

CHAPTER 7. MONITORING OF PUBLIC HOUSING AND SECTION 8
EXISTING HOUSING PROGRAMS FOR SECTION 504

- 7-1. OVERVIEW OF PROGRAM. The final Section 504 Regulation was published in the Federal Register on June 2, 1988 (24 CFR Part 8). Section 504 of the Rehabilitation Act of 1973 provides that "No otherwise qualified individual with handicaps in the United States *** shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance ***."

The requirements outlined in Chapter 7 are designed to monitor compliance with Section 504. Compliance with Section 504 does not insure compliance with the Fair Housing Act. There are additional requirements imposed under the Fair Housing Act. For example, there are different requirements for: (1) physical accessibility; and (2) types of questions that can be asked of applicants.

7-2. MANAGEMENT OF THE MONITORING PROCESS

- A. The monitoring of HUD recipients is an ongoing process. The monitoring for the requirements of Section 504 should be a part of the regular monitoring process and should be integrated into every review of a PHA.

1. During the review, technical assistance should be provided as necessary. Copies of the Uniform Federal Accessibility Standard (UFAS), the Section 504 Regulation, and information on the Architectural Barriers Act are several technical information sources. For access problems, the Architectural and Engineering Branch should be consulted.
2. After technical assistance has been provided and there are still unresolved areas of concerns, the results of the review should then be forwarded to the Regional FHEO Office for consideration for a compliance review.

The Field Office is usually the first HUD contact for many 504 recipients. Careful monitoring combined with efficient and effective technical assistance can lead to positive implementation of the Section 504 Regulation.

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- B. Monitoring for Section 504 should focus on five main areas of concern:

- o General Requirements
- o Communications
- o Program Accessibility
- o Equal Employment Opportunity
- o Physical Accessibility

A checklist is included for each of these identified areas. Most questions on the checklists may be answered, "Yes," "No," or "Unable to Determine." If the answer is other than "Yes", the reviewer must explain in the space provided. Following each question, or series of questions, is a statement that should be used in the letter to the recipient if any response other than "Yes" is given.

In most cases, the questions on the checklist mirror those included in the recipient's self-evaluation. The recipient's responses, once carefully examined, will provide useful information about practices and procedures. This information should be supplemented and substantiated by a review of the recipient's pertinent statistical information, material obtained from community organizations, documents and forms used by the recipient, and HUD's on-site observations and interviews. With all of this information assembled in a usable way, an accurate assessment of the recipient's conformance with the Section 504 Regulation may be made.

NOTE: It could appear that all of a recipient's practices and procedures meet Section 504 objectives when, in fact, Section 504 requirements are not met. For example, if a recipient fails in its outreach and communication efforts, eligible individuals with handicaps may not become informed about the program and would not benefit as they would from the carefully developed procedures and the most scrupulous practices.

7-3. GENERAL REQUIREMENTS.

A. Self Evaluation

1. Has the PHA conducted a self evaluation to assess its current policies and practices to determine whether, in whole or in part, they do not or may not meet the requirements of the Section 504 Regulation (24 CFR 8.51)?

_____ Yes

_____ No
_____ Unable to Determine _____

2. Has the PHA modified any policies and procedures that do not meet the requirements of Section 504?

_____ Yes
_____ No
_____ Unable to Determine _____

3. Has the PHA taken appropriate steps to remedy the discrimination revealed by the self evaluation?

_____ Yes
_____ No
_____ Unable to Determine _____

4. Has the recipient changed its policies and procedures that contain any definitions or practices not consistent with the Section 504 regulation and the 1937 Housing Act? Note that under the Fair Housing Act, questions regarding handicap may be asked only to determine eligibility for Public Housing as a handicapped person (see 24 CFR 100.70(c)). If there are policies and procedures that include the disclosure of confidential medical, psychiatric, or psychological information, obtain copies of this information and attach to the report.

