**INSTRUCTIONS FOR PROGRAM ACCESSIBILITY SURVEY**

The Americans with Disabilities Act of 1990 (ADA) provides federal civil rights protection to persons with disabilities. All recipients of local and federal grants are required to comply with the ADA by making reasonable accommodations and modifications for both employees and service recipients with disabilities and by ensuring that the facility and the program are accessible. Failure to comply with the Americans with Disabilities Act can lead to denial of or revocation of funding.

The following survey will help the Mayor’s Office of Housing and Community Development (MOHCD) assess your organization’s compliance with the provisions of the law. Completion of the survey is a requirement of your grant. This survey is only for those programs which are funded by MOHCD. If your organization has several programs, not all of which are funded by MOHCD, do not include the non-MOHCD funded programs in your responses. MOHCD staff will evaluate your response to the survey and conduct site visits as necessary. Technical assistance is available for implementing ADA guidelines to ensure that all persons have equal access to services and facilities funded by public tax dollars.

This survey is divided into five parts. All organizations must complete:

* Section 1, *Organization Background Information*;
* Section II, *General Public Contact*;
* Section IV, *Employment Assurance.*
* Section V, *Physical Accessibility*.

Only those agencies providing direct services such as substance abuse treatment, job training, mental health care, health care, day care services, etc. must complete Section III, *Intensive Client Contact*.

**How to Submit Completed ADA Surveys:**

Please upload all completed survey(s) to the Grant Management System (GMS). Should your agency need to upload multiple surveys, please submit them all through GMS. If you require assistance in completing this survey, please contact the following MOHCD staff: Arata Goto, Acting Compliance Coordinator or Gloria Woo, Director of Data, Evaluation and Compliance. Arata Goto can be reached at **arata.goto@sfgov.org**and Gloria Woo at 628-652-5941 and **Gloria.Woo@sfgov.org****.**

**SECTION ONE**

**Program Information**

**(All MOHCD funded agencies must complete this section)**

Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Funded Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Name of person responsible for ADA Compliance: |  |  |
| Telephone Number: |  |  |
| Email Address: |  |  |
|  |  |  |
| Signature of Executive Director: |  |  |
| Date: |  |  |

**You must upload the entire survey, including those sections not completed, to the Grant Management System (GMS). If necessary, please contact your MOHCD Grant Coordinator or the staff mentioned under the instructions on how to submit this ADA survey section.**

**SECTION TWO**

**General Public Contact**

**(All MOHCD funded agencies must complete this section)**

**General Policies, Procedures & Practices**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | Is information about the funded program available in alternative formats; i.e., Braille, Audiotape, Large Print? | [ ]  Yes | [ ]  No |
| 2. | Does the funded program ever provide transportation for its applicants or participants? | [ ]  Yes  | [ ]  No |
| 2.a.  | If the answer to question 2 is yes, is the transportation accessible to persons with disabilities? | [ ]  Yes  | [ ]  No |
| 3. | Does your program have any components or services that are exclusively for people with disabilities (e.g., a housing program designated for persons with disabilities, an alternate employment program, a different application process, special meeting times, etc.)? | [ ]  Yes  | [ ]  No |
| 4.  | May people with disabilities also participate in the general program if they so choose? | [ ]  Yes  | [ ]  No |

