

Section 504 Self-Evaluation Form

Instructions

Subrecipients of the California Department of Housing and Community Development CDBG-CV, CDBG-DR, HOME, ESG, CDBG and CoC funds are required to complete a Section 504 self-evaluation and Section 504 transition plan. In many cases, an agency may have already completed such a review several years ago as required. If you have an existing self-evaluation and Section 504 plan in place, you should review your existing evaluation and plan, attach it to this completed form, make updates if needed to your existing transition plan, and maintain it in a readily accessible file for review during the program monitoring period.

This survey instrument is separated into three sections. All subrecipients are required to complete Part I and III. Subrecipients that employ 15 or more full time employees are required to complete Part I, Part II, and Part III. **All subrecipients** are required to complete the relevant portions of this survey and maintain this information in one file for public review and on-site monitoring.

Organization/Subrecipient Name: _____

Name of person completing self-evaluation:

Title of person completing this evaluation:

Email of person completing self-evaluation: _____

Date of Evaluation: _____

Project Name and Physical Location(s):

Describe the program including purpose, scope, activities and participants (include target populations if applicable, i.e. youth, seniors, homeless, etc.):

How many full time employees does your organization have? _____

When answering the following questions, check whatever statements apply to your agency and list any additional steps taken under "Other." The statements listed are some of the most common actions or procedures taken by agencies and are only listed in order to simplify the evaluation process.

Part I (to be completed by all subrecipients)

A. Notification/Communication

1. What Steps have been taken to make certain that all beneficiaries and employees are aware of their rights under Section 504?

_____ Policy Statement regarding Equal Employment Opportunity is posted in a prominent place for public notice

_____ It is our policy to discuss information concerning Section 504 during all employment interviews and to answer questions concerning applicant and employee rights

_____ An EEO/Affirmative Action Specialist is available to offer consultation to applicants for employment

_____ Public notices about meetings, hearings, etc. include a statement regarding accommodations for disabled can be made upon request

Other, Explain _____

Describe any policy that needs to be established as a result of this review:

2. How does your organization ensure that communication with disabled applicants, participants, and members of the public are as effective as communications with non-disabled individuals?

a. For any written materials produced on a program or service, indicate whether the following alternative formats are provided:

_____ Audio recordings

_____ Braille

_____ Readers

_____ Text and emails

_____ Mailed to home

_____ Large print

_____ Format

_____ Interpreter Other _____
assistance:

- b. How would a disabled person learn about these auxiliary aids and services, and how could they request such assistance from you?
- c. How will you ensure that meetings, hearings, and conferences are accessible for individuals with communication disabilities?
- d. Do you currently offer TDD (telecommunication device for the disabled) access or alternative methods within your communications system?
- e. Do persons with disabilities still use this device or is the technology outdated and no longer supported?
- f. Is 911 or E-911 emergency service offered within your jurisdiction?
- g. Do you have a toll-free phone number to access services and programs? If so, is it usable by persons with hearing impairments?
- h. Do you have any public telephones located within your facilities? If so, is at least one phone hearing aid compatible?
- i. Describe alternative actions that will be taken to provide the benefits or services to the maximum extent possible.
- j. If you determine that equally effective communication cannot be provided, please state why the service, program, or activity would be fundamentally altered or result in undue financial and administrative burdens

3. Are procedures in place to ensure that appropriate initial and continuing steps to notify participants, beneficiaries, applicants, etc. that you do not discriminate on the basis of disability are taken? YES NO If yes, check which actions apply:

- Public notice issued which contains a non-discrimination on the basis of disability statement.
- Agency letterhead
- Agency business cards
- Policy statement regarding non-discrimination on the basis of disability is posted in conspicuous places.
- Other (Explain): _____

B. Policies and Procedures

1. In the area of employment, can you ensure that no discrimination based on disability exists in your agency in the area of:

- Recruitment/advertising and the application process for employment? YES NO
- Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff, and rehiring? YES NO
- Rates of pay or any other form of compensation and changes in compensation? YES NO

Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists? YES NO

Leaves of absence, sick leave or any other leave? YES NO

Selection of financial support for training, including apprenticeships, professional meetings, conferences and other related activities, and selection for leaves of absence to pursue training? YES NO

Employer-sponsored activities, including social and recreational programs? YES NO

Any other term, condition, or privilege of employment? YES NO

2. What policies, procedures, or modifications have been taken to ensure that no qualified disabled person is denied the opportunity to participate in or benefit from services because of his/her disability and all qualified disabled persons are afforded opportunities to participate in or benefit from services provided to non-disabled persons:

_____ There is a policy in place to assure that appropriate assistance can be made available upon request.

_____ Application procedures have been developed for disabled individuals requiring special accommodations

_____ Physical accommodations have been made to accommodate disabled persons (water fountains, elevator buttons, pay phones, bathrooms, etc.)

_____ Other (Explain):

Are these policies written? YES NO If no, what actions are taken to ensure that they are maintained?

