



**HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT**

**SECTION 504/ADA COMPLIANCE
SELF-EVALUATION & TRANSITION PLAN
GUIDEBOOK**

Issued June 2008

Purpose

This guidebook is designed to assist Harris County sub-recipients of U.S. Department of Housing and Urban Development (HUD) funds in evaluating the current state of accessibility of their programs and activities to disabled participants and employees. More specifically, this guidebook is intended to assist organizations in their efforts to:

- a) comply with HUD regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended, including the preparation of a self-evaluation of all programs, activities, policies and procedures to determine areas of noncompliance, and
- b) better understand the relationship between Section 504 and the Americans with Disabilities Act (ADA).

Introduction

Section 504 provides for equal opportunity to enter facilities and participate in programs and activities. **It does not require that every facility or program be accessible. The important considerations are that disabled persons have the same opportunities in employment, the same opportunities to enter and move around in facilities, and the same opportunities to participate in programs and activities as non-disabled persons.** Further, it is important to offer employment, programs and services in settings that are integrated rather than to segregate disabled persons with special programs.

Under Section 504, a self-evaluation plan is required of all recipients and subrecipients of federal funds. It also applies to any person to whom federal financial assistance is extended for any program or activity directly or through another recipient, including any successor, assignee, or transferee of a recipient, but excluding the ultimate beneficiary of the assistance.

Self Evaluation and Transition Plan

The self-evaluation survey instrument contained in this guidebook will help you to evaluate the degree of accessibility of your programs, activities, and facilities so that you can plan full program accessibility. Your self-evaluation must include a review of all HUD-funded functions of your organization, as well as some functions that may not be HUD-funded but is required to facilitate delivery of funded services, i.e. entry and exit into facilities to receive services, etc. Disabled individuals and/or organizations that represent disabled individuals should be included in the self-evaluation process. The self-evaluation must include an examination of:

- employment and personnel policies and procedures;
- the extent to which program and activities are readily accessible and usable by persons with disabilities;
- the extent to which the delivery of benefits and services are free from discriminatory effects on disabled persons; and
- the extent to which contractual arrangements are free from subjecting disabled persons to discrimination.

Through the self-evaluation process, the agency identifies and changes policies or practices that discriminate against qualified individuals with disabilities so that individuals with disabilities can participate fully in the agency's programs and activities.

This process should include:

- A) **A review the inventory of programs and activities** conducted by the agency.
- B) **Collecting and documenting the policies and practices that govern the administration** of the agency's programs and activities. An agency's policies may be in the form of regulations, administrative manuals, memoranda,

or simply be a matter of customary practice. Some policies may not be written down at all. It is important that this review be complete, both to ensure that all relevant policies are identified and to enable the agency to identify potential problem areas when no policy exists.

C) Analyzing how the agency's policies and practices affect individuals with disabilities who seek to participate in the agency's programs and activities. In this analysis, the agency must take into account the fact that discrimination can happen not only as a result of what is in its policies, but also as a result of what is not in its policies.

D) Making and documenting changes and additions to agency policy. The changes required by the self-evaluation process should not require an extended period of time to complete.

E) Obtaining comments on the draft self-evaluation from individuals with disabilities and other interested persons. Based on these comments, the self-evaluation should be revised as necessary, put in final form, and fully implemented. Periodically, it should be reviewed and updated to ensure that new policies are not discriminatory and disabled individuals continue to be able to participate fully in the agency's programs.

The survey included in this workbook is designed to assist agencies in fulfilling the self-evaluation requirement. In developing answers to the survey questions, your agency will be preparing most of the information that Section 504 requires. It should assist you in pinpointing areas where action is likely to be required to achieve compliance with Section 504. **It should be emphasized, however, that this survey is not intended as a substitute for your agency's judgment or analysis of the pertinent regulations issued pursuant to Section 504. Any information in this survey cannot be used as a sole basis for determining compliance with Section 504. You are advised to review the Section 504 regulations at 24 CFR Part 8.**

Upon completion of your self-evaluation and transition plan an agency must create and maintain a file documenting activities related to completing the self-evaluation, consultation with persons with disabilities or organizations representing persons with disabilities and development of the transition plan. **This file should also include a copy of a completed self-evaluation reviewed by the agency's board of directors and signed by an authorized official and the transition plan.** This file should be readily available for inspection during any program monitoring visits conducted by Harris County or HUD.

