City of Meridian

Section 504 Self-Evaluation

Table of Contents

[Administrative Requirements Checklist 2](#_Toc154571722)

[Facility Accessibility Checklist 7](#_Toc154571723)

[Employment Requirements Checklist 12](#_Toc154571724)

[Self-Evaluation Summary 15](#_Toc154571725)

# Administrative Requirements Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirement** | **Standards** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| Designation of responsible employee | Recipients with **15+ employees** must designate a Section 504 Coordinator. *(24 CFR Part 8.53(a))* |  |  |  |  |  |
| Adoption of grievance procedures | Recipients with **15+ employees** must establish grievance procedures that provide for the submission and resolution of complaints from employees and program beneficiaries. *(24 CFR Part 8.53(b))* |  |  |  |  |  |
| Public notification requirements | Recruitment materials or publications containing general information that is available to residents, applicants, beneficiaries, and employees must contain an appropriate non- discrimination statement. *(24 CFR Part 8.54(b))* |  |  |  |  |  |
| Recipients with **15+ employees** must take initial and continuing steps to notify beneficiaries, applicants, and employees that it does not discriminate on the basis of handicap. All such notifications must be effective for those with impaired vision or hearing. *(24 CFR Part 8.54(a))*  |  |  |  |  |  |
| **Requirement** | **Standards** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| Marketing and outreach must ensure that interested persons (including persons with impaired hearing or vision) can obtain information concerning the housing, program, or service.*(24 CFR Part 8.6)* | The recipient shall use telecommunication devices for deaf persons (TDDs) and make applications and leases available in braille or on audio tape for visually impaired applicants/ residents. |  |  |  |  |  |
| Application accessibility | The recipient shall provide additional modes/assistance for applying to a program/service as needed (technology/device required for application, paper application, in-person assistance, etc.).*(City requirement)* |  |  |  |  |  |
| Assurances required | Recipients must provide assurance that its project operates in compliance with Section 504. *(24 CFR Part 8.50)* |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirement** | **Standards** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| Self-evaluation | Recipients must consult with handicapped persons/organizations. The self- evaluation must cover the policies, practices, problems identified, and remedial steps taken. |  |  |  |  |  |
| Recipients with **15+ employees** must make the self-evaluation available to the public (including list of persons consulted) and maintain the self-evaluation on file for three years after its completion. *(24 CFR Part 8.51(b))* |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirement** | **Standards** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| Transition Plan | A transition plan is required when structural changes to non-housing facilities are required, must be made available for public review/comment, and must include the following:1. Identification of physical obstacles in facilities.
2. Identification of methods used to achieve accessibility.
3. Schedule for achieving accessibility.
4. Identification of responsible official.
5. Identification of persons or groups who assisted in the preparation of the plan.

*(24 CFR Part 8.24(d))* |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirement** | **Standards** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| Vacancies | When an accessible unit becomes vacant, the unit is offered first to a current resident of the project with handicaps requiring the features of the vacant unit, or if no such resident exists, then second to an eligible qualified applicant on the waiting list with a handicap requiring the features of the vacant unit.When offering an accessible unit to an applicant without handicaps requiring the features of the unit, the owner may require applicant to agree (and may include this in the lease) to move to a non- accessible unit when available. *(24 CFR Part 8.27)* |  |  |  |  |  |

Administrative Additional Comments:

# Facility Accessibility Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirements** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| **Residential Units**1. Total Number of Units: \_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Size | # of Units | # Wheelchair Accessible | # Hearing/Vision Accessible |
| Eff./0 BR |  |  |  |
| 1 BR |  |  |  |
| 2 BR |  |  |  |
| 3 BR |  |  |  |
| 4 BR |  |  |  |
| 5 BR |  |  |  |

1. Number of Accessible Units
2. Number of Adaptable Units

|  |  |  |  |
| --- | --- | --- | --- |
| Size | # of Units | # Wheelchair Adaptable | # Hearing/Vision Adaptable |
| Eff./0 BR |  |  |  |
| 1 BR |  |  |  |
| 2 BR |  |  |  |
| 3 BR |  |  |  |
| 4 BR |  |  |  |
| 5 BR |  |  |  |

 |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirements** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| **Parking Lots/Spaces**1. Reserved Spaces
2. Available Parking

|  |  |  |
| --- | --- | --- |
| Type | Total  | Accessible |
| Resident |  |  |
| Visitor |  |  |
| Office |  |  |
| Total |  |  |

