

**Instructions**

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

Fields marked with an asterisk (\*) are mandatory.

**A. Organization information**

Organization category *	Number of employees range *	Reporting year
Business or Non-profit	20-49 employees	2020

**Business details**

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
West Carleton Family Health Team	20

Business number (BN9) * <a href="#">Help</a>
759722317

Check if operating/business name is same as legal name

Organization operating/business name	Language preference for communications *
West Carleton Family Health Team	English

Sector that best describes your organization's principal business activity *	<a href="#">Help</a>
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 \*  Canada  USA  International

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

Unit number	Street number *	Street name *
	119	Langstaff Dr P.O Box 218

Street type	Street direction	City *	Province *
		Carp	ON (Ontario)

Postal code *
K0A 1L0

**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 \*  Canada  USA  International

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

Unit number	Street number *	Street name *
	119	Langstaff Dr P.O Box 218

Street type	Street direction	City *	Province *
		Carp	ON (Ontario)

Postal code *
K0A 1L0

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 West Carleton Family Health Team	
Filing organization business number (BN9) 759722317	

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](http://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 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 permit people with disabilities who are accompanied by a guide dog or service animal to keep the animal with them while on your premises or using your services, unless otherwise excluded by law? \*  Yes  No

[Read Ontario Regulation \(O. Reg.\) 191/11 s. 80.47\(2\): Use of service animals and support persons](#)

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

Comments for question 1

2. If a person with a disability is accompanied by a support person, does your organization ensure that these persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while on your premises? \*  Yes  No

[Read O. Reg. 191/11 s. 80.47\(4\): Use of service animals and support persons](#)

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

Comments for question 2

3. Does your organization ensure that the required persons receive training on the accessibility standards for customer service? \*  Yes  No

[Read O. Reg. 191/11 s. 80.49\(1\): Training for staff, etc.](#)

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

Comments for question 3

4. Has your organization established a process for receiving and responding to feedback on the accessibility of its customer service and does it make information about the feedback process readily available to the public? \*  Yes  No

[Read O. Reg. 191/11 s. 80.50\(1-4\) Feedback process required](#)

[Learn more about your requirements for question 4](#)

Comments for question 4

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5. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Customer Service Standards? \*  Yes  No

[Read O. Reg. 191/11 Part IV.2 Customer Service Standards](#)

[Learn more about your requirements for question 5](#)

Comments for question 5

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**D. 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.

**E. 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 I have the authority to bind all organizations specified in Section A of this form, \*
- I certify that all the required information has been included in this report, and, \*
- I certify that the information in this report is accurate. \*

Certification date (yyyy-mm-dd) \* 2021-06-09

**Certifier information**

Last name * LeBouthillier		First name * Christian	
Position title * Director	Business phone number * 613-839-3271	Extension 121	<input type="checkbox"/> Check here if TTY
Email * chris@wcfht.ca	Alternate phone number	Extension	Fax number

**Primary contact for the organization(s)**

- Check if the primary contact is same as the certifier

Last name * LeBouthillier		First name * Christian	
Position title * Director	Business phone number * 613-839-3271	Extension 121	<input type="checkbox"/> Check here if TTY
Email * chris@wcfht.ca	Alternate phone number	Extension	Fax number