats?

_____ Is there a place to rest while waiting in line?

_____ Is voting information posted at the eye level of someone using a wheelchair?
_____ Is voting information available in Braille? (ask poll manager) If not, do poll managers read the information to people with visual disabilities? _____

If you observed any voters with disabilities encountering difficulties, please describe:

Add any other information that might have affected the ability of voters with disabilities to cast an independent, private ballot. _____

If you are a person with a disability, did you experience any problems with the new voting machines?

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 3002 COLUMBIA SC
POSTAGE WILL BE PAID BY ADDRESSEE



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



PROTECTION AND ADVOCACY
FOR PEOPLE WITH DISABILITIES INC
3710 LANDMARK DR STE 208
COLUMBIA SC 29204-9971

ATTENTION: Cindy Parker



How to Contact P&A

If you have any questions about this form, please contact **Cindy Parker** at **803-782-0639 ext. 236** or **1-866-275-7273 ext. 236** (toll-free). If you have any questions on Election Day, contact the P&A central office at the same number.

How to Return Survey

You may **fax** the form to the attention of **Cindy Parker** at **803-790-1946** or **mail** this survey by utilizing the self addressed stamped envelope feature – just **fold, tape and mail**. Or if you prefer, you may place the survey in an envelope and mail to: Protection and Advocacy for People with Disabilities, Inc./ 3710 Landmark Drive, suite 208/ Columbia, SC 29204.