_____ Yes
_____ No
_____ Unable to Determine _____

Copy attached? Yes _____
No _____

5. If the recipient has fifteen or more employees, has the recipient kept on file, for at least three years after the completion of the evaluation, the following information:

- a. A list of interested persons consulted;

_____ Yes
_____ No

_____ Unable to Determine _____

b. A description of areas examined and any problems identified;

_____ Yes
_____ No
_____ Unable to Determine _____

c. A description of any modifications made and of any remedial steps taken.

_____ Yes
_____ No
_____ Unable to Determine _____

If any of the questions above are not answered affirmatively, the following concern should be stated.

There is evidence to support the conclusion that the PHA has not conducted its self evaluation in a timely (or appropriate) manner.

B. Needs Assessment and Transition Plan

1. Has the PHA assessed for its Low Income Public Housing Program or will it have assessed before July 10, 1990, the needs of all current tenants and applicants on its waiting list for accessible units and the extent to which such needs have not been met or cannot reasonably be met within four years through development, alterations otherwise contemplated, or other programs administered by the PHA? (If there are currently no accessible units, or if HUD or the PHA determine that the number of eligible qualified individuals with handicaps on the waiting list is not fairly representative of the number of such persons in the geographical area, the assessment shall include the needs of eligible qualified individuals with handicaps in the area.)

8.25(c)

_____ Yes
_____ No
_____ Unable to Determine _____

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2. If the PHA determined, on the basis of its needs assessment of its Low-Income Public Housing Program, that alterations must be made to make additional accessible units so that the needs of eligible qualified individuals with handicaps may be accommodated proportionally to the needs of non-handicapped individuals in the same categories, has the PHA developed a transition plan to achieve program accessibility, or will it have done so before July 10, 1990? (See 8.25(c) for planning requirements.)

Yes
 No
 Unable to Determine _____

3. Needs assessment and transition plan are attached.

Yes No

4. Will all structural changes necessary to achieve program accessibility be completed as soon as possible and no later than July 10, 1992?
8.25(c)

Yes
 No
 Unable to Determine _____

If any of these questions above are not answered affirmatively, the following concern should be stated:

There is evidence that the recipient has not taken appropriate steps to ensure that the housing needs of eligible individuals with handicaps will be accommodated proportionately to those without handicaps.

C. Designation of Responsible Employee

If the recipient employs fifteen or more persons, has it designated at least one person to coordinate efforts under Section 504?

Yes, Name _____

_____ No
_____ Unable to Determine _____

If the above question is not answered affirmatively,
the following concern should be stated:

There is evidence that the PHA has not
designated a responsible person to coordinate
the Section 504 efforts (24 CFR 8.53(a)).

D. Adoption of Grievance Procedures

If the recipient employs fifteen or more
persons, has it adopted grievance procedures in
conformance with 24 CFR 8.53(b)?

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_____ Yes
_____ No
_____ Unable to Determine _____

If the above question is not answered affirmatively,
the following concern should be stated:

There is evidence that the PHA has not
adopted grievance procedures that meet the
requirements of Section 504 regulations at 24
CFR 8.53(b).

E. Notice

If the PHA employs fifteen or more persons, has it
complied with the notice requirements contained under
24 CFR 8.54?

_____ Yes, Obtain copies of all Notices.
_____ No
_____ Unable to Determine _____

If the above question is not answered affirmatively,
the following concern should be stated:

There is evidence that the PHA has not taken
appropriate initial and continuing steps to
notify participants, beneficiaries,
applicants, and employees, including those
with vision and hearing impairments, and
unions and professional organizations holding
collective bargaining or professional

agreements with the recipient that it does not discriminate on the basis of handicap in violation of 24 CFR 8.54.

7-4. Communications

Under Section 504, recipients must take steps to provide for effective communication with applicants, beneficiaries, and members of the public.

- A. Does the recipient have means of communicating with those applicants, participants and members of the public who have hearing, speech, or vision impairments?

