

## Section 504 Self-Evaluation Survey

### Instructions

Subrecipients of Harris County CDBG, HOME, ESG, SPC, and SHP funds are required to complete a Section 504 self-evaluation survey and if needed a transition plan, and maintain it on file for review during program monitoring. In many cases, an agency may have already completed such a review several years ago as required. If you have an existing self-evaluation and transition plan in place, you should review your existing evaluation and plan, attach it to this completed survey, make updates if needed to your existing plan, and maintain it in a readily accessible file for review during program monitoring.

This survey instruction is separated into three sections. All subrecipients are required to complete Parts I and III. Subrecipients that employ 15 or more full time employees are required to complete Part I, Part II, and Part III. All subrecipients are required to complete the relevant portions of this survey and maintain this information on file for public review and on-site monitoring by Harris County and HUD.

The Survey has been made available for users to fill out online and "Save As" a document to your files. Please go to <http://www.hctx.net/CmpDocuments/103/504/Section-504-Survey-Form.xls>

**Organization/Subrecipient Name:** \_\_\_\_\_

**Name of person completing self-evaluation survey:** \_\_\_\_\_

**Title of person completing self-evaluation survey:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Project Name and Physical Location(s):** \_\_\_\_\_  
**Brief Description of Program including purpose, scope, activities, and participants (include target populations if applicable i.e. youth, seniors,**

**How many full-time employees does your organization have?**

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When answering the following questions, check whatever statements apply to your agency and list any additional steps taken under "Other." The statements listed are some of the most common actions or procedures taken by agencies and are only listed to simplify the evaluation process.

**Part I (to be completed by all subrecipients)**

**A. Notification/Communication**

**1. What steps have been taken to make certain that all beneficiaries and employees are aware of their rights under Section 504? (Mark all that apply)**

Policy statement regarding Equal Employment Opportunity is posted in a prominent place for public notice

It is our policy to discuss information concerning Section 504 during all employment interviews and to answer questions concerning applicant and employee rights.

An EEO/Affirmative Action Specialist is available to offer consultation to applicants for employment

Public notices about meetings, hearing, etc. include a statement regarding accommodations for disabled can be made upon request

Other

Explain:

Describe any policy that needs to be established as a result of this review:

**2. How does your organization ensure that communication with disabled applicants, participants and members of the public are as effective as communications with non-disabled individuals?**

a. For any written materials produced on a program or service, indicate whether the following alternative formats are provided: (mark all that apply)

- Audiotape    Braille    Reader    Aide    Mailed to home    Large print format    Interpreter

Other (Explain):

b. How would a disabled learn about auxiliary aids and services, and how could they request such assistance from you?

c. How will you ensure that meetings, hearings, and conferences are accessible for individuals with communication disabilities?

d. Do you currently offer TDD (telecommunication device for the disabled) access within your communication system?

e. Is 911 or E-911 emergency service offered within your jurisdiction? If so, is there a TDD connected to your system?

f. Do you have a toll-free number to access services and programs? If so, is it usable by persons with hearing impairments?

g. Do you have any public telephones within your facilities? If so, is at least one phone hearing aid compatible?

h. If you determine that equally effective communication cannot be provided, please state why the service, program or activity would be fundamentally altered or result in undue financial and administrative burdens?

Describe alternative actions that will be taken to provide the benefits or services to the maximum extent possible.

**3. Are procedures in place to ensure that appropriate initial and continuing steps to notify participants, beneficiaries, applicants, etc. that you do not discriminate on the basis of disability are taken?**  Yes  No

**If yes, which actions apply: (mark all that apply)**

\_\_\_\_\_ Public notice issued which contains a non-discrimination on the basis of disability statement.

\_\_\_\_\_ Agency letterhead has TDD# listed.

\_\_\_\_\_ Agency business cards have TDD# listed.

\_\_\_\_\_ Policy statement regarding non-discrimination on the basis of disability is posted in conspicuous places.

