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
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: 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?
- Web-based Communications
- Online/Electronic Scheduling
- Software and Applications
- Videos and Multimedia
- Training, Instructional Materials and Online Learning Modules
- Computers/Laptops and other computing devices
- Copiers, Fax Machines, and other office equipment
- Digital Content, Files or Products
- Other computer files that are accessible to participants/the public.
- Other ____________________
- Other ____________________

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?
_____________________________________________________________________________________
___________________________________________________________________________________

Disability Access Plan Worksheet
Page 2 of 3
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](http://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](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?

- Frontline Staff
- Administrative Staff
- Managers and Supervisors
- Health Care Providers
- Volunteers
- 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?

- Posting signs in intake areas and other entry points
- Posting notice on website
- Including notice outreach documents
- Providing notice during initial point of contact
- Other ________________________________
- Other ________________________________