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_____ Yes, How?
_____ No
_____ Unable to Determine _____

- B Does the recipient have a Telecommunications Device for the Deaf (TDD), or an equally effective system, to facilitate telephone communications?

_____ Yes
_____ No
_____ Unable to Determine _____

Is it connected and advertised? Phone number _____

_____ Yes
_____ No
_____ Unable to Determine _____

- C. Does the recipient utilize appropriate auxiliary aids where necessary to ensure that individuals with handicaps may have an equal opportunity to participate in, and enjoy the benefits of, the recipient's programs?

_____ Yes
_____ Which Ones? _____
_____ No
_____ Unable to Determine _____

- D. Has the recipient adopted and implemented procedures to ensure that interested persons (including those

with impaired vision or hearing) can obtain information concerning the existence and location of accessible services, activities, and facilities? Use "PRINTED PROGRAM ANNOUNCEMENT" that follows this question to assess procedures.

Yes
 No
 Unable to Determine _____

PRINTED PROGRAM ANNOUNCEMENTS CHECKLIST
 FOR INTERNAL DISSEMINATION OF INFORMATION
 TO TENANTS AND EMPLOYEES

Location	Satisfactory
* Are posters placed in physically accessible locations?	_____
* Can small print of posted announcements be read from a wheelchair?	_____
* Can copies of written materials be reasonably obtained by individuals with disabilities?	_____
* Have disability groups been included in the dissemination process?	_____
* Is there a means by which visually impaired individuals can acquire the information?	_____
 Printing	
* Are all words clearly legible?	_____
* Would color blind individuals be able to distinguish the entire content?	_____
 Graphics	
* Are representations of disabled individuals free of patronizing stereotypes?	_____
* Do graphics permit easy reading of content?	_____
 Content	
* Is all necessary program information included?	_____
* Are procedures for providing program access to disabled individuals stated clearly?	_____
* Is the 504 contact person's name, address, and phone number listed?	_____

If any of the questions above are not answered affirmatively, the following concern should be stated:

There is evidence that the recipient is

- b. Assignment of aide to beneficiaries;
- c. Home visits;
- d. Addition or redesign of equipment;
- e. Changes in management policies or procedures;
- f. Acquisition or construction of additional facilities;
- g. Alterations to existing facilities on a selective basis;
- h. Any other method that results in making a program or activity accessible to individuals with handicaps (such as referral to other facilities that are accessible).

In Historic preservation programs (H), priority should be given to methods that provide physical access to individuals with handicaps. A physical alteration to the property is not required if it would result in a substantial impairment of significant historic features. In that case, the following Methods may be used to make a program or activity accessible.

- i. Use audio-visual materials and devices to depict those portions of an historic property that cannot otherwise be made accessible;
- j. Assign persons to guide individuals with handicaps into or through portions of historic properties that cannot otherwise be made accessible; or,
- k. Adopt other innovative methods. see 8.21(c)(2)(ii) for suggestions

2. Are facilities accessible to and usable by individuals with handicaps? Do structural alterations need to be completed to make the facilities accessible? If structural changes are necessary, has a transition plan to make such changes been completed?

Yes
 No
 Unable to Determine _____

3. Will structural changes be completed by July 10, 1991? 8.21(c)(3)

Yes
 No
 Unable to Determine _____

4. Are programs or services located in accessible facilities or accessible portions of facilities? Nonstructural changes to make programs accessible must be made immediately. The means of assuring

such accessibility is discussed in 24 CFR 8.21.

_____ Yes
_____ No
_____ Unable to Determine _____

If no method has been designed to correct an inaccessible feature, the following statement should be used:

There is evidence that the recipient's non-housing facilities will not be made accessible to or usable by qualified individuals with handicaps within the time period required by HUD.

