

SECTION 504 SELF-EVALUATION QUESTIONNAIRE

The following questions will help applicants complete your self-evaluation. The questions are organized into five areas: 1) Program Policy and Procedures, 2) Employment, 3) Effective Communication, 4) Notice of Nondiscrimination, and 5) Grievance Procedure. Applicants should mark Yes or No for each question, and should be prepared to provide written documentation to support these answers.

Program Policy and Procedures

1. Does your town or city have a written policy stating that it does not discriminate against people with disabilities? ☒ Yes ☐ No
2. Does your staff know and understand about your commitment not to discriminate? ☒ Yes ☐ No
3. Does your town or city provide training on 504/ADA, (including access issues, sensitivity and awareness) on different disability groups? ☐ Yes ☒ No
4. Do you have a designated coordinator for the Section 504 Rehabilitation Act and the Americans With Disabilities Act (ADA) compliance requirements? ☒ Yes ☐ No
5. Do you identify the persons with disabilities and other individuals who helped in your self-evaluation, and is their participation described? ☐ Yes ☒ No
6. Do you briefly describe your town or city programs and services, including their purpose, scope, activities, and participants? ☒ Yes ☐ No
7. Do you list and review the resource manuals that govern your programs, including laws, statutes, rules, policies, ordinances, and other guidelines? ☒ Yes ☐ No

8. Do you describe any services provided by your agency to particular disability groups? ☒ Yes ☐ No

9. Do you describe a separate or special program for individuals with disabilities? ☒ Yes ☐ No

10. If yes to #9, do you have written procedures to ensure that these individuals may also participate in programs available to the public? ☒ Yes ☐ No

11. In the following areas, do you describe any program eligibility, admission requirement, or licensing standards that an individual must meet before qualifying for a benefit or service provided by your town or city that may directly or indirectly affect individuals with disabilities. **For any item marked yes, describe the steps taken to modify your agency's policies, practices, and procedures.** ☐ Yes ☒ No

a. Deny a qualified individual with a disability the opportunity to participate in or benefit from the aid, benefit, or service? ☐ Yes ☒ No

b. Afford an opportunity for participation or benefit that is not equal to that afforded others? ☐ Yes ☒ No

c. Provide a qualified individual with a disability with an aid, benefit, or service that is not as effective in affording equal opportunity to obtain the same result, gain the same benefit, or reach the same level of achievement as that provided to others? ☐ Yes ☒ No

d. Provide different or separate aids, benefits, or services to individuals with disabilities unless necessary to make them as effective as those provided to others? ☐ Yes ☒ No

e. Provide assistance or contract with a person or entity that discriminates based on disability? ☐ Yes ☒ No

f. Deny a qualified individual with a disability the opportunity to participate as a member of planning or advisory boards? ☐ Yes ☒ No

g. Limit the enjoyment of a qualified individual with a disability any right, privilege, advantage or opportunity enjoyed by other qualified individuals who receive your services? ☐ Yes ☒ No

Employment

1. In the following areas, do you describe your policies, practices or procedures that are followed to ensure that there is no discrimination based on disabilities? ☒ Yes ☐ No
- a. Recruiting advertisements ☒ Yes ☐ No
- b. Processing of applications ☒ Yes ☐ No
- c. Employment testing ☒ Yes ☐ No
- d. Interviewing and orientation ☒ Yes ☐ No
- e. Promotion, transfer, demotion, lay-off, or reinstatement, including changes in compensation resulting from these actions ☒ Yes ☐ No
- f. Job assignments ☒ Yes ☐ No
- g. Job classifications, use of unpaid leave of vacation and sick leave, absence, or compensatory time ☒ Yes ☐ No
- h. Opportunities for and financial support of training opportunities, conferences, health and insurance benefits, agency-sponsored activities, including recreational or social programs ☒ Yes ☐ No
2. Do you describe how you ensure that any employment-related criteria (including minimum qualifications and testing requirements) which would adversely affect the opportunities of individuals with disabilities are related to the job and are a business necessity? ☒ Yes ☐ No
3. Do you describe how your town or city responds to a request for an accommodation in testing and interviews? ☒ Yes ☐ No
4. Do you describe the steps taken to ensure that nondiscriminatory questions are asked in a hiring interview? ☒ Yes ☐ No

5. Do you describe the steps that are taken to determine if an individual with a disability is capable of performing the essential functions of a particular job, with or without a reasonable accommodation? ☒ Yes ☐ No

6. Do you describe the process the town or city uses to determine whether a request for a reasonable accommodation on the job can be granted or would cause undue hardship? ☒ Yes ☐ No

7. Do you describe your town or city's policy and procedures for maintaining the confidentiality of employee medical information, voluntary self-identification of disability, and requests for accommodation? ☒ Yes ☐ No

