

504/ADA SELF-EVALUATION AND ASSURANCE OF COMPLIANCE

504/ADA General Information

Federal and State laws prohibit discrimination based on disability. Section 504 of the Rehabilitation Act of 1973, as amended (504), and the Americans with Disabilities Act of 1990 (ADA) require that the City of Independence (City) and all organizations receiving Community Development Block Grant (CDBG), Emergency Shelter Grant (ESG) and/or HOME Investment Partnerships Program (HOME) funds from the City comply with the 504/ADA accessibility requirements.

Under 504 and ADA, a “qualified individual with a disability” is anyone who has a history of, or is perceived as having, a physical or mental impairment which substantially limits one or more major life activities. Disabilities include, but are not limited to: mobility, visual, hearing, or speech disabilities; mental illness; epilepsy; learning disability; brain injury; HIV/AIDS; arthritis; cerebral palsy; multiple sclerosis; developmental disability; and alcohol and/or drug addiction.

Instructions

504/ADA Self-Evaluation Questionnaire Form

This form will help you evaluate your organization’s programs and services, employment, and facilities to ensure they are accessible to people with disabilities. Complete the 504/ADA Self- Evaluation Questionnaire, submit a copy with your application and retain a copy for your records.

“Quick Look” Barriers Checklist

For organizations applying to conduct construction activities, this form only pertains to your facilities, not the construction sites (unless your facilities are part of the construction activities). Organizations providing services outside their facilities do not need to write a corrective action plan for physical accessibility as long as these services are provided in an accessible location for people with disabilities. However, physical access to your facilities must also be reviewed in light of hiring an individual with a disability or accommodating a current employee who becomes disabled.

504/ADA Assurance of Compliance Form

- **Complete this form.** If your organization is out of compliance with any of the 504/ADA requirements, indicate on the 504/ADA Disability Assurance of Compliance form the corrective actions that will be taken to achieve compliance and the anticipated date these actions will be completed.
- **Sign the Assurance of Compliance form and include the original with your application.** Keep a copy of the form on file in your office for reference in the event of any on-site review by the City of Independence or its designees. Reviews may be announced or unannounced. If you have questions regarding this process, or if you require this material in an alternate format, please contact the City of Independence at 816-325-7398.

504/ADA SELF-EVALUATION QUESTIONNAIRE

General Requirements

Please check the appropriate answers. If necessary, attach additional pages of explanation. **If you have fewer than 15 employees, please skip the first section and start with "Program Access."**

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you have a 504/ADA coordinator? If so, who? Name _____ Title _____ Phone _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an internal grievance procedure that allows for quick and prompt solutions for any complaints based on alleged noncompliance with 504/ADA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a policy that provides for notifying participants, applicants, employees, unions, and professional organizations holding collective bargaining or professional agreements that you do not discriminate on the basis of disability? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you notified these individuals of your nondiscrimination policy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you provide ongoing staff training to ensure that staff fully understand your policy of nondiscrimination on the basis of disability and can take all appropriate steps to facilitate the participation of individuals with disabilities in agency programs and activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Access

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Do you notify the public and other interested parties that agency meetings, board of director meetings, hearings, conferences, public appearances by elected officials and interviews will be held in accessible locations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you notify the public and other interested parties that auxiliary aids (sign language interpreters, readers) will be provided, upon request, to participants with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a Teletypewriter (TTY), or do you use the statewide Telecommunications Relay Service to facilitate communication with Individuals who use TTYS for communication purposes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you provide ongoing training to familiarize appropriate staff with the operation of the TTY (or Relay Service) and other effective means of communicating over the telephone with people with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Access (continued)

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 5. Do you make available, upon request, written material in alternate formats for people who have disabilities? (Alternate formats include large print, Braille, and audiocassette tapes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are printed posters, announcements, and printed materials (including graphics) clearly legible and placed in physically accessible locations where print can be read from a wheelchair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If you have a mailing list for the purposes of information dissemination, does it include various disability groups? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are your TTY number and procedures for accessing your services printed on all material distributed to the public? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a policy and procedure for safe emergency evacuation of people with disabilities from your facility(ies)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Employment and Reasonable Accommodation

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. When gathering affirmative action data regarding disabilities, do you make it clear that: | | | |
| <ul style="list-style-type: none"> • the information requested is intended for use solely in connection with reporting requirements; • the information is voluntary; • the information will be kept confidential, and • refusal to provide or providing the information will not subject the applicant or employee to any adverse treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you make pre-employment medical inquiries or conduct pre-employment medical examinations: | | | |
| <ul style="list-style-type: none"> • Is the inquiry related to the applicant's ability to perform the job? • Do you condition offers of employment on the results of these examinations? • Is the examination required for all employees in the same job classification? • Are all applicants in the same job classification asked the same medical and/or interview questions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. During the application, interviewing, hiring, and employment process, do you provide reasonable accommodations to applicants and employees with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Employment and Reasonable Accommodation (continued)

4. Do you have a written policy stating the following? YES NO N/A

504/ADA requires that information concerning an applicant's medical condition or history must be kept separate from personnel records and may be shared in only three ways:

- (1) supervisors and managers may be informed of restrictions on the work or duties of individuals with disabilities and informed of any necessary accommodation(s);
- (2) first aid and safety personnel may be informed if the condition might require emergency treatment; and
- (3) government officials investigating compliance with 504/ADA shall be provided with relevant information upon request.