**Communications**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | Does your program have a TTY/TDD (text telephone for communicating with people with hearing and/or speech impairments)? | [ ]  Yes | [ ]  No |
| 1.a. | If the answer to question 1 is yes, is there a dedicated phone line for the TTY/TTD? | [ ]  Yes  | [ ]  No |
| 1.b | What is the TTY/TDD number? |  |
| 1.c. | Is the TTY/TDD number included in distributed written material?  | [ ]  Yes  | [ ]  No |
| 1.d. | Is the TTY/TDD number listed in a public phone directory? | [ ]  Yes  | [ ]  No |
| 1.e. | Is the TTY/TDD number announced in a recorded message?  | [ ]  Yes  | [ ]  No |
| 1.f. | Is the TTY/TDD number listed on a website? | [ ]  Yes  | [ ]  No |
| 1.g. | Does the TTY/TTD have an answering machine that receives calls when someone is not available to take the call? | [ ]  Yes  | [ ]  No |
| 1.h. | Are members of your staff trained in how to use the TTY/TDD?  | [ ]  Yes  | [ ]  No |
| 1.i. | How often are employees trained in the use of the TTY/TDD? |  |
| 1.i. | Is there a user’s manual or instruction booklet for the TTY/TDD within reach of the TTY/TDD?  | [ ]  Yes  | [ ]  No |
| 2. | Does your program provide phones for the public to use to make outgoing calls when needed (e.g., to call for transportation or to track down a required document)? | [ ]  Yes  | [ ]  No |
| 2.a. | If the answer to question 2 is yes, is there a TTY/TDD available for making these calls? | [ ]  Yes  | [ ]  No |
| 2.b. | If the answer to question 2.a. is NO, is there an alternative means for disabled members of the public to make phone calls? | [ ]  Yes  | [ ]  No |
| 3. | Is your program staff trained in how to use the California Relay Service? | [ ]  Yes  | [ ]  No |

**SECTION THREE**

**Intensive ("Client") Contact**

**Who must complete this section?** Complete this section if your program has recurring and/or ongoing contact with the public. This includes all programs that require service constituents to complete applications for participation and have requirements for continued service such as participation in scheduled activities. Programs that are considered to involve intensive client contact are those providing substance abuse treatment, mental health services; housing, job training, or day care. Programs that do not require clients to provide identifying information, complete applications or maintain a minimum level of participation such as meal sites are not considered to involve intensive client contact and need not complete this section. If you need further assistance in determining whether you should answer the questions in this section please contact Arata Goto, Acting Compliance Coordinator or Gloria Woo, Director of Data, Evaluation and Compliance. Arata Goto can be reached at arata.goto@sfgov.org or Gloria Woo can be reached at 628-652-5941 and Gloria.Woo@sfgov.org.

[ ]  Check this box if your agency is **NOT** required to complete this section.

**Application Policies, Procedures & Practices**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Does your program have eligibility requirements (e.g., evidence of particular skills, record of good tenancy, completion of a training program, CalWorks eligibility, etc.)? | [ ]  Yes | [ ]  No |
| 1.a. | If yes, may these eligibility requirements be modified to accommodate individuals whose disabilities prevent them from meeting them? | [ ]  Yes  | [ ]  No |
| 2. | How may a member of the public apply to your program? (Check all that apply) |
| In person[ ]  | By authorized representative [ ]  | By mail[ ]  | By phone [ ]  | By TTY/TTD [ ]  | Through website[ ]  | Through home visit upon request [ ]   | By Fax[ ]  |
| 3.  | Is a member of your staff available to help those individuals who may require assistance in completing an application? | [ ]  Yes  | [ ]  No |
| 4. | Does your staff provide assistance to those seeking admission into your program in obtaining any required documentation? | [ ]  Yes  | [ ]  No |
| 5. | Does your program have staffed drop-in hours for potential applicants or program participants who may not have an appointment? | [ ]  Yes  | [ ]  No |

**General Service Policies, Procedures & Practices**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | If a participant in your program has a disability that requires a regular (as opposed to one time) modification of a policy, procedure or practice, is this information recorded in his/her file or must he/she make a new request at each visit? | [ ]  Yes | [ ]  No |
| 2. | Does your program have requirements that a person must meet in order to remain in the program/continue to receive service (e.g. submit forms, attend meetings, complete assignments)? | [ ]  Yes  | [ ]  No |
| 2.a. | If the answer to question 2 is yes, may these requirements be modified to accommodate individuals whose disabilities prevent them from meeting these requirements? | [ ]  Yes  | [ ]  No |

**Grievance Policy and Procedures**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | Does your agency have a standard grievance policy that includes mention of the rights of persons with disabilities?  | [ ]  Yes | [ ]  No |
| 1.a. | If the answer to question 1 is yes, is this policy posted in an area accessible to persons with disabilities? | [ ]  Yes  | [ ]  No |