8. Do you describe the training or other measures taken to ensure that employees and supervisors do not subject individuals with disabilities to discrimination because of insensitivity or lack of knowledge? ☒ Yes ☐ No

Effective Communication

1. Do you describe the steps taken by your agency to ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others? ☒ Yes ☐ No

2. If any written materials are provided by your program or services, are the following alternatives provided? ☒ Yes ☐ No

- | | | | |
|----|------------------|---|-----------------------------|
| a. | audio tape | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Braille | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | reader | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | aide | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | mailed to home | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. | large print | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. | interpreter | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. | other assistance | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Do you describe the auxiliary aids and services that will be provided to individuals with a disability? ☒ Yes ☐ No
4. Do you describe how an individual with a disability may request assistance and express their preference for auxiliary aids and services? ☒ Yes ☐ No
5. Do you describe how your town or city regularly advertises to the public that you will provide auxiliary aids and services for effective communication to participate in your programs and services? ☒ Yes ☐ No
6. Do you describe how your town or city will ensure that meetings, hearings, and conferences will be accessible for individuals with communication disabilities? ☒ Yes ☐ No
7. Do you describe how the town or city will provide auxiliary aids or services on request? ☒ Yes ☐ No
8. Do you describe how your town or city will use TDD (telecommunication device for the disabled) or the state relay system to communicate with those who have impaired hearing or speech, including training of staff? ☒ Yes ☐ No
9. Do you have a 911 emergency service? ☒ Yes ☐ No
10. If yes to #9, is there a TDD connected to this service? ☒ Yes ☐ No

11. If you use relay services, do you list the name of the company and type of services provided? ☐ Yes ☒ No

12. Are your TDD or relay service phone numbers printed on agency brochures, notices, and letterhead listed in telephone directories? ☒ Yes ☐ No

13. Does your town or city have an 800 number? ☐ Yes ☒ No

14. If yes to # 13, do you describe how the town or city has made the 800 number usable by persons with hearing impairments? ☐ Yes ☐ No

15. Do you let the public use your telephone? ☒ Yes ☐ No

16. If yes to question 15, is there at least one designated phone that is hearing-aid compatible? ☒ Yes ☐ No

17. If your town or city determines that equally effective communication cannot be provided, do you have the following: ☐ Yes ☒ No *n/A*

a. A statement included in your self-evaluation from the head of your agency or designee. ☐ Yes ☐ No

b. Reasons why the service, program or activity would be fundamentally altered or would result in undue financial and administrative burdens ☐ Yes ☐ No

c. A description of what other action will be taken to benefits or services to the maximum extent possible ☐ Yes ☐ No

Notice of Nondiscrimination

1. Does your self-evaluation include a copy of your Notice of Nondiscrimination? ☒ Yes ☐ No
2. Does your notice include the following information?
 - a. A statement that your entity does not discriminate under 504 or the ADA ☒ Yes ☐ No
 - b. Your 504/ADA coordinator's name, address, telephone number, and office hours ☒ Yes ☐ No
 - c. A statement that asks individuals to give at least three to five days advance notice to request auxiliary aids or other services ☒ Yes ☐ No
 - d. A statement notifying availability of individuals about the alternative formats ☒ Yes ☐ No
 - e. A statement that your town or city has a grievance procedure available to resolve complaints ☒ Yes ☐ No
3. Do your written materials contain a notice that your town or city complies with Section 504/ADA and will offer accommodations for individuals with disabilities? ☒ Yes ☐ No
4. Are you documenting methods on how you will make your notice available to the public on an ongoing basis? ☒ Yes ☐ No
5. Are you publishing your policy of non-discrimination in the newspaper once a year? ☐ Yes ☒ No

Grievance Procedure

1. Have individuals with disabilities used your services in the past? ☒ Yes ☐ No
2. Have there been obvious difficulties or complaints about your services from individuals with disabilities? ☐ Yes ☒ No

3. If yes to #2, do you document the problems and steps to resolve these concerns? ☐ Yes ☒ No *n/A*
4. Do you have written procedures on how to deal with those specific problems or complaints? ☐ Yes ☒ No
5. Do you have written procedures on what to do if your town or city cannot accommodate a person with a disability? ☐ Yes ☒ No
6. Does your self-evaluation include a copy of your grievance procedure? ☒ Yes ☐ No
7. Does your plan include action steps to notify the public on an ongoing basis about your grievance procedure? ☐ Yes ☒ No
8. Does your grievance procedure include a statement allowing an individual to submit a grievance in alternative formats? ☒ Yes ☐ No
9. Does your grievance procedure include a time limit to file a complaint? ☒ Yes ☐ No
10. Does your grievance procedure inform individuals of their right to file a complaint with a state or federal agency and include the appropriate address(es)? ☒ Yes ☐ No

Date

11/19/19

Municipality's Chief Executive Officer