#### Completing your accessibility compliance report

You must complete the mandatory fields on each page before you can move to the next page. Mandatory fields are marked with an asterisk (\*).

To start, save the form on your computer. Be sure to open the form with the latest version of Adobe Reader. You can save the form at any point in the process and return to it later. You may distribute the form within your organization for input before submitting.

#### You need the following to file your accessibility compliance report:

- · organization legal name
- 9-digit business number (BN9). This is the number that Canada Revenue Agency uses to identify your
  organization. You can find it on your federal or provincial tax return. If your organization does not have a business
  number (BN9), contact us to receive an AODA identifier to be used in place of a business number (BN9).
- organization category (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

**Note:** If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- · number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

## File for up to 20 organizations at once

You can use one form to file a report for up to 20 organizations. To do so, you need each organization's:

- legal name
- · business number (BN9) or AODA identifier
- number of employees in Ontario
- · address

Each organization must have the same:

- organization category
- number of employees range (e.g. 20-49, 50+)
- · certifier
- · answers to all of the accessibility compliance questions

If not, you will need to complete a separate form for each organization.

Note: Users of assistive technology should pull up a list of buttons to get a list of the links on the form.

#### Begin your report

Follow these steps to complete your form:

#### 1. Download and save the form

- Download and save the form on your computer
- Open the form with the latest version of Adobe Reader

#### 2. Enter your organization's information

Enter your organization's information then select Next

#### 3. Understand your requirements

• If you need information about the requirements, select the website link in **section B: Understand your accessibility requirements**. This will bring you to our website where you can see your requirements.

## 4. Certify your report

- Complete the Certifier Information section
- · The certifier must:
  - make sure all information on the form is complete and accurate
  - check the box to show they have authority to certify your organization
  - enter the certification date or select it from the drop-down calendar
- Enter your organization's primary contact. This is the person to be contacted if more information is needed. This person may be the certifier or a different person.

#### 5. Answer the questions

- The questions on the form are based on the requirements that apply to your:
  - organization category
  - number of employees range
- Select **Yes** (if you are in compliance) or **No** (if you are not in compliance) for each question. You may add comments in the comment box below each question.
- Each report question has links to:
  - the regulation section that is related to that question
  - helpful resources to help you understand and comply with the requirements
- Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- Review the accessibility compliance report summary.

#### 6. Submit your report

- You may save the form at any time by selecting the Save form button. When you are ready to submit your report, select the Save and Submit button. You will be prompted to save the form on your computer first and then it will be submitted.
- Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
  - a confirmation number
  - an accessible PDF copy of your report

**If you have not received a confirmation number** upon successfully submitting the form or have any questions, please contact the AODA Contact Centre (ServiceOntario) at:

Phone: 416-849-8276 TTY: 416-325-3408

## Alternate formats

If you need the accessibility compliance report in an alternate format, please email accessibility@ontario.ca.

Check if business address is same as mailing address

# 2023 Accessibility Compliance Report

#### 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 <a href="Integrated Accessibility Standards Regulation (IASR)">Integrated Accessibility Standards Regulation (IASR)</a> 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 <a href="IASR">IASR</a>, 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 \* Number of employees range \* Reporting year 20-49 employees **Business or Non-profit** 2023 **Business details** Organization legal name \* Number of employees in Ontario \* Help St. Jude Community Homes Inc. 40 Business number (BN9) \* Check this box if you have received an AODA identifier Help from the Ministry for Seniors and Accessibility 131769960 ✓ Check if operating/business name is same as legal name Organization operating/business name St. Jude Community Homes Inc. Sector that best describes your organization's principal business activity \* Help **Empty** 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 O USA International Street address Street address served by route Other Type of address \* Unit number Street number \* Street name \* 431 **Dundas** Street type Street direction City \* Province \* ON (Ontario) E (East/Est) Street **Toronto** Postal code (e.g. A1A 1A1) \* M5A 2B1 **Business address** (Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Country *						
The fields below will change based on your selection.						
O Canada ○ USA		<ul><li>International</li></ul>				
Type of address	* OStreet addre	ss C	Street address served by route	Other		
Unit number	Street number * 431	Street nam Dundas	e *			
Street type Street	Street direction E (East/Est)		City * Toronto		Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * M5A 2B1						



