

## **SECTION 504 SELF-EVALUATION**

### **GENERAL REQUIREMENTS**

A self-evaluation must be prepared by the recipient in consultation with individuals with disabilities or organizations representing them.

Recipients with fifteen (15) or more employees must keep on file for at least three years:

- A list of interested persons consulted;
- A description of areas examined and any problems identified; and
- A description of modifications made and remedial steps taken.

### **ELEMENTS**

- Evaluation of current policies and practices relative to the 504 regulations.
- Modification of any policies and practices that do not meet the 504 requirements.
- Corrective action to remedy any discrimination found.

### **AREAS TO BE EVALUATED (All areas listed below may not apply)**

- Buildings or facilities for physical accessibility.
- Program outreach and communication.
- Eligibility and admission criteria and practice.
- Distribution and occupancy policy and practice.
- Percentage of accessible units.
- Employment (including pre-employment).
- Complaint processing procedures.

**SELF-EVALUATION FOR COMPLIANCE WITH SECTION 504  
FEDERALLY-CONDUCTED PROGRAMS**

**I. Introduction**

The U.S. Department of Housing and Urban Development (HUD) evaluates its own activities for compliance with the 1978 amendments to Section 504, which extend coverage to any program or activity conducted by an Executive Agency. What follows is a self-evaluation tool that grantees, subrecipients and developers may use to determine their current level of compliance. It may also be used to identify areas of potential non-compliance that must be addressed.

A. Office/Program to be evaluated:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

B. Individual completing evaluation:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

C. Disabled individual(s) assisting in the completion of the self-evaluation:

*Note: The person(s) assisting in the completion of the self-evaluation may be a person with an actual disability or a person affiliated with an agency that represents or is an advocate for persons with disabilities.*

Name(s): \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## II. Administrative Practices

### A. Staff information:

List steps to be taken to ensure that all staff involved in any aspect of this program (e.g., recruitment, admission, testing, public information, the conduct of the program, the provision of any services or benefits, etc.) are informed periodically of, and understand fully, your policy of nondiscrimination on the basis of disability.

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1. Do your organization's policies include a grievance procedure for persons with disabilities (employees and/or the general public)?

No ☐ Yes ☐

Describe:

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### B. Contracts, agreements and subgrants (e.g., housing management agencies, hotels, subgrantees, educational institutions, public meeting facilities, computer services, printing services, etc.)

1. Are entities with which you hold contracts, agreements, and/or subgrants aware of your policy of nondiscrimination on the basis of disability?

No ☐ Yes ☐

How?

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***If yes, attach a list of these entities, and the type(s) of service(s) performed, to this form.***

2. Do you require these entities to sign an "assurance of compliance?"

No ☐ Yes ☐

3. Have these entities been required to complete a self-evaluation of the programs and activities they conduct for you?

No ☐ Yes ☐

### III. Recruitment, Advertisement and Public Information

A. Do you engage in any of the following kinds of activities to recruit program participants or otherwise inform persons about the services provided?

	Yes	No
• Oral presentations/orientations	<input type="checkbox"/>	<input type="checkbox"/>
• Printed recruitment materials	<input type="checkbox"/>	<input type="checkbox"/>
• Printed informational materials	<input type="checkbox"/>	<input type="checkbox"/>
• Advertisements (radio, newspaper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

B. Do all materials and advertisements include a notice that you do not discriminate against persons with disabilities?

No ☐ Yes ☐

C. Is the general public notified of the existence and location of services, activities and facilities that are accessible to persons with disabilities?

No ☐ Yes ☐

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. If “outside” persons or organizations are involved in your recruitment, advertisement or information efforts, are they informed of your nondiscrimination policy?

No ☐ Yes ☐

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Do all public information materials “pass” the Printed Program Announcements Checklist (see Attachment 1)?

No ☐ Yes ☐

If no, list steps which need to be taken to ensure that all materials are modified accordingly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Are public information materials usable by persons with different kinds of disabilities? Are they being sent to or otherwise reaching persons with varying disabilities? In completing this section, use the Information Dissemination Checklist (see Attachment 2). List below the kinds of materials which are not accessible, the population they are not accessible to, and the steps needed to make them accessible.

Media Type	Target Population	Problem/Solution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. Are articles on the accomplishments of participants with disabilities publicized in the agency's publication?

No ☐ Yes ☐

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Are organizations representing persons with disabilities contacted for advice, technical assistance and referrals?

