2017 DISABILITY ACCESS CHECKLIST

 (For New Projects)

An electronic version of the form is available at: <http://hsh.sfgov.org/lhcb/2017-continuum-of-care-funding-competition/>. You will be able to type into that form.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Department or Agency |  | Name of Program or Service |
|  |
|  |  |  |
| Address |  | Phone |
|  |
|  |  |  |  |  |
| Contact Person (ADA Coordinator) |  | Phone |  | E-mail |
|  |
|  |  |
| Funding Agency |  |
| This grant is intended for activities at: |  | This grant will fund a: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | New site |  |  | New program or service |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Existing site |  |  | Existing program or service |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Rehabilitation of existing site |  |  | Multiple programs or services |
| Address of program site: |  |

**Please answer the following questions *as they apply* *to the program for which you are applying for funding*.**

**Physical Access**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you had professional review of architectural accessibility of your site? | Yes |  |  | No |  |
| If yes, what was the date of the review? |  |  |
| Who conducted the review? |  |  |

The following are major areas for review. If the professional review found any problems, please indicate. Please list additional items at the bottom.

|  |
| --- |
| 1. The program or service is wheelchair accessible for: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Paths of travel | Yes |  |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Restrooms | Yes |  |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Areas where services are provided | Yes |  |  | No |  |

|  |
| --- |
|  |
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| --- |
| 2. Signage for people with vision-impairments: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  In elevators | Yes |  |  | No |  | Not applicable (no elevators) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Marking paths of travel | Yes |  |  | No |  |

|  |  |
| --- | --- |
|  |  |
|  |  |
| 3. If you provide transportation, is it accessible? | Yes |  |  | No |  | Not applicable (not provided) |  |

|  |
| --- |
|  |
|  |

Other identified physical access issues:

|  |
| --- |
|  |
|  |
|  |

## Communication Access

|  |
| --- |
| 1. Program materials are available in:
 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Large print |  |  | Braille |  |  | Cassette |  |  | Computer disk |  |  | Other |  |

|  |
| --- |
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. Sign language interpretation is available if needed: | Yes |  |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. The program has a TTY machine: | Yes |  |  | No |  |

|  |  |
| --- | --- |
|  If yes, please provide the number: |  |
| If no, please explain how you communicate with hearing impaired people by phone. |
|  |

## Programmatic Access **(the answers to the following questions should not exceed three pages (six pages for collaborative projects), single spaced, 12 point, Times New Roman font.)**

|  |
| --- |
| 1. How do you notify your clients of their rights under disability rights laws? (If you are a new project applicant, please attach any sample language.)
 |
|  |
| 1. How do you train your staff on their obligations under the ADA, the Fair Housing Amendments Act, and other disability rights laws? (If you are a new project applicant, please attach outlines of any trainings and any relevant materials.)
 |
|  |
| 1. Do you have a reasonable accommodation policy? (If yes, and you are a new project applicant, please attach.)
 | Yes |  |  | No |  |  |
|  |
| 1. We are interested in learning how you have provided, or would provide, reasonable accommodations to clients with a variety of disabilities. If you have actually encountered any of the following situations, please let us know.
 |
| 1. What would you do with a client with a hearing impairment who needs your services? How would you communicate on the phone and in person?
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|  |
| 1. What would you do with a client who is blind? How would you provide her with information that is usually given in writing? How would that person collect information or documentation for you?
 |
|  |
| 1. What would you do with a client who arrived at your door in a wheelchair or who had mobility impairments that made it difficult to get to your office?
 |
|  |
| 1. What would you do with a client who appears to have a cognitive impairment that made it difficult for him to understand instructions or remember appointments? How would you provide services?
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|  |
| 1. What would you do with a client who appears to have a psychiatric impairment that made her paranoid and reluctant to reveal required information? How would you provide services?
 |
|  |
| 1. What would you do with a client who appears to have a psychiatric impairment that made him argumentative? How would you provide services?
 |
|  |
| 1. What percentage of your clients would you estimate have disabilities?
 |  | % |
|  Please allocate: physical disabilities |  | % |  | mental disabilities |  | % |
| 1. What steps do you take to ensure that eligibility criteria do not screen out people with disabilities?
 |
|  |
|  |
| 1. Do you have a grievance procedure? (If yes, and you are a new project applicant, please attach.)
 | Yes |  |  | No |  |  |
|  |
| Verified by: |  |  |  |
|  | Executive Director |  | Date |

## Attachments:

* Sample language for how you notify clients of their rights under disability rights laws (item 1 under Programmatic Access).
* Outlines of ADA and Fair Housing trainings and any other relevant materials (item 2 under Programmatic Access).
* Reasonable accommodation policy (item 3 under Programmatic Access).
* Grievance procedure (item 7 under Programmatic Access).
* Any other related materials that you wish to attach.

**Trouble downloading? Contact Charles Minor at 415-355-5209 or** Charles.minor@sfgov.org**.**