# 2023 Accessibility compliance report

Organization category Business or Non-profit					
Number of employees range 20-49					
Filing organization legal name	St. Jude Community Home	s Inc.			
Filing organization business r	number (BN9) 131769960				
Fields marked with an asteris	k (*) are mandatory.				
B. Understand your acces	ssibility requirements				
•	ents apply if you are:  cation material (e.g. textbooks)		.ca/accessibi	<u>lity</u>	
<ul> <li>an education institution (e.g. school board, college, university or school)</li> <li>a municipality</li> </ul>					
C. Accessibility compliar	nce report certification				
Section 15 of the <i>Accessibility fo</i> certifying that all the required inforganization(s).  Note: It is an offence under the Accessibility for certifier may designate a priotherwise the certifier will be the Certifier: Someone who can legal Primary Contact: The person we Acknowledgement	ormation has been provided and Act to provide false or misleading imary contact for the Ministry for main contact.  Fally bind the organization(s).	d is accurate, signed by a penglish grant of the second of	erson with au	thority to bind the	
	is accurate and I have the auth	nority to hind the organization	n *		
Certify that all the information is accurate and I have the authority to bind the organization *  Certification date (yyyy-mm-dd) * 2023-05-24					
Certifier information  Last name *  Zoulalian  Desition title *		First name * Carol			
Position title * Other	Position title other * Executive Director	Business phone number * 416-359-9241	Extension 222	Check here if TTY	
Email * czoulalian@sjch.ca		Alternate phone number	Extension	Fax number	
Primary contact for the organization(s)					
Check if the primary contact is Last name * Zoulalian	s same as the certifier	First name *			

Position title * Other	Position title other * Business phone num Executive Director 416-359-9241		Extension 222	Check here if TTY	
Email * czoulalian@sjch.ca		Alternate phone number   E	Extension	Fax numbe	er
D. Accessibility complian	nce report questions				
Instructions					
Please answer each of the follow	wing compliance questions.	Use the Comments box if you wis	sh to comm	ent on any re	esponse.
		which will open in a new browser to view relevant accessibility info			n the left to
Customer Service					
Does your organization prov persons with disabilities to the		goods, services or facilities to		Yes	○ No
<ul> <li>Staff and volunteers</li> </ul>					
•	oping accessibility policies				
<ul> <li>People providing goods, services or facilities on behalf of the organization</li> </ul>					
(If Yes, please answer an ad	dditional 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 inclu	de all of the following: *			<ul><li>Yes</li></ul>	○No
A review of the pure	poses of the AODA?				
A review of the purposes of the Customer Service Standards?					
<ul> <li>How to interact and</li> </ul>	d communicate with persons	with various types of disability?			
<ul> <li>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?</li> </ul>					
	ovider that may help with the	the provider's premises or otherw provision of goods, services or	rise		
	son with a particular type of o rider's goods, services or fac				
Read O. Reg. 191/11, s. 80.	49: Training for staff, etc.	<u>Learn more abou</u>	t your requi	irements for	question 1.a
Comments for					

2.	If there is a temporary disruption of goods, services or facilities used disabilities, does your organization give a notice of the disruption to (If Yes, please answer an additional question)		<ul><li>Yes</li></ul>	○ No
Re	ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	Learn more about y	our requirements	s for question 2
	<ul> <li>2.a. Does the notice of the disruption include all of the following?*</li> <li>The reason for the disruption?</li> <li>Its anticipated duration?</li> <li>A description of available alternative facilities or services (in Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary</li> </ul>	f any)? <u>Learn more about y</u>	Yes  our requirements	○ No s for question 2.a
	disruptions  Comments for question 2.a			
3.	Does your organization ever require a person with a disability to be a a support person when on your premises? * (If Yes, please answer an additional question)	accompanied by	○Yes	<ul><li>No</li></ul>
	ad O. Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about y	our requirements	s for question 3
su	oport persons			
	<ul> <li>3.a. Does your organization do all of the following before requiring disability to be accompanied by a support person on your pren</li> <li>Consult with the person with a disability?</li> <li>Determine a support person is necessary to protect the heap person with a disability or others on premises?</li> </ul>	nises: *	○ Yes	○ No
	<ul> <li>Determine that there is no other way to protect the health of person with a disability or others on premises?</li> </ul>	or safety of the		
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about y	our requirements	s for question 3.a
	Comments for question 3.a			



# **2023 Accessibility Compliance Report**

Organization category Business or Non-profit

Number of employees range 20-49

Filing organization legal name St. Jude Community Homes Inc.

Filing organization business number (BN9) 131769960

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.**