3. Identify any program qualifications, eligibility, admission requirements, or licensing standards that an individual must meet that might negatively affect individuals with disabilities. For each item answered that appears to have a negative effect, describe action(s) planned to reduce or eliminate the disparate impact.

a. Do you currently provide a qualified disabled individual the opportunity to participate in, or benefit from, the aid, benefit, or service you provide? Examples might include accessibility to the spectator seating area at the city's baseball field, or the rodeo arena at the county fairgrounds. Yes No

b. Do you provide opportunities for participation or benefit to the disabled, equal to opportunities afforded the population at large? Yes No

c. Do you avoid providing different or separate aids, benefits, or services to a qualified individual with a disability unless proven necessary to make them as effective as the aids, benefits, or services provided to others? Yes No

e. Do you allow qualified disabled individuals a full opportunity to participate in all local policy planning or advisory boards? This includes providing reasonable accommodations in the scheduling of time and/or location of meetings, use of auxiliary aids including guide dogs, etc. Yes No

4. Describe procedures established to ensure that no disabled person will be discriminated against as a result of methods of administration or through direct or contractual arrangements with your agency.

- _____ All contractors and subcontractors are made aware of Section 504 requirements and appropriate training is offered.
- _____ Language is included in agency contracts that ensures that contractors take steps to facilitate the participation of qualified individuals with disabilities in activity they operate on behalf of the agency.
- _____ During monitoring, contractor's/subcontractor's policies are reviewed for compliance with Section 504 requirements.
- _____ Other (Explain):

C. Program Accessibility

NOTE: One of the most effective approaches to examining service and program accessibility is to conduct a "client path analysis." This analysis is simply a walk-through of the process needed for a citizen to participate in a service you provide. There are generally two aspects to the analysis: (a) analysis of the physical path traveled, and (b) analysis of the administrative requirements of the service delivery (i.e. eligibility criteria, application procedures).

1. Are all qualified disabled persons given the opportunity to participate in or benefit from services or activities that your organization offers? YES NO

2. Check all actions which apply to your organizations policies on program accessibility:

- _____ Employment practices
- _____ Common areas (bathrooms, hallways, doors, meeting rooms, etc.) are accessible
- _____ Telecommunication Device for the Deaf (TDD) is available and advertised
- _____ All material relating to agency and services it provides can be made available in other formats (i.e. Braille, audiotape, etc.) upon request and public is aware that this service is available.
- _____ Public meetings are held in areas that are accessible.
- _____ Other (Explain):

3. Are any structural changes needed to make programs accessible? YES NO
 If yes, describe:

Describe alternatives to structural changes that have been used or considered (e.g. rescheduling or relocating activities, redesigning of equipment) in order to achieve program accessibility.

4. If the agency undertakes acquisition, rehabilitation, or construction of facilities with federal funds, is there a policy in place that ensures that such facilities will be accessible for persons with disabilities? (Carried out in accordance with the Uniform Federal Accessibility Standards (UFAS)): YES /NO

5. Describe any other policies, practices, or methods your agency has developed to include disabled persons in its programs and activities:

D. Emergency Evacuation

1. Describe how your agency notifies employees and members of the public of an emergency.

2. Are adequate policies/methods in place to ensure that individuals with disabilities can be accommodated in the event of an emergency? Please describe your policies, methods.

Part II (to be completed by subrecipients with 15 or more employees)

1. Do you have a written policy regarding non-discrimination on the basis of disability that is in compliance with HUD requirements?

Yes No

2. Does your Notice of Nondiscrimination include the following?

a. Contact information for your 504/ADA coordinator Yes No

b. How to request auxiliary aids or other services Yes No

c. That alternative formats are available Yes No

d. That a complaint grievance procedure has been adopted Yes No

4. Do you have a grievance procedure? Yes No

If you answered No, then you must adopt one for compliance with Section 504. If you answered Yes, does it include the following?

a. A statement allowing an individual to submit a grievance in alternative formats

Yes No

b. A time limit for filing a grievance Yes No

c. Information on how to also file a complaint through appropriate local, State or Federal agencies

Yes No

5. Who in your agency has been designated to coordinate grievance procedures?

6. Who is responsible for coordinating the agency's Section 504 responsibilities?

Part III Consultation (to be completed by all subrecipients)

What steps have been taken to consult with interested persons, including disabled persons or organizations representing disabled persons, in achieving compliance with Section 504?

_____ Disabled staff within agency consulted
Name of person consulted and date of consultation: _____

_____ Disabled program participants or beneficiaries consulted
Name of person consulted and date of consultation: _____

_____ Organization(s) representing disabled persons consulted
Name of organization and date of consultation: _____

Describe any alterations that need to be made within facilities or program design as a result of consultation:

To the best of my knowledge and belief, the statements made in this self-evaluation are true and correct and this document has been reviewed and authorized by the board of the agency I represent.

Printed Name and Title, Authorized Official

Signature, Authorized Official

Date