Relationship of 504 to ADA

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment (Title I), state and local government services (Title II), and places of public accommodation and commercial facilities (Title III).

The ADA extends the requirements of 504 to all activities of state and local governments under Title II, and under Title III, to "places of public accommodation" operated by private entities.

The requirements of ADA for places of public accommodation and state and local governments are based on, and are essentially the same as, the requirements of Section 504. Under Title II, state and local government entities are covered by the same standard as is used under Section 504 with respect to existing facilities. They must ensure that the services, programs and activities they offer are accessible to individuals with disabilities, but they may use alternative methods for providing access. However, compliance with Section 504 does not guarantee compliance with ADA.

The most rigorous physical accessibility requirements apply to new construction and alterations. The Department of Justice's ADA regulations adopt specific architectural standards for new construction and alterations. Places of public accommodation and commercial facilities covered by Title III must comply with the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG). State and local governments may use either ADAAG or the Uniform Federal Accessibility Standards (UFAS), which is the standard used under Section 504.

Harris County's Enforcement of Section 504

Subrecipients of Harris County HUD funding agree to comply with Section 504 requirements in their contract with the County. The Harris County Community Services Department (HCCSD) takes enforcement of Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act seriously. If HCCSD discovers that a recipient is in noncompliance with Section 504 Regulations and/or ADA, the County has the authority to suspend and/or terminate funding.

Office of Housing and Community Development

Section 504 Self Evaluation

24 CFR Part 9

The attached worksheets are to be used to gather information about the programs being administered by your section in order to conduct a self-evaluation of your areas compliance with Section 504.

Please read the instructions carefully and respond to the questions asked as thoroughly and concisely as possible.

Completion of this self-evaluation will provide management of a clearer picture of where we are in terms of 504 compliance and where we need to be to bring us closer to full compliance with these and other federal regulations associated with the programs the department administers.

Worksheet 2- Program Office Information

**Section 504 Self-Evaluation
24 CFR Part 9
Worksheet 2**

OHCD Program Office:

Name of Activity Being Evaluated (Please complete a separate worksheet for each activity listed on Worksheet 1):

Please provide a brief description of the Activity being evaluated: (Please include the purpose, scope, type of activities, number and type of participants and other key information.

Worksheet 3- Program Policy Checklist

**Section 504 Self-Evaluation
24 CFR Part 9
Worksheet 3
Program Policy Checklist**

Worksheet 3 is a checklist to evaluate Program policies and their effect on individuals with disabilities. Please respond to the following questions by checking the appropriate box, and providing additional information where requested. In some instances, more than one box will be checked.

- 1. How does your program incorporate provisions to ensure equal opportunity for individuals with disabilities into its policy and program initiatives?**

Guidelines highlight equal opportunities for persons with disabilities under important information, review criteria, and/or

Equal Opportunity issues are discussed with policy and service providers

Office undertakes specific efforts to enhance equal opportunity for people with disabilities by:

Equal Opportunity for people with disabilities is a consideration when the staff conducts workshops and seminars (Please specify)

- 2. Does your program provide opportunities when developing or amending its policies for qualified people with disabilities to participate as:**

Staff
Specify efforts: _____

Consultants/Panelists
Specify Efforts: _____

Other
Specify efforts: _____

Worksheet 3- Program Policy Checklist (cont.)

3. How does your program support any needed accommodations for visitors, staff, or other meeting participants who may have disabilities (e.g. certified sign language or oral interpreter, a reader or taped printed material)?

Funds are set aside in the agency's administration budget for use by all offices

Access accommodation as line-item in the office's budget

Other (Specify) _____

4. Is your program able to modify its programs/activities, if necessary to provide reasonable accommodations to individuals (staff or the public) with disabilities?