1. Location (in relation to facility)
2. Vehicle access clearance
3. Signage
4. Ramps/Curb Cuts
	1. Location
	2. Dimensions
	3. Handrails/Handgrips
5. Passenger Loading/Unloading
	1. Spaces
	2. Signage
	3. Location
 |  |  |  |  |  |
| **Public Telephones**1. Signage
2. Clear floor space (wheelchair access)
3. Reach
4. Height
5. Controls
6. Equipment
 |  |  |  |  |  |
| **Drinking Fountains (Interior and Exterior)**1. Location
2. Clearance
3. Height
4. Spouts
5. Control
 |  |  |  |  |  |
| **Requirement** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| **Elevators**1. Automatic
2. Location
3. Doors
4. Control Panel
5. Emergency communications
6. Floor identification
7. Lobby call buttons
8. Outside floor/direction indicators
9. Signage
 |  |  |  |  |  |
| **Bathroom Facilities**1. Number (according to gender)
2. Location/Signage
3. Doors/Fixtures/Dispensers
	1. Stalls
	2. Urinals
	3. Lavatories/sinks/water closets
	4. Tubs/showers
4. Lockers
	1. Number
	2. Height
5. Clear floor space
 |  |  |  |  |  |
| **Requirements** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| **Picnic Areas**1. Tables and Benches
	1. Number accessible to wheelchairs
	2. Location (adjacent to level paths)
	3. Access to open space areas
	4. Back and arm rests
2. Grills
	1. Height of cooking surface
	2. Location (adjacent to level paths)
3. Trash Receptacles
	1. Location (adjacent to level paths)
	2. Safety and facility of equipment
4. Picnic Shelters
	1. Location (accessible by wide, firm path)
	2. Located near accessible water fountains, trash receptacles, restrooms, parking, etc.
 |  |  |  |  |  |
| **Paths**1. Surface
2. Dimensions
3. Rails
4. Signage
 |  |  |  |  |  |
| **Play Areas**1. Equipment
2. Safe for handicapped persons
3. Access to Equipment
4. Firm level paths
5. Sufficient space between play equipment for wheelchair maneuvering
 |  |  |  |  |  |
| **Requirements** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| **Game Areas**1. Accessible by firm and level paths
2. Accessible paths leading to and from parking areas
3. Equipment
4. Heights
5. Dimensions
 |  |  |  |  |  |
| **Office Facilities (Management/Services)**1. Access
2. Telephone (T.D.D.)
3. Signage
4. Safety
 |  |  |  |  |  |

Facility Accessibility Additional Comments:

# Employment Requirements Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirement** | **Standards** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| **Recruitment**1. Job announcements
 | The announcement process encompasses the following elements:* Nondiscrimination statement on announcements
* Announcements must be posted in accessible areas
* Announcements must be effectively announced to individuals who have disabilities that impair their ability to communicate.
 |  |  |  |  |  |
| 1. Interviews
 | Interviews must address the applicant’s qualifications for the position. Recipients must not make inquiries about an applicant’s handicap and its severity. |  |  |  |  |  |
| **Personnel Actions**1. Recruitment
2. Selection
3. Promotion
4. Hiring
5. Upgrading, etc.
 | The criteria for processing personnel actions must not limit the eligibility of qualified handicapped employees. |  |  |  |  |  |
| **Requirement** | **Standards** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| **Leave Administration**1. Leave of absence
2. Sick/Annual
3. Return from leave of absence
 | Policies for granting leave must not adversely affect qualified handicapped employees. |  |  |  |  |  |
| **Training**1. Internships
2. Apprenticeships
3. On-the-job training, etc.
 | Training programs must be administered in a manner that allows equal participation by qualified handicapped employees. |  |  |  |  |  |
| **Testing** | Tests and other criterion must measure essential job requirements only.Tests must be job-related and nondiscriminatory towards persons with impaired communications abilities. |  |  |  |  |  |
| **Medical Examination/ Questionnaires** | Pre-employment medical examinations are permissible only after conditional employment offers.Medical history questionnaires must not request information as to the nature or severity of an applicant’s handicap. |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirement** | **Standards** | **Compliance Status** | **Description** | **Modification** |
| **Yes** | **No** | **N/A** |
| **Social/Recreational Program** | Social/recreational programs sponsored by the recipient must be accessible to handicapped employees. |  |  |  |  |  |
| **Fringe Benefits** | Handicapped employees must be given the same employee benefits as nonhandicapped employees. |  |  |  |  |  |
| **Collective Bargaining Agreements** | Terms and practices of collective bargaining agreements must not contain provisions that limit the participation of qualified handicapped employees. |  |  |  |  |  |
| **Wage and Salary Administration** | Employees with disabilities must not be offered different rates of compensation solely on the basis of handicap. |  |  |  |  |  |

Employment Additional Requirements:

# Self-Evaluation Summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Recipient:** |  | **Date of Self-Evaluation:** |  |
| **Name of Project/ Program/Activity:** |  |  |

**Section 504 Coordinator (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Job Title:** |  |
| **Email:** |  | **Phone:** |  |

|  |  |
| --- | --- |
| Person(s) completing the evaluation | Job Title/Role |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Name of Consultant(s) | Affiliation |
|  |  |
|  |  |
|  |  |
|  |  |

**Summary of Results**

|  |  |  |
| --- | --- | --- |
| **Type of Impairment** | **Compliant** | **If applicable, describe current accessibility or any deficiencies identified and remedial actions taken.** |
| **Yes** | **No** |
| **Learning** |  |  |  |
| **Mobility** |  |  |  |
| **Visual** |  |  |  |
| **Hearing** |  |  |  |