## CDBG-DR 7-4 SECTION 504 CHECKLIST

l.	A. TDD (Telecommunications Device for the Deaf)     Installed. Number:	Yes	No
	B. TDD# communicated to the public.	Yes	No
	C. TDD# included on all correspondence.	Yes	No
II.	A. Self-Evaluation Checklist     B. Handicapped groups/individuals involved.     List:	Yes Yes	No No
	C. Areas Evaluated:		
III.	Transition Plan for Structural changes/time change for compliance  A. Includes schedule for implementation.	Yes	No
	B. Includes name of person responsible for implementation.	Yes	No
	C. Includes persons/groups who assisted. List:	Yes	No
	D. Date Adopted		
	E. Are facilities now accessible.	Yes	No
IV.	Public Notice (15 or more employees)	Date Published/Broadcasted	
	A. Media Name		/Broadcasted
	<ul><li>B. Non-discrimination statement included.</li><li>C. 504 Coordinator identified. Name:</li></ul>	Yes	No
	D. Notice communicated to visually or hearing impaired.  Explain Response:	Yes	No
V.	Grievance Procedure (15 or more employees)		
	A grievance procedure for disabled persons (employees or citizens) as part of the personnel policies.	Yes	No