

SECTION 504 CURSORY REVIEW CHECKLIST

Name of Property: _____

Project Number: _____

Reviewer: _____

I. Office Accessibility (for residents, applicants, employees and/or prospective employees):

a. Entrance:

1. Level_____ Steps_____ Ramp_____ Stoop_____
2. Is there a threshold or weather stripping or anything in the doorway which impedes access? Yes___ No___
3. Is the doorway at least 32" wide and does it open easily? Yes___ No___
4. Are counters and bulletin boards low enough for persons in wheelchairs to see over and use? Yes___ No___

b. Parking:

1. Is there an adequate number of parking spaces for persons with mobility impairments in the immediate area of the office? Yes___ No___
2. Are the parking spaces designated by the universal access symbol – both ground and sign? Yes___ No___
3. Are the parking spaces sufficiently wide (96") and adjacent to an aisle that is at least 60" wide? Yes___ No___
4. Is there a curb cut in reasonable proximity to the parking spaces? Yes___ No___

c. Restrooms:

1. Are public and employee restrooms fully accessible, i.e. is there enough room to maneuver, are the mirrors, soap dispenser, towels, etc. within reach? Yes___ No___
2. Are there levers or knobs? Levers___ Knobs___

II. General Accessibility:

- a. Is there an accessible pedestrian route throughout the property? Yes___ No___

- b. Are parking spaces for disabled persons distributed throughout the community? Yes___ No___
- c. Are mailboxes accessible to persons using wheelchairs? Yes___ No___
- d. Where ramps are used, do they meet the standard of one foot of length for each inch of elevation and are there rails where the ramps are over 6"high or the topography is uneven? Yes___ No___

III. General Requirements:

- a. Has management prepared a Self Evaluation? Yes___ No___
- b. Has management prepared a Transition Plan? Yes___ No___
- c. Were the Self Evaluation and Transition Plan prepared in consultation with persons with disabilities or advocacy groups for the disabled? Yes___ No___
- d. Were copies of the Self Evaluation and Transition Plan available for review? Yes___ No___
- e. Who is the person responsible for the implementation of Section 504? _____

IV. Telecommunications Devices for the Deaf (TDDs):

- a. Does the community have its own TDD or does it subscribe to KHC's state-wide network or another alternate system? It's own___ KHC's___
- b. Is its TDD number listed in the local telephone directory (Yes___ No___), used in all advertisements (Yes___ No___), and reflected on office stationary, memoranda and other forms (Yes___ No___)?

V. Observations and Comments:
