



## City of Phoenix

### ACCESSIBILITY QUESTIONNAIRE FORM

This form is intended to provide the City of Phoenix staff with information regarding accessibility compliance and to identify accessibility needs and areas of education and training opportunities. Please complete the form to the best of your knowledge, while observing the physical aspects of the facility where your agency serves clients. The following questions are specific to the building location(s) where services are provided to clients for a program funded by the City of Phoenix, utilizing federal funds. If you provide services at more than one location, please complete a form for each building/structure where services are being provided.

**Please submit the completed questionnaire to:**

**ATTN. Grants Compliance, NSD  
City of Phoenix NSD  
200 W. Washington, 4<sup>th</sup> Floor  
Phoenix, AZ 85003**

Agency Name: \_\_\_\_\_

Service delivery address: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

#### ACCESSIBILITY COORDINATOR CONTACT INFORMATION

1. Please name staff person that has been designated to coordinate the accessibility issues for the agency:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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**BUILDING ACCESS**

1. Does the facility provide a continuous unobstructed path to and from the following?
  - a. Public Transportation YES  NO
  - b. Parking Lot YES  NO
  - c. Passenger Loading Zone YES  NO
  - d. Streets and Sidewalks YES  NO
  
2. Does the facility have designated accessible parking spaces? YES  NO 
  - a. Are the accessible parking spaces located closest to building entry? YES  NO
  - b. Is each marked with vertical sign showing universal symbol of accessibility? YES  NO
  - c. Are 96 inch wide parking spaces designated with a 60 inch access aisle? YES  NO
  
3. Where passenger loading zones are provided, is at least one accessible? YES  NO
  
4. Is the gradient from parking to building entrance 1:12 or less? YES  NO
  
5. Is path of travel free from obstruction? YES  NO
  
6. Is path wide enough (at least 36 inches) for a wheelchair? YES  NO
  
7. Are the entrance doorways at least 32 inches wide? YES  NO
  
8. Can entrance door handles, locks, and latches operable with one hand?  
(without twisting the wrist) YES  NO
  
9. Is the threshold no more than ½ inches high? YES  NO
  
10. Are the doors easy to open (less than 8 lbs. pressure)? YES  NO
  
11. Are other than revolving doors available? YES  NO

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**BUILDING CORRIDORS/APPLICATION/INTERVIEW/SERVICES AREA**

- |     |  |                              |                             |
|-----|--|------------------------------|-----------------------------|
| 1.  | Are all meeting rooms and common areas used for intake, certification, meetings, etc. reached without steps or escalators? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2.  | Is path of travel free of obstruction and wide enough (at least 36 inches) for a wheelchair?                               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3.  | Where obstacles (phones, fountains) protrude into corridor/path of travel, do they protrude no more than 4 inches?         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.  | Is the floor surface hard and not slippery?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5.  | Are doorways at least 32 inches wide?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6.  | Are doors easy to open?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7.  | Are entry/exit thresholds no more than ½ inches high?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8.  | Is the path of travel between desks, tables, etc., wide enough (at least 36 inches) for wheelchairs?                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9.  | Where drinking fountains are provided, are they accessible to the disabled individuals?                                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. | Is there an elevator in the building? (If NO, skip to #11)   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|     | a. Are elevator controls low enough (48 inches) to be reached from a wheelchair?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|     | b. Are elevator markings in Braille?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|     | c. Does elevator provide audible signals?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|     | d. Does elevator interior provide a turning area of 51 inches for wheelchairs?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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**RESTROOMS**

1. Is there at least one accessible restroom for disabled individuals at the facility? YES  NO
2. Do doors have lever handles? YES  NO
3. Are doors at least 32 inches wide? YES  NO
4. Is restroom large enough for wheelchair turnaround (51 inches minimum)? YES  NO
5. Are stall doors at least 32 inches wide? YES  NO
6. Are reinforced grab bars provided in toilet stalls? YES  NO
7. Is toilet height 17 to 10 inches high? YES  NO
8. Are sinks 30 to 34 inches high with room for a wheelchair to roll under? YES  NO
9. Are sink handles operable with one hand without twisting the wrist? YES  NO
10. Are soap dispensers, towels, no more than 48 inches from the floor? YES  NO

**COMMUNICATION**

1. Is agency able to communicate its services to disabled applicants, clients, and employees of the agency (e.g. - telecommunication device (TDD/TTY) number for the deaf)? YES  NO
2. Are applicants, clients, and employees of the agency, including those with impaired vision, or hearing; notified of the agency's policy of non-discrimination on the basis of handicap? YES  NO
3. Does the agency's brochures/general printed information include a statement of this policy as well as a telecommunications device (TDD/TTY) number for deaf persons? YES  NO

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**ALTERNATIVE ACCESSIBILITY**

If the facility is not accessible to disabled individuals, what alternative service delivery methods are used to achieve accessibility?

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**AGENCY SELF EVALUATION**

1. Has the agency conducted a full self-evaluation of its programs, policies, procedures, employment practices, etc., in relation to non-discrimination on the basis of handicap?

\_\_\_\_\_ Agency Signature \_\_\_\_\_ Date

Printed Name: \_\_\_\_\_

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**For City of Phoenix/ Grants Administration Use Only**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

On-Site Monitoring Visit Date: \_\_\_\_\_

Comments:

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