B. Housing Facilities

1. Base Line Information

a. How many individuals in the area are eligible for public housing? _____

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b. How many of these eligible individuals are qualified individuals with handicaps? _____

c. How many housing units does the recipient have? _____

d. How many are accessible? _____

e. How many are occupied by qualified persons with handicaps who need the particular features of the units? _____

f. How many accessible units are occupied by individuals who have no need for those features? _____

g. How many applicants are currently on a waiting list? _____

h. How many applicants on the waiting list need an accessible unit?. _____

i. How many of them have been passed over in the last year due to the unavailability of an accessible unit? _____

2. General Requirements for all LIPH and Moderate Rehabilitation Projects

(A Multifamily Housing Project means a project

with handicaps.

- c. When an accessible unit becomes vacant and before offering such unit to a non-handicapped applicant, does the recipient offer it:

- (1) First, to a current occupant of another unit in the same or another project who

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has handicap(s) requiring the accessibility features of the vacant unit, and does not now reside in a unit with those features or, if no such occupant exists; then

- (2) To an eligible qualified applicant on the waiting list having a handicap requiring the accessibility features of the vacant unit?

_____ Yes

_____ No

_____ Unable to Determine _____

- d. When offering an accessible unit to an applicant not having handicap(s) requiring the accessibility features of the unit, does the recipient inform the applicant that he may be required to move to a nonaccessible unit when available?

_____ Yes (Attach copy of lease)

_____ No

_____ Unable to Determine _____

If any of the questions above are not answered affirmatively, the following concern should be stated:

There is evidence that the recipient has not taken all the appropriate steps to ensure that when an accessible unit becomes available or is needed, a qualified individual with handicap(s) will be able to reside there.

- e. Has the recipient modified its housing policies and practices to ensure that they do not deny the person with disabilities full

access to the dwelling unit, common area features and amenities? (For example, the recipient may not prohibit assistive devices, auxiliary alarms, or guides in housing facilities.)

Yes
 No
 Unable to Determine _____

3. New Construction and Substantially Altered Existing Facilities

Both newly constructed and substantially altered multifamily housing projects are subject to the same requirements of accessibility. A facility is "substantially altered" if it has 15 or more units and the cost of other alterations will be 75% or more of the replacement cost of the completed facility. All newly constructed and substantially altered housing must be designed and constructed so as to be accessible to and usable by handicapped persons, 24 CFR 8.22(a). (Moreover, all newly constructed housing may be subject to the accessibility requirements of the Fair Housing Act. See 42 USC 3604(f)(3)(C); 24 CFR 100.205.)

a. Will 5% or more of the total dwelling units (or at least one unit in a multifamily housing project, whichever is greater), be designed and constructed so as to be accessible for persons with mobility impairments? (See Dwelling Unit Accessibility Checklist, 8-7(B).) 8.22(b)

Yes
 No
 Unable to Determine _____

b. Will an additional 2% of the units (but not less than one unit) be accessible for persons with hearing or vision impairments? 8.22(b)

Yes
 No
 Unable to Determine _____

guidance re: alteration of a dwelling unit.

Yes
 No
 Unable to Determine _____

c. Will alterations make the common areas or other parts of existing housing facilities accessible to and usable by individuals with handicaps? 8.23(b)

Yes
 No
 Unable to Determine _____

d. Has HUD prescribed a percentage or number of units greater than 5% of the PHA's units to be made accessible? Should HUD do so? If such a higher number has been set, has the PHA met that requirement?

Yes
 No
 Unable to Determine _____

e. In purchasing existing properties, does the PHA give priority to facilities that are accessible?

Yes
 No
 Unable to Determine _____

If any of the questions above are not answered affirmatively, the following concern should be stated:

There is evidence that the recipient has not or will not have common areas and an appropriate number of dwelling units

accessible to and usable by qualified individuals with handicaps.

