

Please either print blank document to fill out, or fill in, print and sign. Then mail. Thank you.

HANDICAPPED ACCESSIBILITY SELF-EVALUATION CERTIFICATION

Organization Name:

Address:

Telephone Number (with Area Code):

I certify that a handicap accessibility self-evaluation has been:

_____ Completed on _____
(Date)

_____ Partially completed and will be done on _____
(Date)

The results of the self-evaluation(s) is (are) as follows:

_____ The recipients' program, when viewed in its entirety, is accessible and no corrective actions are required.

_____ The recipient's program, when viewed in its entirety, is accessible, but some corrective actions will be made.

_____ The recipient's program, when viewed in its entirety, is not accessible. FOR SPONSOR ONLY: Corrective action will be made by:

(Date)

I understand that, if the organization has 15 or more employees, information on how the self-evaluation was conducted is to be made available for public inspection for 3 years after its available to ACTION officials upon request.

(Date) (Signature)

(Name/Title of Responsible Official)

Each OAVP station and VISTA site must submit this certification form to its OAVP sponsor or VISTA project. Each OAVP sponsor and VISTA project must submit this one form to its ACTION State Office.