

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 * | Number of employees range * | Reporting year |
| Designated Public Sector | 50+ employees | 2021 |

Business details

| | |
|---------------------------|---|
| Organization legal name * | Number of employees in Ontario * Help |
| Santé Manitouwadge Health | |

| | |
|--|---|
| Business number (BN9) * Help | <input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility |
| 107661209 | |

Check if operating/business name is same as legal name

| |
|--------------------------------------|
| Organization operating/business name |
| Santé Manitouwadge Health |

| | |
|--|----------------------|
| Sector that best describes your organization's principal business activity * | Help |
| 62 - Health care and social assistance | |

| | |
|-------------------------|---|
| Subsector (if possible) | Industry group (if possible) |
| 622 - Hospitals | 6221 - General medical and surgical hospitals |

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 | Street number * | Street name * | |
| | 1 | Health Care Crescent | |
| Street type | Street direction | City * | Province * |
| | | Manitouwadge | ON (Ontario) |

Postal code (e.g. A1A 1A1) *

P0T 2C0

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 | Street number * | Street name * | Street type | Street direction |
| | 1 | Health Care Crescent | | |
| City * | | Province * | | Postal code (e.g. A1A 1A1) * |
| Manitouwadge | | ON (Ontario) | | P0T 2C0 |

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.