5. Existing Housing Programs

When viewed in its entirety, is the LIPH or Moderate Rehabilitation Program receiving Federal financial assistance readily accessible to and usable by individuals with handicaps? 8.24(a)

_____ Yes
_____ No
_____ Unable to Determine _____

7-6. EQUAL EMPLOYMENT OPPORTUNITY AND REASONABLE ACCOMMODATIONS

Section 504 requires recipients to conduct all their employment activities in a manner which does not discriminate against qualified individuals with handicaps solely on the basis of handicap. With respect to employment, a "qualified individual with handicap(s)" means an individual with handicap(s) who, with reasonable accommodation, can perform the essential functions of the job in question.

The prohibition of discrimination in employment applies to the following activities, among others:

- * Recruitment, advertising, and the processing of applications for employment;
- * Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, and rehiring; and
- * Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists. 8.10(c)

Recipients may not limit, segregate, or classify applicants or employees in any way that adversely affects their opportunities or status because of their handicap.

A. Baseline Information

1. How many individuals does the recipient employ?_____
2. How many of them are individuals with handicaps?_____
3. How many employees did the recipient hire in the last year?_____
4. How many of those hired in the last year were qualified individuals with handicaps?_____

5. What percentage of applicants were handicapped?

6. List any complaints filed against the recipient for employment discrimination on the basis of handicap.

Date/Alleged Discriminatory Employment Practice/Resolution

7. List any areas of concern expressed by community organizations or others about the recipient's employment practices.

8. Does the PHA participate in any contractual or other relationships that have the effect of discriminating against applicants or employees with handicaps? (Such relationships include those with employment agencies, labor unions, and organizations providing benefits or training.)
24 CFR 8.10(d)

_____ Yes
_____ No
_____ Unable to Determine _____

9. Does the recipient use an employment test or other selecting criteria that acts to screen out individuals with handicaps? If so, is such

job-related? Are no other tests or selection criteria available? 24 CFR 812(a)

_____ Yes
_____ No
_____ Unable to Determine _____

10. Does the recipient select and administer tests concerning employment so as to ensure that, when administered to an applicant or employee who has a handicap that impairs sensory, manual, or speaking skills, the test results accurately reflect the applicant's or employee's job skills,

aptitude, or whatever other factor the test purports to measure, rather than that applicant's or employee's impaired sensory, manual, or speaking skills (except where those skills are the factors that the test purports to measure)?
8.12(b)

_____ Yes
_____ No
_____ Unable to Determine _____

Indicate accommodations provided applicants during testing situation (e.g., sign language interpreters, Brailled tests, etc.):

Were there any legitimate requests for accommodations?

If any of the answers to the numbered questions indicate discriminatory employment practices, so indicate and state a concern:

There is evidence that the recipient used employment criteria or employed testing techniques that caused qualified individuals

with handicaps to be excluded from consideration.

B. Pre-Employment

1. Does the recipient make pre-employment inquiries or conduct pre-employment medical examinations of applicants to determine whether an applicant is handicapped or the nature or severity of the handicap? If so, is the inquiry related to the applicant's ability to perform the job? 24 CFR 813(a)

_____ Yes
_____ No
_____ Unable to Determine _____

2. When undertaking affirmative action efforts and

inviting applicants for employment to indicate whether and to what extent they are handicapped, does the recipient make the following statements in written questionnaires, or orally if no written questionnaire is used:

the information requested is intended for use solely in connection with its remedial action obligations, or its voluntary or affirmative action efforts;

Yes
 No
 Unable to Determine _____

the information is being requested on a voluntary basis;

Yes
 No
 Unable to Determine _____

it will be kept confidential; see 8.13(d)

Yes
 No
 Unable to Determine _____

refusal to provide the information will not subject the applicant or employee to any adverse treatment; and,

Yes
 No
 Unable to Determine _____

the information will be used only in accordance with regulations? 8.13(b)

Yes
 No
 Unable to Determine _____

Questionnaire and/or application form is

attached.

