

Caltrans Division of Local Assistance (DLA)
Americans with Disabilities Act (ADA)
Section 504 of the Rehabilitation Act of 1973 (Section 504)
Program Assessment

Per 28 CFR Part 35 - Nondiscrimination on the Basis of Disability in State and Local Government Services:
Caltrans will use this assessment tool to gauge your agency's minimum compliance with subtitle A of title II of the Americans with Disabilities Act of 1990 (42 U.S.C. 12131-12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub. L. 110-325, 122 Stat. 3553 (2008)), which prohibits discrimination on the basis of disability by public entities.

Contact Information

LPA/City/MPO:
Division/Department:
Name (Responder):
Title:
Address:
City:
Zip Code:
Phone Number:
Email:

Does your agency receive FHWA funds through Caltrans Division of Local Assistance?

If yes, complete the following questions below.

If no, there are no further questions, please click SUBMIT button.

PROGRAM ASSESSMENT SECTION

Self-Evaluation 28 CFR 35.105

1a. Has your agency performed a self-evaluation?

If yes, provide date below.

If no, provide an estimated date when self-evaluation will be conducted.

1b. Last time the Self-Evaluation was updated:

Attach the Self-Evaluation in the Attachments Section at the end of the form and/or provide the location/link:

1c. Has your agency provided an opportunity for individuals (with or without disabilities) or organizations to participate in the self-evaluation process by submitting comments?

1ci. If yes (must provide comment), did your agency analyze and store comments received by participants?

If no, provide an estimated date when agency plan to analyze and store comments received by participants.

1cii. If yes, does it follow a Standard Operating Procedure?

If no, provide an estimated date when agency plan to follow Standard Operating Procedure.

1d. Does the agency periodically review and update the Self-Evaluation?

1di. If yes, when is the date of the next proposed update?

If no, provide an estimated date agency plan to periodically review and update the self-evaluation.

1e. Does your agency employ 50 or more employees (including part-time employees/peak season)?

If yes, complete the following questions below.

If no, there are no further questions, please click SUBMIT button.

ADA Coordinator 28 CFR 35.107(a) & 49 CFR 27.13(a)

2a. Does your agency have a designated ADA Coordinator?

If yes, provide ADA Coordinator contact information below:

If no, provide an estimated date agency plan to have an ADA Coordinator.

Name:
Address:
Phone:
Email:
Website:

2b. Is the ADA Coordinator's contact information made available to the public?

If yes, how is it made available?

Website

Other - Please Specify:

If no, provide an estimated date agency plan to have an ADA Coordinator's contact information made available to the public.

Grievance/Complaint Procedure 28 CFR 35.107(b) & 49 CFR 27.121(b)

3a. Does your agency have an ADA/Section 504 Grievance/Complaint Procedure process?

If yes, attach the Grievance/Complaint Procedures document in the Attachments Section at the end of the form and/or provide the location/link:

If no, provide an estimated date agency plan to have an ADA/Section 504 Grievance/Complaint procedure process.

3b. Has your agency designated at least one employee to coordinate efforts to comply with and carry out responsibilities under the ADA & Section 504, including undertaking investigation of any complaint(s) communicated to your agency alleging noncompliance with requirements?

If yes (NOT the ADA Coordinator); if different than the ADA Coordinator listed in Question #2a, please provide the following information:

If no, provide an estimated date agency plan to designate at least one employee to coordinate efforts.

Name:
Address:
Phone:
Email:
Website:

3bi. Is the designated employee's contact information made available to the public?

If no, provide an estimated date agency plans to make designated employee's information available to the public.