No ☐ Yes ☐

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Program Accessibility

A. Are inquiries made regarding disability status in order to make accommodations for persons with disabilities?

No ☐ Yes ☐

B. Is the information requested voluntarily, not used to affect any disabled person adversely, and kept confidential?

No ☐ Yes ☐

C. Is there an orientation program for new participants?

No ☐ Yes ☐

D. Have steps been taken to ensure that persons with visual and hearing impairments can understand the information, communicate with the staff and use the written materials provided during the orientation?

No ☐ Yes ☐

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Do you have a TDD (Telecommunications Device for the Deaf) installed?  
No ☐ Yes ☐

If yes, what is the number? \_\_\_\_\_

Is the TDD number communicated to the public?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is the TDD number included on all correspondence?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

F. List the specific activities that comprise your program: (e.g., orientation, intake, classroom training, meetings to provide information on HUD programs to the public, such as meetings to accept bids, etc.):

_____	_____
_____	_____
_____	_____
_____	_____

G. For each activity listed above, list those that are, or have the potential to be, inaccessible to persons with disabilities:

Activity	Reason
_____	_____
_____	_____
_____	_____
_____	_____

H. Describe steps to be taken to attain accessibility of those activities identified in "G" above, e.g., provision of auxiliary aids, use of alternative materials, special tools or equipment, modification of equipment, renovation of facility, moving program to another facility, etc.

Activity	Reason
_____	_____
_____	_____
_____	_____
_____	_____

I. Has a method been implemented for soliciting voluntary indications of disability status and requests for accommodations, i.e., channels for a disabled person to bring his or her disability to the attention of management?

No ☐ Yes ☐

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. From the following list of possible reasonable accommodations, check those which you would be willing to make for disabled program participants:

- Modifying written materials ☐
- Modifying meeting rooms ☐
- Making facilities accessible ☐
- Adjusting work schedule ☐
- Providing assistive devices ☐
- Providing readers and interpreters ☐
- Adopting flexible policies ☐
- Reassigning and retraining participants ☐
- Eliminating transportation barriers ☐
- Others, depending on the person's particular disability ☐

## V. Facilities

A. List all facilities, or portions of facilities, used to conduct your program.

Facility	Address
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. The Architectural Barriers Act of 1968 U42 U.S.C. 3151-4157 covers buildings owned, leased, or financed in whole or in part by or on behalf of the Federal Government. This means that all of HUD's Regional and Field Offices must comply with the Architectural Barrier Act. The applicable standard is the Uniform Federal Accessibility Standard (UFAS), (24 CFR Part 40). Buildings which are not HUD's own buildings, but which are being contemplated for use for a public meeting or training, etc., must be fully accessible but would not necessarily have to conform to the UFAS. Therefore, use the following method when evaluating facilities:

### 1. Financed by HUD:

Do the survey on-site using the Site Accessibility Checklist (see Attachment 3).

Complete the survey. If any single item on the checklist results in a "no" answer, **the facility will need to be further surveyed to see if the facility conforms to the UFAS.** Please contact DLG.

### 2. Facility planned for use (such as, for training, conferences, public meetings, etc.).

Go on-site and complete the Site Accessibility Checklist (Attachment 3) and the Meeting Logistics Checklist (Attachment 4). Once the survey is completed, if there is any "no" answers, meet with the responsible official at the facility to determine if these deficiencies can be corrected. If yes, have the corrections made before using (contracting with) the facility? If no, the facility would then be unacceptable and an alternative facility would have to be identified, surveyed, and so forth until a satisfactory facility is found.

C. Identify the person or agency who will be responsible for developing and implementing a corrective action plan for the elimination of the barriers identified in “B” (1 and 2) above: (Note: For facilities described in B2, the responsible Official is the person negotiating use of the facility, and if the facility can’t or won’t correct deficiencies, this person is responsible for securing alternate, acceptable facilities.)