_____ Yes
_____ No

If any of the above questions could not be answered affirmatively, so indicate and state concern:

There is evidence that the recipient did not provide qualified applicants with handicaps assurances of confidential and appropriate use of information about their medical condition.

- 3. If the recipient conditions an offer of employment on the results of a medical examination conducted before the employee's entrance on duty, does it also require that all entering employees in that category of job

classification take such an examination regardless of handicap? 8.13(c)

_____ Yes
_____ No
_____ Unable to Determine _____

If the answer is no, then state concern:

If the above question could not be answered affirmatively, so indicate and state concern:

There is evidence that the recipient did not treat qualified applicants with handicaps differently in the requirement for pre-employment medical examinations.

If the answer is "unable to determine", state concern:

The recipient should be required to adopt a policy consistent with the requirements of Section 504.

- 4. Is the information obtained concerning the medical condition or history of that applicant collected and maintained on separate forms that

are accorded confidentiality as medical records?
The information may be shared in only three ways:

- (a) Supervisors and managers may be informed of restrictions on the work or duties of individuals with handicaps and informed of necessary accommodations;
- (b) First aid and safety personnel may be informed if the condition might require emergency treatment; and,
- (c) Government officials investigating compliance with Section 504 shall be provided relevant information upon request. 8.13(d)

Yes
 No
 Unable to Determine _____

If any of the above questions could not be answered affirmatively, so indicate and state concern:

There is evidence that the recipient did not maintain the confidentiality of the medical history of qualified applicants with handicaps.

C. Reasonable Accommodation

1. Does the recipient make reasonable accommodation to the known physical or mental limitations of an otherwise qualified applicant with handicaps or employee with handicaps, or can the recipient demonstrate that such accommodation would impose an undue hardship on the operation of the program? 8.11(a)

Yes
 No
 Unable to Determine _____

2. In providing reasonable accommodation, does the recipient make facilities used by employees accessible to and usable by individuals with handicaps? 8.11(b)(1)

Yes
 No

_____ Unable to Determine _____

3. In providing reasonable accommodation, does the recipient restructure jobs, relocate jobs, modify work schedules, acquire or modify work equipment, and provide readers and interpreters, when necessary? 8.11(b)(2)

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_____ Yes
_____ No
_____ Unable to Determine _____

4. In determining whether an accommodation would impose an undue burden on the operation of its program, did/does the recipient consider the following factors:

- (a) the overall size of its program with respect to the number of employees, the number and type of facilities, and the size of the budget;

_____ Yes
_____ No
_____ Unable to Determine _____

- (b) the type of operation, including the composition and structure of its work force; and,

_____ Yes
_____ No
_____ Unable to Determine _____

- (c) the nature and the cost of the needed accommodation? 8.11(c)

_____ Yes
_____ No
_____ Unable to Determine _____

5. Has the recipient denied employment to a qualified handicapped employee or applicant because it did not want to make reasonable accommodation for that individual? 8.11(d)

_____ Yes
_____ No
_____ Unable to Determine _____

Complete the following chart.

Current Employee's Name Position/Duties/Accom. Provided

If any one of above questions could not be answered affirmatively, so indicate and state concern:

There is evidence that the recipient has not provided reasonable accommodation in employment to qualified individuals with handicaps who need such assistance.

7-7. PHYSICAL ACCESSIBILITY

This section is divided into a Site Accessibility Checklist, pertaining generally to common areas, and a Dwelling Unit Accessibility Checklist, describing required features of accessible apartment units. The Housing Facilities section of the Program Accessibility Section explains the number of dwellings required to be accessible in a housing project.

If any of the questions on the checklists are not answered affirmatively, the following statement of concern may be used:

There is evidence that the recipient has failed to provide common areas and an adequate number of dwelling units accessible to and usable by qualified individuals with handicaps.

A. Site Accessibility Checklist

This checklist is intended to be used as a relatively quick and easy guide to determine a building's physical accessibility. Detailed specifications for each area can be found in the Uniform Federal Accessibility Standards (UFAS).