<p>3c. Is the Grievance/Complaint Procedure published?</p> <p>3ci. If yes, how is the Grievance/Complaint Procedure published?</p> <p>Website</p> <p>Other - Please specify.</p> <p>If yes, attach the Grievance/Complaint Procedures document in the Attachments Section at the end of the form and/or provide the location/link:</p> <p>If no, provide an estimated date agency plan to have Grievance/Complaint Procedure published.</p>
ADA/Section 504 Policy Statement 28 CFR 35.106
<p>4a. Does your agency have an ADA/Section 504 Policy Statement?</p> <p>4ai. If yes, is the policy signed by the head of the agency?</p> <p>Attach the Policy Statement in the Attachments Section at the end of the form and/or provide the location/link:</p> <p>If no, provide an estimated date agency plan to develop an ADA/Section 504 Policy Statement.</p>
<p>4b. Does your agency's Policy Statement made available to the public?</p> <p>4bi. If yes, how is the statement available?</p> <p>Website</p> <p>Other - Please specify</p> <p>If no, provide an estimated date agency plans to make the ADA/Section 504 Policy Statement available to the public.</p>
ADA Design Standard 28 CFR 35.151
<p>5a. What accessibility standard does the agency use to build new facilities and alter existing facilities?</p> <p>If yes, Select or enter value:</p> <p>If no, provide an estimated date agency will adopt accessibility standard design.</p>
ADA Transition Plan 28 CFR 35.150
<p>6a. Does your agency have an ADA Transition Plan setting forth the steps necessary to complete such changes and achieve compliance?</p> <p>6ai. If yes, when was the last time the agency's ADA Transition Plan was updated?</p> <p>Attach the ADA Transition Plan in the Attachments Section at the end of the form and/or provide the location/link:</p> <p>If no, provide an estimated date agency plan to implement a ADA Transition Plan.</p>
<p>6b. Has your agency made the ADA Transition Plan available for public inspection?</p> <p>If yes, how is the ADA Transition Plan made available to the public?</p> <p>Website</p> <p>Other - Please specify</p> <p>If no, provide an estimated date agency plans to make ADA Transition Plan available for public inspection.</p> <p>How does the agency plan to make it available to the public?</p> <p>1. Made available at an agency facility (Library, City Hall, Main Office, etc.)</p> <p>2. Available upon request</p> <p>3. Other - Please specify.</p>
<p>6c. Does the agency's ADA Transition Plan include a schedule for providing or upgrading curb ramps or other sloped areas?</p> <p>If yes, attach the ADA Transition Plan in the Attachments Section at the end of the form and/or provide the location/link:</p> <p>If no, provide an estimated date agency plan to implement a proposed schedule and budget.</p>
<p>6d. Does the ADA Transition Plan identify obstacles in the agency's facilities that limit the accessibility of its programs or activities to individuals with disabilities?</p> <p>If no, provide an estimated date agency plan to have transition plan identify obstacles in the agency's facilities that limit the accessibility of its programs or activities to individuals with disabilities.</p>
<p>6e. Does the ADA Transition Plan describe in detail the methods that will be used to make the facilities accessible?</p> <p>If no, provide an estimated date agency plan to have transition plan describe in detail the methods that will be used to make the facilities accessible.</p>
<p>6f. Has the agency identified steps to take during each year of the transition plan period in an effort to meet full compliance?</p> <p>6fi. If yes, how many years does the schedule span?</p> <p>If no, provide an estimated date agency plan to identify steps to take during each year of the ADA Transition Plan period in an effort to meet full compliance.</p>
<p>6g. Does your ADA Transition Plan indicate the official responsible for implementation of the Plan?</p> <p>If no, provide an estimated date agency will have an official responsible for implementating the ADA Transition Plan.</p>
<p>6h. Has your agency established a proposed budget for the period of the ADA Transition Plan schedule?</p> <p>6hi. If yes, provide the total budget for the schedule span:</p> <p>If no, provide an estimated date agency plan to establish a proposed budget for the period of the ADA Transition Plan schedule.</p>
<p>6i. Does your agency's ADA Transition Plan include a Self-Evaluation?</p> <p>If no, provide an estimated date agency plan to have the ADA Transition Plan include a Self-Evaluation.</p>
Attachments Section
<p>Attach additional documentation to support the program assessment (include the document if agency does not have link available):</p> <p>File Upload (Drag and drop files here or browse files):</p>
Feedback Section
<p>Does your agency have any ADA/Section 504 training needs that Caltrans can assist with?</p> <p>If yes, describe:</p> <p>Provide any additional comments here:</p>