Yes (Specify efforts): _____

No (Comments) _____

5. Is our office staff aware that programs/activities may have to be modified in order to accommodate individuals with disabilities?

Yes (Specify efforts): _____

No (Comments): _____

6. Does your office notify individuals with disabilities that they may request reasonable accommodations, including modification of office policies? If so, please identify how such notification is provided, and to whom (public or staff)?

Yes (Specify efforts): _____

No. (Comments): _____

Worksheet 3- Program Policy Checklist (cont.)

- 7. Are there instances where your office has been unable to modify a policy because such modification would either fundamentally alter the nature of the program, or result in an undue financial or administrative burden?**

YES (Specify efforts): _____

NO (Comments): _____

- 8. Is access for people with disabilities a consideration when your office undertakes special policy related efforts?**

YES (Specify efforts): _____

NO (Comments): _____

- 9. Do you have staff members who serve on an emergency evacuation committee to assist visitors and staff with disabilities?**

YES

NO

COMMENTS: _____

- 10. Do staff members receive training in emergency evacuation?**

YES

NO Comments: _____

Worksheet 4- Equal Opportunity to Participate
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**Section 504 Self-Evaluation
24 CFR Part 9
Worksheet 4 Equal Opportunity to Participate**

Please respond to the following questions by checking the appropriate response and providing additional information where requested.

- 1. Are there any exclusions or restrictions necessary to the operation of your program or to the safety of the participants who do not have disabilities?**

YES (if so, please explain):

NO

Other

- 2. Are there any program exclusions or restrictions necessary to the operation of the program or to the safety of participants are individuals?**

YES (Specify):

NO (Comments):

- 3. Are staff aware that it may be necessary to modify program policies or practices to enable people with disabilities to participate in and benefit from the program?**

YES (if so, please explain)

NO (if not please explain):

Other

- 4. Is the public informed that the program is prepared to make reasonable Accommodation?**

YES (Please specify):

NO (Please explain):

- 5. Does the program have a formal or informal process for responding to requests for modifications?**

YES (Please specify):

Worksheet 4- Equal Opportunity to Participate (cont.)
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NO (Comments):

- 6. Does your program have a process for determining whether a policy or practice modification would fundamentally alter the nature of the program?**

YES (Please describe):

NO (Additional comments):

- 7. Are there circumstances in which a person with a disability would be asked to meet any other requirements not impose on other program participants?**

YES (Please explain):

NO (Additional comments):

- 8. Does your program provide separate activities for persons with disabilities?**

YES (Please explain):

NO (Additional comments):

Worksheet 5- Communications Checklist

**Section 504 Self-Evaluation
24 CFR Part 9
Communication Checklist**

Worksheet 5 evaluates the method(s) utilized by your program office to effectively communicate with individuals with disabilities. The Department's regulations implementing Section 504 require that that Department take appropriate steps to ensure effective communication with applicants, participants, personnel of other Federal entities, and members of the public. Please respond to the following questions by checking the appropriate answer and providing additional information where requested. In some instances, more than one answer will be checked.

- 1. What kinds of printed materials are produced and /or supported by your office? (Please check all appropriate boxes)**

<input type="checkbox"/> Program Pamphlets	<input type="checkbox"/> Guidelines
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Press Releases
<input type="checkbox"/> Notices	<input type="checkbox"/> Regulations
<input type="checkbox"/> Job Announcements	<input type="checkbox"/> Information bulletins/e.g,
	<input type="checkbox"/> Education opportunities, grant notices
<input type="checkbox"/> Special reports	<input type="checkbox"/> Other: _____

- 2. Does your office employ any of the following communication techniques that Make your printed material accessible to people with visual impairments? If So, please note in the space provided which publications checked above include accessible formats.**

Materials in large print (14 points or larger in upper and lower case) that are clear, with appropriate spacing between lines with contrasting background

YES (if so, please list the publications):
 NO

Braille Materials

YES (if so, list the publications)
 NO

Recorded materials (Cassette, CD's)

YES (if so, list the publications)
 NO

Worksheet 5- Communication Checklist (cont.)