Comments should be made on all "no" answers, and should include alterations that can or will be made, any insurmountable obstacles to accessibility, and

any other relevant circumstances and considerations.

1. Parking (where parking is provided)

a. Does the facility have designated parking spaces for disabled individuals?

Yes
 No
 Unable to Determine _____

b. Are spaces of adequate width (13 ft.)?

Yes
 No
 Unable to Determine _____

c. Are the spaces marked with the universal access symbol?

Yes
 No
 Unable to Determine _____

d. Are the spaces near the building entrance?

Yes
 No
 Unable to Determine _____

2. Building Entrance

a. Is the main entryway wheelchair-accessible (level entry or properly sloped ramp; 32" wide, non-revolving door)?

Yes
 No
 Unable to Determine _____

b. If not, is there a reasonable alternative

entry?

Yes
 No
 Unable to Determine _____

c. Is the entry relatively free of obstacles (clear paths for wheelchair users and blind persons)?

Yes
 No
 Unable to Determine _____

3. Meeting Rooms and Common Areas of Facilities

a. Can all rooms used for application taking, recertification, meetings or meals be reached without using steps or escalators?

Yes
 No
 Unable to Determine _____

b. If elevator use is required, are the elevators accessible (36" wide door, 54" deep x 68" wide car, wheelchair accessible controls, tactile buttons, auditory floor indicators)?

Yes
 No
 Unable to Determine _____

c. Are all pathways to and from meeting rooms and throughout common areas accessible (36" wide hallways, free of obstacles)?

Yes
 No
 Unable to Determine _____

d. Are doorways wide enough to accommodate a wheelchair (32" wide)?

Yes
 No
 Unable to Determine _____

4. Facilities

- a. Are restrooms wheelchair-accessible (adequate floor space for wheelchair; grab bars, paper products, lavatories at proper height, extended faucet handles)?

Yes
 No
 Unable to Determine _____

- b. Are paths to the restrooms accessible?

Yes
 No
 Unable to Determine _____

- c. Are drinking fountains wheelchair accessible?

Yes
 No
 Unable to Determine _____

-
- d. Can telephones be used from a wheelchair?

Yes
 No
 Unable to Determine _____

B. Dwelling Unit Accessibility Checklist

The regulations require that a certain number of dwelling units in federally assisted housing programs be accessible. When referring to the design, construction, or alteration of an individual dwelling unit, the unit is accessible if it:

- (1) meets the Uniform Federal Accessibility Standards (UFAS);

- (2) is adaptable to meet those standards; or
- (3) provides access to and usability of the building by a physically handicapped person that is substantially equivalent or greater than that required by UFAS.

Note: The FHA imposes additional accessibility requirements.

A dwelling unit in an existing facility which is being altered for a specific individual is deemed accessible if it meets the requirements of applicable standards that address the particular disability or impairment of that person.

Some of the required elements of an accessible unit are listed below. It is not a complete list. Please refer to the Uniform Federal Accessibility Standards for more complete and specific information.

1. Accessible Route

- a. Is the dwelling unit located on a continuous unobstructed path that connects accessible units

--with common spaces and facilities serving this unit (such as trash disposal facilities and mail boxes)?

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--to public transportation stops, to accessible parking and passenger loading zones, and to public streets or sidewalks, if available?

Yes
 No
 Unable to Determine _____

- b. Can it be approached, entered, and used by individuals with physical handicaps?

Yes
 No
 Unable to Determine _____

- c. Are all entryways at least 32" wide?

_____ Yes
_____ No
_____ Unable to Determine _____

d. Are all pathways at least 36" wide and properly sloped?

_____ Yes
_____ No
_____ Unable to Determine _____

e. Are all ground and floor surfaces stable, firm, and slip-resistant?

_____ Yes
_____ No
_____ Unable to Determine _____

2. Controls

a. Are all controls, dispensers, and electrical and communications system receptacles within 15" and 48" above the floor?

