Agency Name: _____

| I. ACCESSIBILITY COORDINATOR | YES | NO |
|---|---|---|
| 1. Has one person been designated to coordinate the accessibility issues for the agency? | | |
| If yes, Name:        Phone: | | |
| BUILDING ACCESS | YES | NO |

1. Does the facility provide a continuous unobstructed path to and from the following? **YES or NO**
   a. Public Transportation
   b. Parking Lot
   c. Passenger Loading Zone
   d. Streets and Sidewalks
2. Does the facility have designated accessible parking spaces? **YES or NO**
   a. Are the accessible parking spaces located closest to building entry?
      **YES or NO**
   b. Is each one marked with vertical sign showing the universal symbol of accessibility?
      **YES or NO**
   c. Are 96 inch wide parking spaces designated with a 60 inch access aisle? **YES or NO**
3. Where passenger loading zones are provided, is at least one accessible? **YES or NO**
4. Is the gradient from parking to building entrance 1:12 or less? **YES or NO**
5. Is path of travel free from obstruction and wide enough (at least 36 inches) for a wheelchair?
**YES or NO**
6. Are the entrance doorways at least 32 inches wide? **YES or NO**
7. Are the entrance door handles, locks, and latches operable with one hand without twisting the wrist?
 **YES or NO**
8. Is the threshold no more than ½ inches high? **YES or NO**
9. Are the doors easy to open (less than 8lbs. of pressure)? **YES or NO**
10. Are other than revolving doors available? **YES or NO**

**II. BUILDING CORRIDORS/APPLICATION/INTERVIEW/SERVICES AREA**
(circle YES or NO)

1. Are all meeting rooms and common areas used for intake, certification, meetings, etc. reached without steps or escalators? **YES or NO**
2. Is path of travel free of obstruction and wide enough (at least 36 inches) for a wheelchair?
   **YES or NO**
3. Where obstacles (phones, fountains) protrude into corridor/path of travel, do they protrude no more than 4 inches? **YES or NO**
4. Is the floor surface hard and not slippery? **YES or NO**
5. Are doors at least 32 inches wide? **YES or NO**
6. Are doors easy to open? **YES or NO**
7. Are the thresholds no more than ½ inches high? **YES or NO**

8. Is the path of travel between desks, tables, etc., wide enough (at least 36 inches) for wheelchairs? **YES or NO**

9. Where drinking fountains are provided, are the accessible to the disabled individuals? **YES or NO**

10. Where there is an elevator, are elevator controls low enough (48 inches) to be reached from a wheelchair? **YES or NO**
    a. Are elevator markings in Braille? **YES or NO**
    b. Does elevator provide audible signals? **YES or NO**
    c. Does elevator interior provide a turning area of 51 inches for wheelchairs? **YES or NO**

### III.     RESTROOMS (circle YES or NO)

1. Is there at least one accessible restroom for disabled individuals at the facility? **YES or NO**
2. Do doors have lever handles? **YES or NO**
3. Are doors at least 32 inches wide? **YES or NO**
4. Are stall doors at least 32 inches wide? **YES or NO**
5. Are reinforced grab bars provided in toilet stalls? **YES or NO**
6. Is toilet height 17 to 10 inches high? **YES or NO**
7. Are sinks 30 to 34 inches high with room for a wheelchair to roll under? **YES or NO**
8. Are sink handles operable with one hand without twisting the wrist? **YES or NO**
9. Are soap dispensers, towels, nor more than 48 inches from the floor? **YES or NO**

### IV.     COMMUNICATION (circle YES or NO)

1. Is the agency able to communicate its services to disabled applicants, clients, and employees of the agency (e.g. – telecommunication device (TDD) number for the deaf)? **YES or NO**
2. Are applicants, clients, and employees of the agency, including those with impaired vision, or hearing; notified of the agency's policy of nondiscrimination on the basis of handicap? **YES or NO**
3. Does the agency's brochures/general printed information include a statement of this policy as well as a telecommunications device (TDD) number for deaf persons? **YES or NO**
4. Does the agency's brochures/general printed information include information in different languages for LEP compliance? **YES or No**/ If so, which languages are represented? _____

### V.     ALTERNATIVE ACCESSIBILITY (circle YES or NO)

If the facility is not accessible to disabled individuals, what alternative service delivery methods are used to achieve accessibility? **YES or NO**

### VI.     AGENCY SELF-EVALUATION (circle YES or NO)

Has the agency conducted a full self-evaluation of its programs, policies, procedures, employment practices, etc., in relation to nondiscrimination on the basis of handicap? **YES or NO**

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_____
Print Name, Title and Date