

OREGON COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

**Self-Evaluation for Compliance with Section 504
Accessibility Requirements for Persons with Disabilities**

Note: This self-evaluation must cover all programs and services operated by the city or county grant recipient. The self-evaluation must be done in consultation with individuals with disabilities or organizations representing them. The form provides space for describing actions the organization will take to come into compliance with Section 504 regulations.

City/County of
(Hereafter called “agency”)

CDBG Grant:

Address:

Person completing self-evaluation

Name :
Title :
Date :

Individual(s) with disabilities or organizations representing individuals with disabilities that assisted the agency in completion of the self-evaluation:

Name(s) :
Title :
Organization :
Address :

Exhibit 2C (2013) – Self-Evaluation Checklist for Compliance with Section 504

Public Information	Yes	No
A. Do all notices and advertisements written for the public by the agency include a notice that it does not discriminate against individuals with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
B. Do all public meeting and public hearing notices offer assistance to individuals with disabilities, on request?	<input type="checkbox"/>	<input type="checkbox"/>
C. If you answered “no” to A and/or B, list below (under Actions Needed) the types of publications or notices that need to be amended (this can include official letterhead and standard forms used by the agency):		
D. Are posters about the rights of individuals with disabilities prominently displayed in appropriate locations for employees and the general public to read?	<input type="checkbox"/>	<input type="checkbox"/>
<p>Note: Posters can be printed out from the following website: http://www.dol.gov/oasam/programs/crc/diatl.pdf#xml=http://www.dbtac.vcu.edu/scripts/texis.exe/webinator/search/pdfhi.txt?query=poster&pr=dlkmstest&prox=page&rorder=500&rprox=500&rdfreq=500&rwfreq=500&rlead=500&rdepth=0&sufs=0&order=r&cg=&id=4b84795725</p>		
<p>Please note there is a place on the poster to insert state/local contact information. You may insert the information for the BOLI Civil Rights Division. Their information can be found at: http://www.oregon.gov/BOLI/CRD/pages/index.aspx</p>		
E. Describe the process by which the agency secures, or plans to secure, the services of interpreters (sign and foreign language) for public meetings. What standards are used to decide whether a request for assistance, in the case of a public meeting or hearing, can be accommodated?		

Actions Needed (e.g., when current inventory of agency forms runs out, reprint new forms with nondiscrimination statement at bottom. Obtain and display posters, develop a list of qualified sign language interpreters, develop standards and procedures for accommodating requests for assistance.)

Telephone Communication	Yes	No
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- | | | |
|---|--------------------------|--------------------------|
| A. Does the agency have a TTY (Text Telephone) for use in communicating over the telephone with hearing- or speech-impaired persons?
If yes, list TTY location and telephone number: | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Location :

Phone No. :

- | | | |
|--|--------------------------|--------------------------|
| Is this TTY available to all agency departments? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Answer “no” if the TTY is only available for 911, or other emergency-related business.

- B. If “no” to A. above, how does the agency communicate by phone with persons who have hearing and speech impairments?

Note: The Oregon Telecommunications Relay Service (OTRS) provides full telephone accessibility to deaf, hard of hearing or speech-impaired persons. To access OTRS, call the voice number from a TTY or 711 from a voice phone. More information is available at <http://www.oregon.gov/PUC/rspf/index.shtml>.

- C. How does the agency notify the public and individuals with hearing impairments of the method chosen? (e.g., published notice, phone listing, billing inserts)

Exhibit 2C (2013) – Self-Evaluation Checklist for Compliance with Section 504

Actions Needed (e.g., contact the Oregon Telecommunications Relay Service at (800) 735-1232 to learn about the service; research cost/benefit of buying a TTY; publicize at a council meeting and in the newspaper that the agency will now have an in-house TTY; contact the Northwest Americans with Disabilities Act and Information Technology Center to learn about TTYs.)

Facilities

A. List all facilities from which the agency provides services.

<u>Facility</u>	<u>Address</u>	<u>Services Provided/Major Activity</u>

B. Complete a separate Facilities Evaluation (last page of this exhibit) for each facility listed in A. above.

Employment Practices

A. Recruitment

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
| 1. Does all recruitment literature indicate that the agency does not discriminate on the basis of disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are employees with disabilities included in promotional and recruitment advertising? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are organizations that represent individuals with disabilities contacted for advice and referrals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “no” to any of these questions you must include corresponding corrective actions in the following Actions Needed Section.

B. Job Vacancies

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

Employment Practices	Yes	No	N/A
2. Are managers willing to consider reasonable accommodations for the disabilities of otherwise qualified applicants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answered “no” to any of these questions, you must include corresponding corrective actions in the following Actions Needed Section.			
C. Job Interviews			
1. Is every hiring supervisor informed of the requirement that all questions asked in the job interview must be related to duties and functions of the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has every hiring supervisor been informed of where and how to obtain assistance to interview an applicant with a hearing impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there an interviewing area accessible to an applicant in a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answered “no” to any of these questions you must include corresponding corrective actions in the following Actions Needed Section.			
D. Physical Examinations			
1. Does the agency conduct or require any medical exams prior to making offers of employment? If no, go to question #3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes,			
• Are <u>all</u> entering employees subject to the medical exam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are all offers of employment conditional based on the results of the exam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are the medical results not used in a discriminatory manner? .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is all the information gathered maintained confidentially?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has every hiring supervisor been informed that no offer of employment may be withdrawn on the basis of medical conditions that are not job-related?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answered “no” to any of these questions, you must include corresponding corrective actions in the following Actions Needed Section.			

Exhibit 2C (2013) – Self-Evaluation Checklist for Compliance with Section 504

Employment Practices	Yes	No	N/A
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E. Reasonable Accommodations

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|---|--------------------------|--------------------------|--------------------------|
| 1. Has a method been implemented for soliciting voluntary indications of disability status and requests for accommodations by new hires and existing employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have employees with disabilities requested that the agency make accommodations in consideration of their limitations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If employees with disabilities have responded, is the information kept confidential? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the agency ever denied a request for reasonable accommodations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If so, was the denial based on the concept of “undue hardship?”. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “no” to questions E.1. or E.3., you must include corresponding corrective actions in the following Actions Needed Section.

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|---|--------------------------|--------------------------|--------------------------|
| 6. Have any complaints been filed against the agency for employment discrimination on the basis of disability within the past 5 years?
If yes, briefly give the status of the complaint or how the complaint was resolved. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Actions Needed (e.g., agency personnel officer needs to instruct all hiring supervisors of legal requirements; need to instruct all hiring supervisors that interviews must be held in accessible locations). Identify area of needed actions by the question number.

F. Special Requirements for Agencies with 15 or More Employees

1. How many persons are employed by the agency?
(Do not reduce this number to “full-time equivalent” or FTE))

STOP HERE if the answer to F.1. is less than 15.

If the answer is 15 or more, complete the remaining questions.

2. Has the agency designated at least one person to coordinate efforts to comply with accessibility requirements?

If yes, name, address, phone (Voice), TTY number (or Relay Service number)

3. Has the agency developed grievance procedures for prompt and equitable resolution of complaints alleging employment discrimination on the basis of disability?

4. Has the agency taken initial and continuing steps to notify applicants and beneficiaries (including those with vision and hearing impairments) and unions or professional organizations holding agreements with the recipient, that it does not discriminate on the basis of disabilities in admission or access to, or treatment or employment in, its federally assisted programs and activities?
(24 CFR 8.54 requires this action.)

Date of initial published notice:

What steps is the agency taking for outreach/ongoing notice efforts? (List)

**Section 504 Self-Evaluation
Program Accessibility — Facilities**

Complete a separate form for each facility owned by the city or county grant recipient

City/County of : CDBG Grant:
Facility Name :
Address :

Yes No N/A

- A. Is this facility accessible to individuals with disabilities (whether employees or members of the public)?
- B. Briefly describe all services or activities conducted in the facility which are not accessible to individuals with disabilities, and why.

1.

2.

3.

(Attach additional sheets as needed)

C. Describe what actions have been or will be taken to address each of the problems listed in B. above and list when these steps will be accomplished. Accommodations made should ensure that individuals with disabilities have reasonable access to the services or activities listed above. Or, if the decision is made that accommodation poses an “undue administrative or financial burden,” state this decision and reasons for the decision.

1.

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2.

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3.

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(Attach additional sheets as needed)