Other:

Explain:

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**B. Policies and Procedures**

**1. In the area of employment, can you ensure that no discrimination based on disability exists in your agency in the area of:**

Recruitment/advertising and the application process for employment?  Yes  No

Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff, and rehiring?  Yes  No

Rates of pay or any other form of compensation and changes in compensation?  Yes  No

Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists?  Yes  No

Leaves of absence, sick leave, or any other leave?  Yes  No

Selection of financial support for training, including apprenticeships, professional meetings, conferences and other related activities, and selection for leaves of absence to pursue training?  Yes  No

Employer-sponsored activities, including social and recreational programs?  Yes  No

Any other term, condition or privilege of employment?  Yes  No

**2. What policies, procedures, or modifications have been taken to ensure that no qualified disabled person is denied the opportunity to participate in or benefit from services because of his/her disability and all qualified disabled persons are afforded opportunities to participate in or benefit from services provided to non-disabled persons:**

There is a policy in place to assure that appropriate assistance can be made available upon request.

Application procedures have been developed for disabled individuals requiring special accommodations.

Physical accommodations have been made to accommodate disabled persons (water fountains, elevator buttons, pay phones, bathrooms, etc.)

Other:

Are these policies written?  Yes  No

If no, what actions are taken to ensure that they are maintained?



### C. Program Accessibility

**NOTE:** One of the most effective approaches to examining service and program accessibility is to conduct a "client path analysis." This analysis is simply a walk-through of the process needed for a citizen to participate in a service your agency provides. There are generally two aspects to the analysis: (a) analysis of the physical path traveled, and (b) analysis of the administrative requirements of the service delivery, (i.e. eligibility criteria, application procedures).

**1. Are all qualified disabled persons given the opportunity to participate in or benefit from services or activities that your organization offers?**

Yes     No

**2. Check all actions that apply to your organization's policies on program accessibility:**

Employment Practices

Common areas (bathrooms, hallways, doors, meeting rooms, etc.) are accessible

Telecommunication Device for the Deaf (TDD) is available and advertised

All material relating to agency and services it provides can be made available in other formats (i.e. Braille, audiotape, etc.) upon request and public is aware that this service is available.

Public meetings are held in areas that are accessible.

Other

Explain:

**3. Are any structural changes needed to make programs accessible?**

Yes     No

If yes, describe:

Describe alternatives to structural changes that have been used or considered (e.g. rescheduling or relocating activities, redesigning of equipment) in order to achieve program accessibility.

**4. If the agency undertakes acquisition, rehabilitation, or construction of facilities with federal funds, is there a policy in place that ensures that such facilities will be accessible for persons with disabilities? (Carried out in accordance with the Uniform Federal Accessibility Standards (UFAS):**

Yes     No

**5. Describe any other policies, practices, or methods your agency has developed to include disabled persons in its programs and activities:**

**D. Emergency Evacuation**

**1. Describe how your agency notifies employees and members of the public of an emergency.**

**2. Are adequate policies/methods in place to ensure that individuals with disabilities can be accommodated in the event of an emergency?**       Yes     No

**Please describe your policies and methods:**

**Part II (to be completed by subrecipients with 15 or more employees)**

**1. Do you have a written policy regarding non-discrimination on the basis of disability that is in compliance with HUD requirements?**  Yes  No

If you answered No to this question, you may contact HCCSD offices for a sample policy.

**2. Does your Notice of Nondiscrimination include the following?**

- a. Contact information for your 504/ADA coordinator  Yes  No
- b. How to request auxiliary aids or other services  Yes  No
- c. That alternative formats are available  Yes  No
- d. That a complaint grievance procedure has been adopted  Yes  No

**3. Do you have a grievance procedure?**  Yes  No

If you answered No, then you must adopt one for compliance with Section 504. If you answered Yes, does it include the following:

- a. A statement allowing an individual to submit a grievance in alternative formats.  Yes  No
- b. A time limit for filing a grievance  Yes  No
- c. Information on how to also file a complaint through the appropriate local, State or Federal agencies.  Yes  No

**4. Who in your agency has been designated to coordinate grievance procedures?**

**5. Who is responsible for coordinating the agency's Section 504 responsibilities?**

**Part III Consultation (to be completed by all subrecipients)**

**What steps have been taken to consult with interested persons, including disabled persons or organizations representing disabled persons, in achieving compliance with Section 504? (Mark all that apply)**

Disabled staff within agency consulted

Name of person(s) consulted and date of consultation:
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Disabled program participants or beneficiaries consulted.

