

### 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
---	--	------------------------

#### Business details

Organization legal name * Cottage Country Family Health Team	Number of employees in Ontario * <a href="#">Help</a> 25
---	---

Business number (BN9) * <a href="#">Help</a> 850710393	<input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility
---	---

Check if operating/business name is same as legal name

Organization operating/business name Cottage Country Family Health Team
--

Sector that best describes your organization's principal business activity * 62 - Health care and social assistance	<a href="#">Help</a>
--	----------------------

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 2	Street number * 205	Street name * Hiram Street
------------------	------------------------	-------------------------------

Street type Street	Street direction	City * Bracebridge	Province * ON (Ontario)
-----------------------	------------------	-----------------------	----------------------------

Postal code (e.g. A1A 1A1) * P1L 2C1
---

#### 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 2	Street number * 205	Street name * Hiram Street	
Street type Street	Street direction	City * Bracebridge	Province * ON (Ontario)
Postal code (e.g. A1A 1A1) * P1L 2C1			

Organization category [Business or Non-profit](#)

Number of employees range [20-49](#)

Filing organization legal name [Cottage Country Family Health Team](#)

Filing organization business number (BN9) [850710393](#)

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](https://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) \* [2023-07-19](#)

### Certifier information

Last name *		First name *	
<a href="#">Johnston</a>		<a href="#">Lorraine</a>	
Position title *	Position title other *	Business phone number *	Extension <input type="checkbox"/> Check here if TTY
<a href="#">Other</a>	<a href="#">Executive Director</a>	<a href="#">705-646-9045</a>	<a href="#">101</a>
Email *		Alternate phone number	Extension Fax number
<a href="mailto:ljohnston@ccfht.ca">ljohnston@ccfht.ca</a>			

### Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name *	First name *
<a href="#">Johnston</a>	<a href="#">Lorraine</a>

Position title * Other	Position title other * Executive Director	Business phone number * 705-646-9045	Extension 101	<input type="checkbox"/> Check here if TTY
Email * ljohnston@ccfht.ca		Alternate phone number	Extension	Fax number

## 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

- 
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 [Cottage Country Family Health Team](#)

---

Filing organization business number (BN9) [850710393](#)

---

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.**