

MEMORANDUM OF UNDERSTANDING TO ENSURE AMERICANS WITH DISABILITIES ACT “SELF-EVALUATION & TRANSITION PLAN” COMPLIANCE

I.STATEMENT OF PURPOSE

The purpose of this Memorandum of Understanding (MOU) is to provide a framework for the effective completion of an Americans with Disabilities Act (ADA) required Self-Evaluation and Transition Plan. The Massachusetts Office on Disability (MOD) serves as the Commonwealth’s Americans with Disabilities Act, ADA, Coordinator. MOD is established under M.G.L Ch. 6 Sec 185-189, which states our mission to “bring about full and equal participation... accommodations and accessibility, in a manner that fosters dignity and self-determination.” Per Executive Order 592, The Massachusetts Office on Disability is “responsible for advising, overseeing and coordinating compliance with federal and state laws protecting the rights of persons with disabilities, including but not limited to the Americans with Disabilities Act.” The participating entities of this MOU take this important endeavor seriously and are pleased to have this understanding that provides equal access and opportunities for persons with disabilities.

This MOU identifies the responsibilities of the municipality (Municipality) seeking **designation as a Housing Choice Community** and identifies MOD as the agency to provide guidance and oversight to the Municipality in their efforts of attaining an ADA Self-Evaluation and Transition Plan. Ultimately this process will promote ADA compliance and will further the Commonwealth’s goal of ensuring equal access and opportunity for persons with disabilities.

II.PARTICIPATING ENTITIES

Massachusetts Office On Disability (MOD)
One Ashburton Place, Room 1305
Boston, MA 02108

Department of Housing and Community Development (DHCD):
100 Cambridge Street, Suite 300
Boston, MA 02114

Housing Choice Designated Municipality (Municipality):

NAME, TITLE: _____
STREET NAME: _____
CITY/TOWN, MA ZIP: _____

III.GOALS

Compliance with the terms of this MOU achieves the following goals:

- A. To foster communication and open dialogue pertaining to issues impacting persons with disabilities, architectural access, programmatic access and promotion of maximum possible opportunities supportive services, accommodations and accessibility;
- B. To provide education and guidance to the Municipality regarding architectural barrier removal and ADA Self-Evaluation and Transition Plan processes in accordance with 28 CFR part 35;
- C. To ensure completion of ADA Self-Evaluation and Transition Plan provisions; and
- D. To increase awareness of accessibility in regard to persons with a disability.

IV.PROCESS FOR ENSURING COMPLIANCE

- A. Because the Municipality has not yet developed an ADA Self-Evaluation and Transition Plan, as a condition of applying for **Housing Choice Designation**, the Municipality is executing this MOU with DHCD and MOD to initiate the process of conducting the Self-Evaluation and completing a Transition Plan;
- B. Upon execution, MOD will contact and work directly with the Municipality to provide guidance, advice, and support in order for the entity to complete and have a Self-Evaluation and Transition Plan. Said guidance, advice and support will consist of the following, to the extent requested by the Municipality: 1) training on identifying architectural barriers, the ADA, and Self-Evaluation and Transition Plan obligations and best practices; 2) technical assistance, including a site visit and assistance in identifying architectural barriers

affecting access to the Municipality’s public buildings and public facilities (to review compliance with the various building requirements specific to persons with disabilities) as well as programmatic barriers affecting access to the Municipalities public programs (to review compliance with the ADA’s requirement that said programs are programmatically accessible); 3) the furnishing of template Self-Evaluations and Transition Plans from similarly situated communities and, where appropriate, technical assistance in completing a Self-Evaluation and Transition Plan; and 4) given MOD’s unique position with communities and Commissions on Disabilities, MOD will refer the Municipality to resources and personnel at similarly situated communities who have completed their respective Self-Evaluation and Transition Plan and can therefore provide particular problem solving techniques and counsel to the Municipality;

- C. If the Municipality has failed to furnish an ADA Self-Evaluation and Transition Plan within five years of this MOU, then should the Municipality subsequently apply for **Housing Choice Designation**, it will be referred to MOD again and **will not be designated as a Housing Choice Community** unless either (1) the Municipality has produced and furnished to MOD an ADA Self-Evaluation and Transition Plan, or (2) the Municipality has demonstrated compelling circumstances as to why the Municipality did not produce and furnish such a Self-Evaluation or Transition Plan to MOD within the five-year period and has entered into a written agreement with DHCD and MOD describing an alternative process, acceptable to DHCD and MOD, by which the Municipality will work toward producing and furnishing such a plan within a reasonable time frame thereafter as set forth in the written agreement; and
- D. MOD, as the ADA Coordinator for the Executive Branch of Massachusetts state government and by virtue of Executive Order 526, shall be the keeper of the records and/or Self-Evaluations & Transition Plans.

V.UPDATE REQUIREMENTS

- A. All parties shall provide timely updates to MOD of contact information contained within this MOU
- B. MOD will maintain the MOU and disseminate updates to all parties, as needed; and
- C. MOD and DHCD will work in conjunction to keep records and provide data annually on the process as it relates to particular Municipalities that are designated as Housing Choice Communities.

VI.AUTHORIZED SIGNATURES

Massachusetts Office on Disability
Julia O’Leary, General Counsel

Date:

Department of Housing and Community Development
Louis Martin, Director, Division of Community Services

Date:

Housing Choice Designated Municipality
NAME, TITTLE, CITY/TOWN:

Date: