

This sample is for informational purposes only.

Disability Access Plan Worksheet

What is the name of this organization, program, or service?

What is the nature or mission of this organization, program, or service?

Section 504/ADA Coordinator

What is the name and contact information of the Section 504/ADA Coordinator?

Reasonable Modifications

A reasonable modification is any modification you make to your policies, practices, or procedures to avoid discrimination on the basis of disability. Specifically, it is a change in the way that your organization would normally operate that allows a person with a disability an equal opportunity to benefit from, participate in, or otherwise enjoy your program or service.

What is the process for requesting a reasonable modification?

What is your procedure for responding to requests for reasonable modification?

Effective Communication and Auxiliary Aids

What types of auxiliary aids will be provided to participants?

- Alternative formats
 - Large Print Media
 - Braille Materials
 - Audio Recordings
 - Other _____
- Audio/Video Captioning
- Qualified Readers

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- Qualified Sign Language Interpretation (to include American Sign Language, Signed Exact English, Cued Speech, and combinations thereof) will be provided by:
 - In-person staff interpreters
 - In-person volunteer interpreters
 - In-person contract interpreter service
 - Name of service provider/s: _____
 - Video remote interpreting (VRI) services:
 - Name of service provider/s: _____
- Other communication aids:
 - _____
 - _____

How will you ensure the quality and effectiveness of the auxiliary aids and services that you provide?

For a sample Auxiliary Aid Policy see: <https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/auxiliary-aids-persons-disabilities/index.html>

Electronic and Information Technology

What types of electronic and information technology are used by this organization, program, or activity?

- | | |
|--|---|
| <input type="checkbox"/> Web-based Communications | <input type="checkbox"/> Copiers, Fax Machines, and other office equipment |
| <input type="checkbox"/> Online/Electronic Scheduling | <input type="checkbox"/> Digital Content, Files or Products |
| <input type="checkbox"/> Software and Applications | <input type="checkbox"/> Other computer files that are accessible to participants/the public. |
| <input type="checkbox"/> Videos and Multimedia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Training, Instructional Materials and Online Learning Modules | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computers/Laptops and other computing devices | |

How do you ensure that each type of electronic and information technology you utilize is accessible to individuals with disabilities?

If you are unable to make all of your electronic and information technology accessible due to undue financial and administrative burdens, or because it would require you to make a fundamental alteration to your program, how will you provide information in an alternative format that allow individuals with disabilities to receive the same benefits or services that are provided to individuals without disabilities?

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Grievance Procedures

Does your grievance procedure include the following information?

- Name and contact information of 504 Coordinator
- Requested format for filing a complaint (i.e., in writing).
- Timeframe for filing a complaint
- Timeframe for issuing a decision
- How to appeal the decision
- How to file a complaint with the HHS Office for Civil Rights

How do you make your grievance procedures available to participants?

- On website
- In welcome/application package
- By request
- Other

For Sample Grievance Procedures see: www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/section-504-grievance-procedure/index.html and <https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/example-grievance-procedure/index.html>.

Training

Which staff members will receive disability access training?

- | | |
|---|--|
| <input type="checkbox"/> Frontline Staff | <input type="checkbox"/> Health Care Providers |
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Managers and Supervisors | <input type="checkbox"/> Other _____ |

What type/s of training will staff members receive and how often will their receive it? (For example: staff members will attend a 2-hour, in-person training and receive an annual email reminding them of our disability access policies and procedures).

Notice

How will you notify program participants that reasonable modifications and auxiliary aids are available to them at no cost?

- | | |
|---|---|
| <input type="checkbox"/> Posting signs in intake areas and other entry points | <input type="checkbox"/> Providing notice during initial point of contact |
| <input type="checkbox"/> Posting notice on website | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Including notice outreach documents | <input type="checkbox"/> Other _____ |

For translated notice templates see <https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>.