

Accommodation of Members of the Public with an ADA-Recognized Disability to Participate in Public Meetings

Act 393 of the 2023 Louisiana Legislative Session requires public bodies to accommodate Members of the public with a disability recognized by the Americans with Disabilities Act (“ADA”) so that those members of the public, or their designated caregiver, can participate during open public meetings through teleconference or video conference.

The Greater Ward One Waterworks District (the “District”) has adopted procedures for accommodating members of the public who have an ADA-recognized disability or their caretakers which include the following:

- (1) the process by which members of the public with an ADA-recognized disability, or their caretakers, are to notify the District of their desire to participate in a public meeting.
- (2) the documentation the District will require such members of the public to provide to show they have an ADA-recognized disability which results in a functional limitation caused by the disability which affects their ability to attend the public meeting.
- (3) the method by which public meeting(s) will be conducted to allow for public members of the public with an ADA-recognized disability to participate in the meeting.

Notification of District for Accommodation of Members of the Public with An ADA-Recognized Disability

A member of the public with an ADA-recognized disability or their caregiver who desires to participate in a public meeting of the District may contact FJ Armond the District’s President at (318) 255-7995 or email gwowwd@att.net, for information and guidance as to the procedures adopted by the District to facilitate participation in a public meeting.

Appendix A-1

Greater Ward One Waterworks District

Application For Members Of The Public To Participate Remotely In Public Meeting
And Medical Certification Of Disability

Applicant Information

Caregiver Information (if Caregiver will
attend meeting on behalf of Applicant)

Applicant Full Name

Caregiver Full Name (if applicable)

Applicant Address

Caregiver Address

Applicant Cell Phone Number

Caregiver Cell Phone Number

Applicant Email Address

Caregiver Email Address

Meeting/Agenda Information

*Name, date, and time of meeting you wish to
attend remotely*

Agenda item that you wish to speak on

Have you been diagnosed with a disability recognized by the Americans with Disabilities Act? yes no

Are you currently diagnosed with this disability? yes no

How does the functional limitation caused by your disability affect your ability to attend the public meeting? _____

Appendix A-1 (continued)

I am aware that submitting false or incomplete information on this form may subject me to penalties, including that I may be found ineligible to participate remotely in public meetings.

I hereby designate _____(name of caregiver, if applicable) to attend on my behalf.

Applicant Signature (or mark if unable to sign)

Date of Signature (mm/dd/yyyy)

Caregiver Signature (if applicable)

Date of Signature (mm/dd/yyyy)

Appendix A-2

Greater Ward One Waterworks District

Certification Of Medical Professional

1. I, _____ (Medical Professional's Name), am a medical professional and am currently licensed to practice in the United States of America in the field of _____.
2. My address is _____.
3. My office telephone number is _____.
4. I have examined and am familiar with _____ (name of applicant).
5. I confirm that _____ (name of applicant) has a current, clinical diagnosis of a disability that is recognized by the Americans with Disabilities Act.
6. I confirm that this diagnosis would affect the ability of _____ (name of applicant) to attend a public meeting in person.

Signature of Medical Professional

Date of Signature (mm/dd/yyyy)