

District _____
Special Needs Group Inventory

Group Name: _____
 Address: _____
 Contact Person (GSR or other): _____
 Phone #: _____

LITERAURE:	Braille	Large Print	Book on Tape	Foreign Language
<i>Big Book</i>				
<i>12 & 12</i>				
<i>Daily Reflections</i>				
<i>As Bill Sees It</i>				
Meeting Schedule				
Other:				

Interpreter:

Foreign Language (any group member that can/will speak another language to carry the message) _____

Hearing Impaired (any group member that can/will sign or has access to a TTY machine, phone for the deaf) _____

Nursing Homes: (does group regularly take meeting to an outside facility as part of the group's 12th step work)

Yes: _____ No: _____ Where ? _____

Barrier Free Architecture: (free from obstacles for handicapped or wheelchair bound individuals) ***refer to the wheelchair accessible requirements sheet***

Parking: Yes: _____ No: _____

Entrance: Yes: _____ No: _____

Restrooms: Yes: _____ No: _____