Physical Accessibility

Complete the "Quick Look" Barriers Checklist and then answer the following questions:

1. Is the building(s) where your business is located barrier-free?

2. If you checked NO to any of the items on the Employment and Reasonable Accommodation checklist above, would these areas prevent an individual with a disability from accessing your program(s) or service(s)?

If access would be impacted, describe on the Corrective Action Plan what steps will be taken to eliminate the barrier(s). If there are extenuating circumstances which would make barrier removal a financial or administrative burden, please explain in the Corrective Action Plan.

This 504/ADA Self-Evaluation Questionnaire was completed by:

Signature

Date

Print Name

Phone Number

"QUICK LOOK" BARRIERS CHECKLIST

This checklist is designed to give a quick appraisal of potential problem areas for accessibility. For detailed review standards, you may refer to federal ADA Accessibility Guidelines (ADAAG), state or local laws and regulations.

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Building Access | | | |
| • Are 96" wide parking spaces designated with a 60" access aisle? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are parking spaces near main building entrance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there a "drop off" zone at the building entrance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the gradient from parking to building entrance 1:12 or less? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the entrance doorway have at least 32" wide clearance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than ½" high? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door handle easy to grasp? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the doors easy to open (building entrance maximum 8.5 lbs. pressure, all internal doors 5 lbs. max.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are other than revolving doors available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Corridors | | | |
| • Is path of travel free of obstruction and at least 36" wide? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is floor surface firm and slip resistant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do obstacles (phones, fountains) protrude no more than 4"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are elevator controls no higher than 48"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are elevator markings in Braille? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does elevator provide audible signals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Elevator interior provides minimum 51" turning area for wheelchairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restrooms | | | |
| • Are restrooms near building entrance or personnel office? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do doors have lever handles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do restroom entrance doors have at least 32" wide clearance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is restroom large enough for wheelchair turnaround (51" minimum)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are stall doors at least 32" wide? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are grab bars provided in toilet stalls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sinks at least 30" high with room for a wheelchair to roll under? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sink handles easily reached and used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are soap dispensers and towels no more than 48" from the floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personnel Office | | | |
| • Do doors provide at least 32" wide clearance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door easy to open? (max. 5 lbs. pressure) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than ½" high? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the path of travel between furniture wide enough for wheelchairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

504/ADA DISABILITY ASSURANCE OF COMPLIANCE

With Regard to Complying with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans With Disabilities Act of 1990, two federal laws which prohibit discrimination against qualified people with disabilities:

I understand that federal and state laws prohibit discrimination in public accommodations and employment based solely on disability. In addition, I recognize that Section 504 requires recipients of federal funds (either directly or through agreements with a governmental entity receiving federal funds) to make their programs, services, and activities, when viewed in their entirety, accessible to qualified and/or eligible people with disabilities. I agree to comply with, and to require that all subcontractors comply with, the Section 504/ADA requirements. I understand that reasonable accommodation is required in both program services and employment, except where to do so would cause an undue hardship or burden.

I agree to cooperate in any compliance review and to provide reasonable access to the premises of all places of business and employment and to records, files, information and employees therein to City of Independence for reviewing compliance with Section 504 and ADA requirements.

I agree that any violation of the specific provisions and terms of the 504/ADA Disability Assurance of Compliance and/or Corrective Action Plan required herein or Section 504 or the ADA shall be deemed a breach of any agreement with the City. Such a breach shall be grounds for cancellation, termination, or suspension, in whole or in part of an agreement with the City.

According to the responses to the questions in the 504/ADA Self-Evaluation Questionnaire YES NO

Questionnaire, (organization name) _____

_____ is in compliance with 504/ADA.

If the above response is NO, the following corrective actions will be taken:

Corrective Action Plan

The following Corrective Action Plan is submitted to comply with Section 504 and ADA requirements.

| Actions to Be Taken | General Requirements | Completion Date |
|---------------------|----------------------|-----------------|
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |

Employment and Reasonable Accommodation

Actions To Be Taken

Completion Date

Physical Accessibility

Actions To Be Taken

Completion Date

I certify that, to the best of my knowledge and belief, the foregoing is true and correct.

Signature of Authorized Official

Date

Type or Print Name of Authorized Official

Title

Name of Organization

Street Address

City

State

Zip

Phone Number