

City of Bellingham

Section 504/ADA Self-Evaluation and Assurance of Compliance

504/ADA Self-Evaluation Questionnaire Form

This form will help you evaluate your organization's or firm's programs and services, employment, and facilities to ensure they are accessible to people with disabilities. Complete the 504/ADA Self-Evaluation Questionnaire and return the questionnaire with your contract.

Accessibility Checklist

Companies or organizations that provide services outside their office do not need to write a corrective action plan for physical accessibility as long as the services are provided in an accessible location for people with disabilities who cannot access the office. However, physical access must also be reviewed in light of hiring an individual with a disability or accommodating a current employee who becomes disabled.

504/ADA Assurance of Compliance Form

All contractors must complete this form. Governmental agencies and contracts for the direct purchase of goods are exempt.

- **Complete this form.** If your organization or firm is out of compliance with any of the 504/ADA requirements, indicate on the 504/ADA Disability Assurance of Compliance form the corrective actions that will be taken to achieve compliance and the date these actions will be completed.
- **Sign the Assurance of Compliance form and send the original back with your contract.** Keep a copy of the form on file in your office for use during on-site reviews. You will be notified at least one week in advance of any scheduled review. (Note: This form may be used as an exhibit with other City of Bellingham contracts for two years from the date the form is completed.)

If you have questions regarding this process, or if you require this material in an alternate format, please contact Heather Aven at 360-778-8345 or TTY Relay 711, or by e-mail at have@cob.org.

504/ADA General Information

Federal and State laws prohibit discrimination based on disability. Section 504 of the Rehabilitation Act of 1973, as amended (504), and the Americans with Disabilities Act of 1990 (ADA) require that the City of Bellingham and all organizations and firms contracting with the City of Bellingham, except those providing tangible goods, comply with the 504/ADA accessibility requirements.

Under 504 and ADA, a "qualified individual with a disability" is anyone who has, has a history of, or is perceived as having a physical or mental impairment which substantially limits one or more major life activities. Disabilities include, but are not limited to: mobility, visual, hearing, or speech disabilities; mental illness; epilepsy; learning disability; brain injury; HIV/AIDS; arthritis; cerebral palsy; multiple sclerosis; developmental disability; and alcohol and/or drug addiction.

504/ADA SELF-EVALUATION QUESTIONNAIRE

General Requirements

Please check the appropriate answers. If necessary, attach additional pages of explanation. **If you have fewer than 15 employees, please skip the first section and start with "Program Access."**

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you have a 504/ADA coordinator? If so, who? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name_____ | | | |
| Title_____ Phone_____ | | | |
| 2. Do you have an internal grievance procedure that allows for quick and prompt solutions for any complaints based on alleged noncompliance with 504/ADA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a policy that provides for notifying participants, applicants, employees, unions, and professional organizations holding collective bargaining or professional agreements that you do not discriminate on the basis of disability? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you notified these individuals of your nondiscrimination policy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you provide ongoing staff training to ensure that staff fully understand your policy of nondiscrimination on the basis of disability and can take all appropriate steps to facilitate the participation of individuals with disabilities in agency programs and activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Access

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you notify the public and other interested parties that agency meetings, board of director meetings, hearings, conferences, public appearances by elected officials, and interviews will be held in accessible locations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you notify the public and other interested parties that auxiliary aids (sign language interpreters, readers) will be provided, upon request, to participants with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a Teletypewriter (TTY), or do you use the statewide Telecommunications Relay Service to facilitate communication with individuals who use TTYS for communication purposes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you provide ongoing training to familiarize appropriate staff with the operation of the TTY (or Relay Service) and other effective means of communicating over the telephone with people with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Access (continued)

	YES	NO	N/A
5. Do you make available, upon request, written material in alternate formats for people who have disabilities? (Alternate formats include large print, Braille, and audiocassette tapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are printed posters, announcements, and printed materials (including graphics) clearly legible and placed in physically accessible locations where print can be read from a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you have a mailing list for the purposes of information dissemination, does it include various disability groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are your TTY number and procedures for accessing your services printed on all material distributed to the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a policy and procedure for safe emergency evacuation of people with disabilities from your facility(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment and Reasonable Accommodation

1. When gathering affirmative action data regarding disabilities, do you make it clear that: <ul style="list-style-type: none"> • the information requested is intended for use solely in connection with reporting requirements; • the information is voluntary; • the information will be kept confidential; and • refusal to provide or providing the information will not subject the applicant or employee to any adverse treatment? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you make pre-employment medical inquiries or conduct pre-employment medical examinations:			
• Is the inquiry related to the applicant's ability to perform the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you condition offers of employment on the results of these examinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the examination required for <u>all</u> employees in the same job classification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are <u>all</u> applicants in the same job classification asked the same medical and/or interview questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During the application, interviewing, hiring, and employment process, do you provide reasonable accommodations to applicants and employees with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment and Reasonable Accommodation (continued)

YES NO N/A

4. Do you have a written policy stating the following?

504/ADA requires that information concerning an applicant's medical condition or history must be kept separate from personnel records and may be shared in only three ways:

- (1) supervisors and managers may be informed of restrictions on the work or duties of individuals with disabilities and informed of necessary accommodation(s);
- (2) first aid and safety personnel may be informed if the condition might require emergency treatment; and
- (3) government officials investigating compliance with 504/ADA shall be provided with relevant information upon request.

Physical Accessibility

Complete the "Accessibility Checklist" and then answer the following questions:

- 1. Is the building(s) where your business is located barrier-free?
- 2. If you checked NO to any of the items on the Employment and Reasonable Accommodation checklist above, would these areas prevent an individual with a disability from accessing your program(s) or service(s)?

If access would be impacted, describe on the Corrective Action Plan what steps will be taken to eliminate the barrier(s). If there are extenuating circumstances which would make barrier removal a financial or administrative burden, please explain in the Corrective Action Plan.

This 504/ADA Self-Evaluation Questionnaire was completed by:

Print name

Date

Phone Number

504/ADA ASSURANCE OF COMPLIANCE (continued)

Program Access

Actions To Be Taken

Completion Date

Employment and Reasonable Accommodation

Actions To Be Taken

Completion Date

Physical Accessibility

Actions To Be Taken

Completion Date

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of authorized individual

Date

Type or print name of authorized individual

Title

Telephone

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