SECTION 504 SELF EVALUATION AND TRANSITION PLAN

STATE OF MAINE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

TOWN/CITY OF _____

The following individual is responsible for inquiries regarding this Section 504 Self-Evaluation and Transition Plan:

_____
(name)

_____
(title)

_____
(address)

_____
(telephone) (fax) (e-mail)

The Section 504 Self Evaluation and Transition Plan was adopted by the following authorized individuals on behalf of the municipality:

DATE ADOPTED: _____

AUTHORIZED SIGNATURES

Name	**Date**
Name	**Date**
Name	**Date**
Name	**Date**
Name	**Date**

Municipal Seal

1. EMPLOYMENT

1. Are job announcements put into newspapers that have general circulation?

   ___ Yes ___ No

   If No, describe how individuals are made aware of employment opportunities:

   _____

   _____

2. Do job announcements state that the municipality is an Equal Opportunity Employer?

   ___ Yes ___ No

   If No, explain why the "Equal Opportunity Employer" statement is not contained within job announcements:

   _____

   _____

3. Has the municipality adopted a Equal Employment Opportunity Policy Statement?

   ___ Yes ___ No

4. Do job applications inquire as to whether an applicant is a disabled person or as to the nature or severity of a disability?

   ___ Yes ___ No

   If Yes, explain: _____

   _____

5. Describe the accommodations that can be made for the known physical and mental limitations of otherwise qualified disabled persons who are currently employed or applying for employment:

   _____

   _____

2. PROGRAM ACCESSIBILITY

1. Are any of the following services or benefits provided to residents directly by the municipality?

___ Yes ___ No

(Please mark an "X" for all services provided by the municipality)

____ Transportation Services ____ Counseling Services

____ Health Services ____ Employment Services

____ Public Housing ____ Food Services

____ General ____ Social, Recreational, or Athletic Services

(a) For those services that <u>are</u> provided, describe accommodations that can be taken to make them accessible and usable for persons with disabilities (e.g. provision of auxiliary aids, relocating programs to accessible facilities, use of alternative materials, home visits, etc.):

_____

_____

2. Are there any limitations on the number of qualified disabled persons who may participate in or be admitted to the program?

___ Yes ___ No

If Yes, list the steps to eliminate the limitations:

_____

_____

3. Do applications for these services, in any way discriminate against persons with disabilities?

___ Yes ___ No

4. Describe the <u>nature</u> of the qualifications that are needed in order to be eligible for each respective program:

Program	Qualifications
1.	
2.	
3.	
4.	
5.	
6.	
7.	

3. FACILITIES

Note: The definition of "facility" under Section 504 includes all or any portion of buildings, structures, equipment, roads, walks, parking lots or other real or personal property or interest in such property, owned, operated or leased by the municipality)

1.List below all facilities and the programs or operations for which each facility houses.

Facility	Programs or Operations Housed
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Using the Uniform Federal Accessibility Standards (UFAS), each facility must be reviewed for compliance:

COMPLIANCE COMPONENT **FACILITIES**

	#1	#2	#3	#4	#5	#6	#7
Accessible Route							
Outside Paths and Walks							
Parking							
Curb Ramps							
Ramps							
Entrances/interior Doors							
Elevators							
Lifts							
Toilet Rooms							
Drinking Fountains							
Warning Signals							
Assembly Areas							
Public Telephones							
Other Building Elements and Specialized Facilities							

- **Place a "1" in the respective box if item is in compliance with UFAS**
- **Place a "2" in the respective box if item is not in compliance with UFAS**
- **Place a "3" in the respective box if item is not available and is not required**

*** #1 through #7 above must correspond to the specific facility with that same number identified on the preceding page.**

2. For those facilities where a "2" was indicated for the specific component, list below the inaccessible feature that limits accessibility to the programs provided in that facility:

_____

_____

_____