_____ Yes
_____ No
_____ Unable to Determine _____

3. Alarms

a. Is there wiring for visible emergency alarms in the units (The alarm may be installed at such time as a person with a hearing impairment occupies the unit.)?

_____ Yes
_____ No
_____ Unable to Determine _____

4. Storage

a. Is there storage in the unit located between 15" and 54" from the floor?

_____ Yes
_____ No
_____ Unable to Determine _____

b. Can it be opened with one hand and without tight grasping, pinching, or twisting of the wrist?

_____ Yes
_____ No
_____ Unable to Determine _____

5. Bathroom

a. Is there at least one accessible bathroom with a toilet, sink, and bathtub or shower?

_____ Yes
_____ No
_____ Unable to Determine _____

b. Is there adequate floor space for an individual in a wheelchair to move around?

_____ Yes
_____ No
_____ Unable to Determine _____

c. Are the walls structurally reinforced for grab bars by the toilet and the shower or bathtub?

_____ Yes
_____ No
_____ Unable to Determine _____

d. Are the grab bars and toilet paper dispenser properly placed for someone in a wheelchair?

_____ Yes
_____ No
_____ Unable to Determine _____

e. Does the bathtub have a secure seat, grab bars, and properly located and operable controls?

Yes
 No
 Unable to Determine _____

f. Does the shower have the above features and a spray unit with a hose at least 60" long that can be used as a fixed shower head at various heights or as a hand-held shower?

Yes
 No
 Unable to Determine _____

g. Is the bottom edge of the mirror 40" or less from the floor?

Yes
 No
 Unable to Determine _____

h. Is the surface of the sink 34" or less from the floor and does it have proper clearance space beneath it?

Yes
 No
 Unable to Determine _____

i. Is the top of the toilet seat between 15" and 19" from the floor?

Yes
 No
 Unable to Determine _____

6. Kitchen

a. Does the kitchen have adequate floor space

for an individual in a wheelchair to move around?

Yes
 No
 Unable to Determine _____

- b. Is there a 30" section of counter no more than 34" from the floor or one that can be adjusted to heights of 28", 32", and 36" from the floor?

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Yes
 No
 Unable to Determine _____

- c. Does that counter have removable base cabinets or none at all?

Yes
 No
 Unable to Determine _____

- d. Does the sink meet the criteria of the counter described above?

Yes
 No
 Unable to Determine _____

- e. Are the hot water and drain pipes under the sink insulated or otherwise covered?

Yes
 No
 Unable to Determine _____

- f. Does the range or cooktop meet the criteria of the counter described above?

Yes
 No
 Unable to Determine _____

g. Does the range or cooktop have controls that do not require reaching across burners?

Yes
 No
 Unable to Determine _____

h. Is the oven self-cleaning or located next to an adjustable height counter with knee space below?

Yes
 No
 Unable to Determine _____

i. Is the refrigerator/freezer a vertical side-by-side model or an over-and-above type with 100% of the refrigerator space, at least 50% of the freezer space, and all controls below 54"? (If less than 100% of the freezer storage space is below 54", then it should be self-defrosting.)

Yes
 No
 Unable to Determine _____

j. Are there kitchen cabinets, drawers, and shelf areas with a maximum height of 48" for at least one shelf mounted above work counters?

Yes
 No
 Unable to Determine _____

k. Are the door pulls or handles as close to the bottom of wall cabinets as possible and as close to the top of base cabinets as possible?

Yes
 No
 Unable to Determine _____

7. Laundry

- a. If there are laundry facilities, are they on an accessible route?

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Yes
 No
 Unable to Determine _____

- b. Are they front loading?

Yes
 No
 Unable to Determine _____

- c. Are the controls reachable by someone in a wheelchair and operable with one hand, without tight grasping, pinching, or twisting of the wrist?

Yes
 No
 Unable to Determine _____

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