

DIRECTORY INFORMATION - FORM A

32-\_\_\_ (name of church) \_\_\_\_\_

Congregational mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Congregational telephone ( ) -

Congregational fax number ( ) -

Congregational address/location: \_\_\_\_\_  
(ONLY if different from mailing address)

Directions: \_\_\_\_\_

Congregational e-mail address: \_\_\_\_\_  
(Individual e-mail addresses should be entered below.)

Congregational web address: \_\_\_\_\_

Office	Current Mailing Address	Ministry Codes	New/Corrected Name/Address
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PASTOR		PA	

e-mail: ( ) - \_\_\_\_\_

PASTOR		PA	
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e-mail: ( ) - \_\_\_\_\_

MODERATOR		LM	
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e-mail: ( ) - \_\_\_\_\_

## Accommodations for Persons with Disabilities

Please mark *Yes* or *No* for each area of accommodation.



**Accessibility and Mobility.** The church's building and grounds are accessible to wheelchair users and others with disabilities. This includes parking, entrances, restrooms, worship space, and preferably classroom space. It might also include door handles and faucets that are usable for those with limited hand mobility.

Yes  No



**Hearing.** Assistive Listening Devices (ALD) and other aids are provided for individuals who are hard of hearing.

Yes  No



**Sign Language.** Sign language interpretation is provided to enable communication between hearing people and those who are deaf.

Yes  No



**Vision.** Lighting in the worship area is adequate, and large print is made available in printed materials or through visual projection.

Yes  No



**Disability Support.** The congregation promotes inclusion of people with disabilities and mental illness by supporting them through awareness-raising, education, support groups, and provision for individual differences in gifts, behavior, and learning styles.

Yes  No