Name of person(s) consulted and date of consultation:
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Organization(s) representing disabled persons consulted

Name of organization(s) and date(s) consulted:
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Describe any alterations that need to be made within facilities or program design as a result of consultation:

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**To the best of my knowledge and belief, the statements made in this self-evaluation are true and correct and this document has been reviewed and**

\_\_\_\_\_  
**Printed Name and Title, Authorized Official**

\_\_\_\_\_  
**Signature, Authorized Official**

\_\_\_\_\_  
**Date**

### Sample Nondiscrimination Policy

It is the policy and commitment of [insert name of company here] that it does not discriminate on the basis of race, color, sex, national origin, disability, religion, familial status, or source of income in the rental of its residential dwellings. [Insert name of company] affirms its policy of equal housing opportunity pursuant to state and federal fair housing laws.

Harassment or intimidation of a tenant, staff person or guest because of that person's race, color, national origin, religion, sex, disability, familial status, or source of income, is specifically prohibited and may be grounds for termination of employment and/or of tenancy. Harassment and intimidation includes abusive, foul or threatening language or behavior.

It is also the policy of this property that all qualified individuals with a disability are entitled to a reasonable accommodation or modifications to the property that will permit the individual an equal opportunity to use and enjoy the premises. Requests for exceptions to community rules, policies, practices, or services or structural modifications should be made to: \_\_\_\_\_

Issues of discriminatory treatment, harassment, or intimidation on any of these bases should immediately be reported to \_\_\_\_\_ and, if substantiated, prompt action will be taken to remedy the actions taken.

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#### Internal Non-Discrimination Policy for Staff.

In furtherance of [insert company name here]'s commitment to equal housing opportunity:

All applications, leases, and tenant rules of this property shall contain the following language, *"All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, or source of income."*

All advertising (newspapers, brochures, yellow pages, in the telephone directory, etc) pertaining to this property shall contain an Equal Housing Opportunity Logotype, statement or slogan as a means of educating the home-seeking public that the Respondent's properties are available to all persons regardless of race, color, sex, religion, familial status, disability, national origin, or source of income.

All staff shall model appropriate non-discriminatory behavior and strive to cultivate and maintain a living environment that is free from discrimination. All staff shall be trained in fair housing laws.

Procedures to follow when a tenant makes a request for a reasonable Accommodation/Modification.

# <Organization Name Here>

## Section 504 Transition Plan Format

<b>Original Plan date:</b>		<b>Revision Date:</b>		<b>Revision Date:</b>	
<b>Revision date:</b>		<b>Revision Date:</b>		<b>Revision Date:</b>	
<b>Revision date:</b>		<b>Revision Date:</b>		<b>Revision Date:</b>	

Please list your agency's plan for implementing structural, procedural or policy changes identified in your Section 504 Survey in this plan. Please include all action items to be taken by your agency to obtain compliance with Section 504. If any action item cannot be completed within a reasonable time frame due to budget constraints, please indicate this in the Comments column by that action item. Note: If action item is structural, please indicate the facility location address in the Action Description. For procedural and policy actions, if the action item relates to a specific program please include the name of the program or service in the Action Description.

Action Type (structural, procedural, or policy related)	Action Description	Person Responsible for implementation	Projected Start date for action	Projected Completion Date for action	Projected Cost for completing project	Comments
<i>Example: Structural</i>	<i>Modify bathrooms for handi-capped accessibility. Location: 1001 Preston, Houston, TX 77002</i>	<i>John Lee</i>	<i>1-Apr-09</i>	<i>30-May-09</i>	<i>\$ 3,500.00</i>	<i>Modifications will be delayed to allow funds to be identified during our annual budgeting process.</i>
<i>Example: Policy</i>	<i>Incorporate written procedures for home visits when applicant is disabled for Home Repair Program</i>	<i>Diana Moore</i>	<i>25-Aug-08</i>	<i>15-Sep-08</i>	<i>\$ -</i>	