**SECTION FOUR**

**Employment Assurances**

**(All MOHCD funded agencies must complete this section)**

**Instructions: Please initial each item that is true.**

* 1. All employment practices (recruitment, interviewing, hiring, promotion, and provision of benefits) are conducted in a non-discriminatory manner. \_\_\_\_\_\_\_\_\_
	2. We understand the meaning of and have identified the essential functions of all jobs. \_\_\_\_\_\_\_\_
	3. Recruitment notices are sent, regularly, to organizations serving people with disabilities. \_\_\_\_\_\_\_
	4. Interviews are held or can be provided in accessible locations. \_\_\_\_\_\_\_\_
	5. No application or interview inquiry is made which requests that an applicant identify a disability unless the person is asking for services related to the disability (i.e., substance abuse treatment) or voluntarily as part of our affirmative action obligations. \_\_\_\_\_\_\_\_\_
	6. No medical examinations are required prior to a conditional offer of employment. \_\_\_\_\_\_\_
	7. We understand and have a written policy for provision of reasonable accommodations for employees with disabilities. \_\_\_\_\_\_\_\_\_\_
	8. Medical records are maintained in separate, confidential files. \_\_\_\_\_\_\_\_\_\_

**SECTION FIVE**

**Physical Accessibility**

**(All MOHCD funded agencies must complete this section, unless the identified site is a new facility currently under construction or construction has not yet begun)**

**Program Entrance**

|  |  |  |
| --- | --- | --- |
| 1.  | How wide (in inches) is the main entrance when one door is open? |  |
| 2. | If the main entrance has a pair door, how wide is it when both doors are open? |  |
| 3. | Does the entrance door(s) require great effort or pressure to open? | [ ]  Yes | [ ]  No |
| 4. | Is the accessible entrance the same entrance used by non-disabled persons? | [ ]  Yes | [ ]  No |
| 4.a. | If not, please describe the accessible entrance’s location |  |
|  |
| 5. | Is the floor on both sides of the entrance door the same height?  | [ ]  Yes | [ ]  No | [ ]  NA |
| 6. | Is the accessible entrance clearly identified with signage? | [ ]  Yes | [ ]  No | [ ]  NA |
| 7. | Does the signage incorporate Braille?  | [ ]  Yes | [ ]  No | [ ]  NA |
| 8.  | Is there a level (free of steps or steep level changes) path of travel from sidewalks to the accessible entrance?  | [ ]  Yes | [ ]  No | [ ]  NA |
| 9. | Is there a level path of travel from public transportation stops to the accessible entrance?  | [ ]  Yes | [ ]  No | [ ]  NA |
| 10. | Are there curb cuts at all appropriate intersections leading from public transportation stops to the site? | [ ]  Yes | [ ]  No | [ ]  NA |
| 11. | Are there hazards such as protruding objects for people with visual impairments on the path of travel?  | [ ]  Yes | [ ]  No | [ ]  NA |
| 12. | Do you provide parkingfor program participants or visitors? | [ ]  Yes | [ ]  No | [ ]  NA |
| 13. | If you answered, "Yes", how many total spaces do you provide? |  |
| 14. | How many spaces are reserved and identified as for persons with disabilities? |  |
| 15. | What are their overall dimensions, including loading area? |  |

**Ramps**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | Are any rampsused anywhere on this site?  | [ ]  Yes | [ ]  No |
| 2. | If the answer question 1 is yes, what is the length in inches? |  |
| 3. | If the answer to question 1 is yes, what is the height (at the highest point) in inches? |  |
| 4. | If the answer to question 1 is yes, are there railings on each side of the ramp?  | [ ]  Yes | [ ]  No |
| 5. | If the answer to question 1 is yes, is there a level landing at the top of the ramp? | [ ]  Yes | [ ]  No |
| 6. | If the answer to question 1 is yes, what are the dimensions of the landing in inches? |  |
| 7. | If the answer to question 1 is yes, is there a level landing at the bottom of the ramp? | [ ]  Yes | [ ]  No |
| 8.  | If the answer to question 1 is yes, what are the dimensions (in inches) of the landing? |  |