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## **VI. Employment Practices**

<b>A.</b>	<u>Recruitment</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1.	Are disabled employees featured in promotional and recruitment advertising?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are contacts maintained with educational institutions which train persons with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are organizations which represent persons with disabilities contacted for advice, technical assistance and referrals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does all recruitment literature indicate that the program does not discriminate on the basis of disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b>	<u>Job Vacancies</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1.	Are all vacancy announcements reviewed to ensure that physical, mental and communication requirements are job related and accurately reflect job functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Are managers willing to consider reasonable accommodations for the disabilities of otherwise qualified applicants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**PRINTED PROGRAM ANNOUNCEMENTS CHECKLIST**

**Location**

**OK**

- Are posters placed in physically accessible locations? ☐
- Can small print of posted announcements be read from a wheelchair? ☐
- Can copies of written materials be reasonably obtained by individuals with disabilities? ☐
- Have disability groups been included in the dissemination process? ☐

**Printing**

- Are all words clearly legible? ☐
- Would color blind individuals be able to distinguish all content? ☐

**Graphics**

- Are representations of disabled individuals free of patronizing stereotypes? ☐
- Do graphics permit easy reading of content? ☐

**Content**

- Is all necessary program information included? ☐
- Are procedures for providing program access to disabled individuals stated clearly? ☐
- Is the 504 contact person's name, address and phone number listed? ☐

## INFORMATION DISSEMINATION CHECKLIST

	Target Population				
	Hearing Impaired	Visually Impaired	Mobility Impaired	Homebound/ Institution	Mentally Retarded
<b>Print Media</b> (List names as appropriate)					
Brochure					
Circular					
Poster					
Newspaper					
Newsletter					
Magazine					
<b>Broadcast Media</b> (list stations)					
Radio					
Television					
<b>Disability Organizations</b> (list names)					

**Note:** The goal is to develop a standard dissemination process that provides access to program information for qualified persons with disabilities.

## SITE ACCESSIBILITY CHECKLIST

This checklist is intended to be used as a relatively quick and easy guide to determine a building's physical accessibility. Detailed specifications for each area can be found in the Uniform Federal Accessibility Standards (UFAS).

Comments should be made on all "no" answers, and should include alterations that can or will be made, any insurmountable obstacles to accessibility, or other relevant circumstances and considerations.

<b><u>Parking</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
• Does the facility have designated parking spaces for disabled individuals?	<input type="checkbox"/>	<input type="checkbox"/>
• Are spaces of adequate width (13 feet)?	<input type="checkbox"/>	<input type="checkbox"/>
• Are the spaces marked with the universal access symbol?	<input type="checkbox"/>	<input type="checkbox"/>
• Are they near the building's entrance?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b><u>Building Entrance</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
• Is the main entryway wheelchair-accessible? (level entry or properly sloped ramp; 32" wide, non-revolving door)	<input type="checkbox"/>	<input type="checkbox"/>
• If not, is there a reasonable alternative entry?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the entry relatively free of obstacles? (clear paths for wheelchair users and blind persons)	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Meeting Rooms****Yes****No**

- Can all rooms to be used for meetings or meals be reached without using steps or escalators?
- If elevator use is required, are the elevators accessible? (36" wide door, 64" deep x 68" wide car, wheelchair-accessible controls, tactile buttons, auditory floor indicators)
- If room changes are required between sessions, are pathways accessible? (36" wide hallways, free of obstacles)
- Are doorways wide enough to accommodate a wheelchair?

☐☐☐☐☐☐☐☐

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Facilities****Yes****No**

- Are restrooms wheelchair-accessible? (adequate floor space for wheelchair; grab bars, paper products, lavatories at proper height; extended faucet handles)
- Are paths to the restrooms accessible?
- Are drinking fountains wheelchair-accessible?
- Can telephones be used from a wheelchair?

☐☐☐☐☐☐☐☐

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEETING LOGISTICS CHECKLIST

**Room Arrangement****Yes****No**

- Are aisles of adequate width and free of obstruction? ☐
- Does the seating plan provide adequate space for users of wheelchairs, canes or walkers? ☐
- Have seats near the front been reserved for partially-sighted individuals? ☐
- Are tables containing informational materials or refreshments accessible? ☐
- If an interpreter is to be used, is there a clear line of vision for those using the service? ☐
- Is there a designated “No Smoking” section? ☐

**Meals****Yes****No**

- Can the eating site be reached by disabled individuals with reasonable effort? ☐
- Has adequate time allowed for getting to and from the site? ☐
- Have arrangements been made for any special meals? ☐
- Are large type or Braille menus available? ☐
- Have restaurant or banquet personnel been notified of special accommodations for disabled individuals? ☐

**Program****Yes****No**

- Have program materials been prepared or other accommodations made for individuals who are visually or hearing impaired? ☐
- Does the schedule allow adequate time for mobility impaired individuals to change rooms between sessions as needed? ☐