# 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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| --- |
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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) |  |

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Other identified physical access issues:

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## Communication Access

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

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

|  |
| --- |
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| --- | --- | --- | --- | --- | --- |
| 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? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 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](mailto:charles.minor@sfgov.org)**.**