

**The Community Partnership for the Prevention of Homelessness
801 Pennsylvania Avenue, SE
Suite 360
Washington, DC 20003**

AGENCY SELF EVALUATION FORM SURVEY

Purpose

This survey is designed to capture introductory information to determine the Continuum of Care's compliance with Americans with Disabilities Act, Section 504 of the Rehabilitation Act and the Fair Housing Act. This survey is not an evaluation of your programs' services. Feel free to add any additional information, including attachments that you feel would be helpful in describing your program.

Quick Definitions

Americans with Disabilities Act (1990) – A comprehensive civil rights law that protects persons with disabilities from discrimination in employment, programs of all state and local governments, public accommodations and telephone communication services.

Fair Housing Act (amended, 1988) – Added persons with disabilities as a protected class in the sale and/or rental of housing.

Section 504 of the Rehabilitation Act (1973) - Requires that programs receiving federal financial assistance do not discriminate against otherwise qualified persons with disabilities.

Accessible Facility – A facility or portion of a facility that can be approached, entered and used by individuals with physical disabilities.

Auxiliary Aids – Devices or services that compensate for a disabling condition. The term includes qualified interpreters or other means of communications (such as TTYs/TTDs) for people who have hearing impairments; qualified readers, taped texts or other devices for people who have vision impairments; adaptive equipment and other similar services and actions.

Transition Plan – A plan listing physical barriers that were identified during the self-evaluation process and that limit the participation in a program by people with disabilities. This document also outlines the method for their elimination, cost estimates and a timeframe for the completion of any required construction.

Organization: (include address, telephone number, e-mail address, etc., if appropriate for the type of program):

Name of Person Completing this Form:

Title: _____

Facilities Used

This survey should address all of your programs whose public funds are administered through the Community Partnership excluding supportive service programs. Please list all those programs below and the population they serve.

Nature of Program

Please describe the mission of your organization including the purpose, scope, general activities (services), and participants.

Recruitment and Advertisement

1. Do your programs engage in any public activities to "recruit" program participants or otherwise inform persons of the program's existence?

Yes ___ No ___

If yes, briefly describe activities involved and materials used.

2. Have your programs taken any steps to ensure that potential program participants, including those with hearing, vision and communication impairments are not excluded (e.g. materials in large print, Braille, audiotape, etc.)?

Yes ____ No ____

If yes, briefly describe those steps.

Program Admission

1. Is an interview required before an applicant enters the program?

Yes ____ No ____

If yes, briefly describe the interview process and steps to be taken, including the provision of auxiliary aids, to ensure nondiscrimination in interviewing (e.g. a staff person may read the application and fill in the responses for a person who is blind; communicating instructions in writing for a person who is deaf, etc.)

2. Are clients required to fill out admission forms in order to gain program entry?

Yes ____ No ____

If yes, are any available in alternative format (e.g. audio taped, Braille, reader)?

3. Do the forms listed in 2 contain a notice of this organization's compliance with the ADA, Section 504 and Fair Housing, etc.?

Yes ____ No ____

4. Generally, what is the average timeframe from an applicants request for service and receiving service?

Program Participation

1. After admission, are inquiries made to those clients who have disclosed their disability in order to make accommodations that will enable them to fully participate in the program? [Note: It is appropriate to ask a person whose disability is observable (e.g. wheelchair-user, person who uses a walker) what they may need in order to fully utilize the facility and program.]

Yes ____ No ____

If yes, list the steps that are taken to ensure that information is gathered voluntarily and kept confidential, and not used to adversely affect any person with a disability.

2. List all written materials, tools, equipment or other devices that clients use in your program.

3. Are steps taken to ensure that program equipment and materials are accessible to and usable by persons with disabilities.

Yes ___ No ___

4. Are any of the following services or benefits provided to program participants? Check all that apply:

Transportation Services	___	Counseling Services	___
Health Services & Insurance Benefits	___	Employment Services	___
Housing, Long-term, Lease	___	Food Services	___
Financial Aid	___	Social, Recreational, Athletic Activities	___

5. Are services/benefits offered in your program equally effective for and usable by persons with disabilities (mental or physical)?

Yes ___ No ___

6. Do program participants sit on boards, councils or similar bodies?

Yes ___ No ___

If yes, list steps taken to ensure equal opportunity for selection to, and participation in, such boards by persons with disabilities.

7. List steps that your organization may have taken to ensure that program participants with disabilities are aware of accessible and inaccessible areas of your facilities.

8. Using information from "7" above, check off nonstructural measures that your agency would consider taking to ensure accessibility when the program is viewed in its entirety, including:

- Relocating the activity to an accessible space;
- Being able to relocate the activity to an accessible space on notice of the needs of a qualified person with a disability;
- Revising the structure or format of the activity so the space is not needed;
- Modifying or redesigning equipment;
- Making home visits or other alternative delivery services; or
- Any methods that would otherwise achieve program accessibility

A "transition plan" is developed to plan for the resolution of any physical (structural) barriers that are identified during the self-evaluation. Any program accessibility issues that cannot be resolved immediately should be added to the transition plan so that they can be addressed in a timely manner. Please identify any such issues below:

Communications

Under Section 504 and the ADA, public entities must provide communication accessibility to people with hearing, vision and speech impairments. This includes the use of TTYs (Teletypewriter) and TTDs (Telecommunication Device for the Deaf), the Relay System (a service that facilitates communication for those who do not have a TTY/TTD available and cannot use the standard telephone system) and close-captioned video for people who are hearing impaired; and readers, and materials available on audiotape or printed in large font or Braille for those who have vision impairments.

1. List auxiliary aids that are available or sources where they can be obtained, for individuals with speech, vision or hearing impairments. This can include qualified readers and interpreters, taped, Brailled or large-print materials, or closed-captioned video programs.

2. Are auxiliary aids provided to individuals with hearing, speech or vision impairments when needed to ensure effective participation in a program or activity?

3. TTYs or TTDs or Relay System

If services or information are disseminated to the public using the telephone, does the provider have a TTY or TTD or other equally-effective system available so that the entity can communicate with individuals who have hearing or speech impairments?

Yes ____

No ____

If yes, is a TTY/TTD or other equally-effective system available so that the provider can provide communication with individuals who have hearing or speech impairments? If no, list steps taken to ensure effective communication with individuals who have hearing or speech impairments. This can include relying on a "third party" relay service.

4. Information and Signage (signage should comply with the ADA Accessibility Guidelines (ADAAG, §4.30). Is information provided regarding the following?

___ Signage at accessible entrances directing people to accessible entrances;

___ Signage directing people to elevators, and

___ Signage concerning the availability and location of TTY-equipped pay phones or portable TTYs.