



City and County of San Francisco
 Edwin Lee, Mayor
 Department of Public Health
 Community Programs

Fiscal Year: _____

Community Programs
ADA PROGRAM ACCOMMODATIONS

**REQUIRES COMPLETION BY ALL DPH FUNDED PROGRAMS
 PROVIDING DIRECT CLIENT SERVICES**

Program Name(s) at this site: _____

Address: _____

	YES	NO
a. Does the Program have a TDD line? If applicable, list TDD number: _____		
b. The director is familiar with process of making a TTY Relay Call (through 711) to communicate with people who are deaf, hard of hearing, or speech-impaired.		
c. Please indicate whether the program is able to make the following accommodations should an individual request it.		
1. Large Print (18 point font or greater)		
2. Braille		
3. Audio recording		
4. Video recording		
d. The director is familiar with requesting an ASL interpreter for hearing-impaired individuals.		
e. The program site has wheelchair access.		
• Doorways are at least 32 inches wide		
• The facility has an elevator if essential services/activities are provided on multiple floors.		
• Facility has at least one wheelchair accessible restroom (5' diameter or T shaped to allow for turns)		

I, _____, the undersigned, hereby certify the accurateness of the above statements.

Signature: _____ Date: _____

Please file in onsite Compliance binder.

Darlene Daevu, ADA Coordinator, 1380 Howard St, 5th Floor, San Francisco, CA 94103
 (415) 255-3426