Readers

YES (if yes, please list the publications)

NO

Materials on word processing disks

YES (if yes, please list the publications)

NO

Please specify any additional communication techniques used by your program that have not been included on this form:

Other (Specify):

3. Does your program communicate with people who are hearing or speech impaired or speech impaired through the following methods:

- a. Telecommunications device for hearing and speech-impaired individuals (TTY):

YES (if yes, please respond to each bullet under section "a")

NO

Where is it located?

How many staff know how to operate the TTY system?

Do publications in your office which contain your phone number also include the TTY phone number?

YES

NO

Is the TTY phone number(s) listed in all publications generated, particularly all publications containing the main office number?

YES

NO

Is the TTY phone Number(s) listed in any local or national TTY directories?

YES

NO

DO NOT KNOW

Worksheet 5- Communication Checklist (cont.)

Does the level of TTY usage by your office (both incoming and outgoing)
Suggest the need for a TTY within your office?

YES
 NO

COMMENTS:

- b. Telephone Message Relay System Telecommunication device for hearing and
Speech-impaired individuals (TTY):

YES (if yes, please respond to each bullet under section "a")
 NO

Other (Specify):

- 4. How does your office notify people with disabilities that the above
communication accommodations are available? [Please check appropriate
boxes]**

Notice of availability is included in all publications

Notice is provided to agencies and organizations of and for individuals with
Disabilities (e.g. self help. For the visually impaired, and the National Library
Services for the Blind and Physically Disabled of the Library of Congress)
Access issues are discussed with policy and service agencies

- 5. Has a method of communication been identified that ay result in an
alteration to the nature of your program or create an undue financial or
administrative
burden?**

YES (List and explain):
 NO (Additional comments):

Worksheet 6- Meeting Checklist

Section 504 Self-Evaluation 24 CFR Part 9 Worksheet 6 Meeting Checklist

Worksheet 6 is a checklist to review meeting preparation/arrangement organized by program offices, to evaluate accessibility to individuals with disabilities. Please respond to the following questions by checking the appropriate answer, and providing additional information where requested. In some instances, more than one box will be checked.

1. What kind of meetings are initiated, convened and/or sponsored (with the exception of grants) by your office?

In-house office business meeting with staff and/or members of the general public

Panel (in-house) Access issues are discussed with policy and service providers

Panel (outside agencies)

Council/board (in-house)

Council/board (outside agencies)

Symposia/seminars

Workshops/classes

Conferences

Other (Specify):

2. Do you ask meeting participants in advance about any needed physical or programmatic accommodations or assistance pertaining to their transport or the meeting itself?

YES (if yes, please specify)

NO

COMMENTS:

Worksheet 6- Meeting Checklist (cont.)

- 3. Do you offer to meet panelists/visitors with disabilities at the building's entrance and show them the location of the meeting room, restroom and water cooler?**

YES

NO

MEETINGS/COMMENTS:

- 4. Do you offer panelists/visitors with disabilities, in advance as well as at the meeting, a map or written directions to the restaurants, restrooms and water fountains?**

YES

NO

- 5. Does your office ensure that meetings are held in offices or other meeting spaces that are accessible to people with mobility impairments, to include:**

Entrance and Doors (e.g. low and beveled thresholds, adequate entrance width, appropriate hardware on doors, etc.)

Interior circulation (e.g. aisle width, route free of objects that protrude, etc)

Space considerations for people who use wheelchairs (e.g. in office, at panel tables, in the audience)

- 6. When requested, is your office able to provide any of the following communication techniques to make your written or visual material (e.g. agenda, report, panel book, slides, or meeting procedures) accessible to people with visual impairments? (Please check all appropriate boxes)**

Materials in large print (14 point or larger in upper and lower case)
COMMENTS:

Braille Materials
COMMENTS:

Recorded Materials (cassettes, cd's)
COMMENTS

Readers
COMMENTS

Worksheet 6 Meeting Checklist (cont.)
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Materials on word processing disks

COMMENTS

Computer bulletin boards (e.g. Special NET, FourSights Network)

COMMENTS

Audio descriptions of visual presentations

COMMENTS

Support materials provided to participants for review prior to meeting

COMMENTS

Other (Specify)

- 7. When requested, is your office able to provide any of the following communication techniques to make your meetings accessible to individuals with hearing impairments?**

Qualified sign language interpreters and/or interpreters?