**Elevator**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | Is there an elevator at this site? | [ ]  Yes | [ ]  No |
| 2. | If the answer to question 1 is yes, how wide (in inches) is the elevator entrance? |  |
| 3. | If the answer to question 1 is yes, what are the dimensions (in inches) of the interior of the elevator’s car |  |
| 4. | If the answer to question 1 is yes, what is the distance (in inches) of the top button on the control panel from the floor? |  |
| 5. | If the answer to question 1 is yes, is there Braille signage or raised on the control panel? | [ ]  Yes | [ ]  No |
| 6. | If the answer to question 1 is yes, is there Braille signage on the site elevator sashes | [ ]  Yes | [ ]  No |
| 7. | If the answer to question 1 is yes, what is the distance (in inches) of the call button in the elevator lobby from the floor? |  |

**Corridors & Doorways**

|  |  |  |
| --- | --- | --- |
| 1.  | What are the widths (in inches) of all corridors leading from the building entrance to program areas? |  |
| 2. | What are the widths (in inches) of secondary corridors used **by few** people? |  |
| 3. | By your measurement**,** whatare the doorways clearance widths (in inches) leading to program spaces? |  |
| 4. | How many doors have levered or non-grasping hardware? | [ ]  All | [ ]  Some | [ ]  None |
| 5. | Is there Braille signage for the path of travel to program spaces? | [ ]  Yes | [ ]  No |
| 6. | Is the path of travel or hallway to all program areas free of protruding objects (more than 4" away from wall)?  | [ ]  Yes | [ ]  No |

**Restrooms**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1.  | How many restroom stalls are accessible to someone using a wheelchair?  | \_\_\_\_\_\_\_Unisex | \_\_\_\_\_\_\_\_Men | \_\_\_\_\_\_\_\_Women |
| 2.. | Are the doorways clear openings to the bathrooms at least 32" wide? | [ ]  Yes | [ ]  No |
| 3. | Is there levered or non-grasping hardware on the door?  | [ ]  Yes | [ ]  No |
| 4. | Is there a five foot in diameter space for a wheelchair user to maneuver and turn around?  | [ ]  Yes | [ ]  No |
| 5. | Are there grab bars on the side and back of the toilet?  | [ ]  Yes | [ ]  No |
| 6. | If a private stall is present, is the door at least 32" wide?  | [ ]  Yes | [ ]  No |
| 7. | Is the stall space clear at least 60" x 60"?  | [ ]  Yes | [ ]  No |
| 8. | Is at least one faucet control of a levered type or automatic on/off? | [ ]  Yes | [ ]  No |
| 9. | Are drainpipes under the sink wrapped?  | [ ]  Yes | [ ]  No |
| 10. | Is the knee clearance underneath the sink a minimum of 27" high?  | [ ]  Yes | [ ]  No |

**Telephones**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | Do you providepublic telephones? | [ ]  Yes | [ ]  No |
| 2. | If the answer to question 1 is yes, are there any that are accessible to a wheelchair user (48" to top of highest control)?  | [ ]  Yes | [ ]  No |
| 3. | If the answer to question 1 is yes, are there any accessible to a person who is deaf (equipped with TDD)? | [ ]  Yes | [ ]  No |
| 4. | If the answer to question 1 is yes, are there any accessible to a person who is hard of hearing (volume controlled) as is indicated by blue rubber ring on the hand piece? | [ ]  Yes | [ ]  No |

**Water Fountains**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | Do you provide a water fountain? | [ ]  Yes | [ ]  No |
| 2. | If the answer to question 1 is yes, is it accessible to a wheelchair user?  | [ ]  Yes | [ ]  No |
| 3. | If the answer to question 1 is yes, is it located so as not to be a hazard to a person with a visual impairment?  | [ ]  Yes | [ ]  No |

**Construction Modifications**

1. Please describe what, if any, construction modifications have been completed to improve access to your facility.