Accessible Client Service:

**Future State** Client Journey Map Template

# **Client profile**

****

## **Client's first name**

## **Persona**

* Age
* Type of disability
* Client need  / purpose for accessing our services

## **Disability symptoms**

* Medical condition preventing the client to easily access our services

# **Client journey channels**

## **Channel 1: Online**

| Client’s reality | Service improvements | Client experience |
| --- | --- | --- |
| Client`s functional limitations and emotional behaviours when using client interaction channels. | Assistive technology, policy & service design, and employee training that can reduce or eliminate the barriers within each respective channel. | Client’s perspective describing the service experience. |

## **Channel 2: Telephone**

| Client’s reality | Service improvements | Client experience |
| --- | --- | --- |
| Client`s functional limitations and emotional behaviours when using client interaction channels. | Assistive technology, policy & service design, and employee training that can reduce or eliminate the barriers within each respective channel. | Client’s perspective describing the service experience. |

## **Channel 3: In-person visits**

| Client’s reality | Service improvements | Client experience |
| --- | --- | --- |
| Client`s functional limitations and emotional behaviours when using client interaction channels. | Assistive technology, policy & service design, and employee training that can reduce or eliminate the barriers within each respective channel. | Client’s perspective describing the service experience. |