COMMENTS:

Auxiliary listening systems (e.g. the audio loop system, wireless listening system)

COMMENTS:

Captioned audio-visual material

COMMENTS:

Sign language and/or orally interpreted audiovisual material

COMMENTS:

Other (Specify)

- 8. While learning and mentally disabilities are very distinct from one another, many accommodations for these two disabilities overlap. When requested, is your office able to provide any of the following communication techniques to make your meetings accessible to people with learning or mental disabilities (please check all appropriate boxes)**

Short, direct and clear presentations

COMMENTS:

Worksheet 6 Meeting Checklist (cont.)
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Pictures that supplement written materials when possible

COMMENTS:

Recording of meeting for review following the meeting

COMMENTS:

Support Materials (e.g. agenda, outline of presentation) prior to meeting

COMMENT:

Other (Specify):

9. When planning meetings outside of the agency do you seek spaces that are accessible to persons with the following disabilities:

Mobility Impairments

COMMENTS:

Visual Impairments

COMMENTS:

Hearing Impairments

COMMENTS:

10. When planning meetings outside of the agency, do you offer communications Techniques to ensure that the meeting is accessible to participants with the following disabilities:

Mental or Learning Disabilities

COMMENTS:

Visual Impairments

COMMENTS:

Hearing Impairments

COMMENTS:

11. When planning meetings outside of the agency, do you assure that any local Organizations make necessary accessibility arrangements and offer communication techniques to ensure that the meetings are accessible to participants with the above identified disabilities?

YES (if so, please explain)

NO

Workshop 6 Meeting Checklist (cont.)

**12. How does your office notify the general public that accommodations for people with disabilities are available upon request at public meetings?
(Please check all appropriate boxes)**

Notice in local newspapers

Notice provided to National computer bulletin boards that are utilized by individuals with disabilities (e.g. Special NET, Foursights Network) or the Internet

Notice published in meeting announcements, brochures, press releases and/or other publications

Notice provided to organizations and agencies of and for individuals with disabilities.

Other (Specify)

Worksheet 7- Contracting with External Organizations

**Section 504 Self-Evaluation
24 CFR Part 9
Worksheet 7
Contracting with External Organizations**

1. **List any contractors who provide services, benefits or activities supporting your program**

- a.
- b.
- c.
- d.
- e.
- f.

2. **Has the program notified each contractor of their responsibility for providing contracted services in a nondiscriminatory manner and has the program requires assurances from contractors of their fulfillment of Section 504 nondiscrimination and access requirements?**

YES (If yes, please specify how contractors are notified):
 NO

COMMENTS:

3. **Are there any circumstances in which a consideration related to disability would influence the choice of a procurement contractor?**

YES (If yes, please specify how contractors are notified):
 NO

COMMENTS:

4. **Please complete the chart below by identifying the following: (Please add additional space if needed):**

Worksheet 8- Complaint Process

**Section 504 Self-Evaluation
24 CFR Part 9
Worksheet 8
Complaint Process**

Please respond to the following questions by checking the appropriate box, and providing additional information where requested. If a box is not applicable, please indicate.

- 1. Has your office received any complaints from individuals with disabilities alleging a violation of 24CFR Part 9, Nondiscrimination on the Basis of Disability in HUD-Conducted Programs and Activities?**

YES (If so, please explain)

NO

Other

- 2. Is there a designated staff contact within your office to receive complaints? If not, please describe the complaint process, including the office that complaints are referred.**

YES (Specify):

NO

Additional COMMENTS:

- 3. Are staff aware of the complaint process or appropriate referral if a complaint is received?**

YES (If so, please explain)

NO

Other

