DISABILITY EQUALITY INDEX® (DEI®)
3rd Annual / 2017 Survey (to be launched in early 2017)

ABOUT DEI

The DEI is a joint initiative of the American Association of People with Disabilities (AAPD) and the US Business Leadership Network® (USBLN®). It is a national, transparent, annual benchmarking tool that offers businesses an opportunity to receive an objective score, on a scale of zero (0) to 100, on their disability inclusion policies and practices, and identify opportunities for continued improvement.

About AAPD
AAPD is a convener, connector, and catalyst for change, increasing the political and economic power for people with disabilities. As a national cross-disability rights organization, AAPD advocates for full civil rights for the 50+ million Americans with disabilities. Learn more at www.aapd.com.

About the USBLN
The USBLN is a national non-profit that helps business drive performance by leveraging disability inclusion in the workplace, supply chain, and marketplace. The USBLN serves as the collective voice of nearly 50 Business Leadership Network affiliates across the United States, representing more than 5,000 businesses. Additionally, the USBLN Disability Supplier Diversity Program® (DSDP®) is the nation's leading third party certification program for disability-owned businesses, including businesses owned by service-disabled veterans. Learn more at www.usbln.org.

TERMS / INSTRUCTIONS

Companies participating in the 2017 DEI understand the following terms and conditions, which AAPD and the USBLN require for participation in the survey:

General:

- To receive a score report, survey responses must be submitted by 8:00pm Eastern Standard Time on the due date established by AAPD and the USBLN.
- All DEI survey questions, weighted and non-weighted, must be answered. The purpose of non-weighted questions is to gather further information and/or to gauge where companies are

holistically on a topic. Non-weighted questions may become weighted questions in future versions of the DEI survey.

- This survey will take an average of 30-40 hours to complete, including time to locate the required information. It may take more or less time depending on your answers. Typically, repeat participants report that the survey doesn't take as long as it did in their first year.

- Typically, one person acts as the official submitter of the survey and is responsible for obtaining information from multiple departments. However, representatives from the following departments may need to provide input to complete the survey:

    - Human Resources (HR)
    - Diversity & Inclusion
    - Staffing / Recruitment
    - Counsel / Legal
    - Supplier Diversity
    - Information Technology (IT)
    - Marketing / Communications
    - Corporate Giving / Corporate Foundation / Community Relations

- You can re-log into your survey any time during the survey period. Use the original link to re-access the survey at a later date.

- You may change your answers at any time before submitting your survey response. However, once answers are submitted, they cannot be changed. The survey will be scored as submitted.

- Only one (1) survey may be submitted per company.

<u>DEI Scoring Process:</u>

The score range for the DEI survey is zero (0) to 100, with 100 being the highest score.

As shown below, there are four (4) categories within the DEI survey. Each category is assigned a weight and the four (4) categories total 100 points. Each of the four (4) categories has subcategories. The category total is the sum of the subcategories.

- **Culture & Leadership = 30 points**
    - Culture = 20 points
    - Leadership = 10 points

- **Enterprise-Wide Access = 10 points**
    - Enterprise-Wide Access = 10 points

- **Employment Practices = 40 points**
  - Benefits = 10 points
  - Recruitment = 10 points
  - Employment, Education, Retention, & Advancement = 10 points
  - Accommodations = 10 points

- **Community Engagement & Support Services = 20 points**
  - Community Engagement = 10 points
  - Internal / External Support Services = 10 points

To receive full credit for a subcategory, you must answer "yes" to the number of weighted question sets specified for that subcategory. You must also provide the required information in the affirmative for all weighted sub-questions within those question sets in order for them to count. Partial credit will not be granted. Responses of "no", "no, but plan to within the next year", and "do not know" do not count for credit.

Example:
The "Culture" subcategory within the "Culture & Leadership" category is weighted 20 points. It has three (3) question sets. You must answer "yes" to at least two (2) of the three (3) question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive the 20 points.

The "Leadership" subcategory within the "Culture & Leadership" category is weighted 10 points. It has four (4) question sets. You must answer "yes" to at least two (2) of the four (4) question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive the 10 points.

Partial credit will not be granted. For example, if you meet the criteria for one (1) question set or less within the "Leadership" subcategory, no points will be granted because it requires at least two (2).

If you receive 20 out of 20 points for the "Culture" subcategory and zero (0) out of 10 points for the "Leadership" subcategory, your total for the "Culture & Leadership" category is 20 points out of 30 points possible.

<u>Other DEI Response Information:</u>

- The DEI is a U.S. based survey; responses must consist of U.S. practices in order to receive credit.
  - The only exception is Question 2 in the "Additional Information" section, which is an international related best practice question. It is optional and does not impact score.

- "Company-wide" means company-wide in the U.S.

- Please use current information. "Current" means in place at the time of your submission and by no later than the survey due date.

    - The only exception is for questions that say "During the past year…", which specify the period January 1, 2016 – December 31, 2016.

- If a question requires supporting documentation, those materials must be submitted with this survey to receive credit for the question.

    - Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents.

    - Please only submit documentation pertaining to the question rather than a full summary plan document and/or information not related to the question.

- If a question requires submission of a website URL, please only submit a URL that contains the language requested. Please be sure that the URL is available to the public and is not an employee intranet site. (Note for repeat participants: As website contents may change year over year, please be sure to test a previously submitted URL for relevance and accuracy prior to re-submission on the current survey.)

- Please refrain from using acronyms in your answers, unless the full wording/meaning has been initially referenced.

Use of Company Information:

The score range for the DEI is zero (0) to 100, with 100 being the highest score possible. Scores are in increments of 10. Companies that score an 80 or above are considered top-scoring companies.

In general, any Confidential Information submitted in the DEI survey may be utilized for reporting purposes. However, it is important to note that individual company data is kept strictly confidential and individual company results are only reported as described below:

- DEI survey results are reported in aggregate and all company survey responses are used to report aggregate results regardless of survey score.

- Only companies with a score of 80 or above will be published.

- Only the overall score is published. The breakdown of the score is not published. For example, if a company scores a 90, AAPD and the USBLN state that the company scored 90. AAPD and the USBLN do not state what category the 10 points were missed.

- Companies with a score of 80 or above may be recognized in several places, including the following: the DEI website, the DEI Annual Report, AAPD's DEI website landing page, the USBLN's DEI website landing page, at an AAPD, USBLN, or DEI event, in press releases, and in other similar places.

- Companies with a score of 80 or above are recognized in a DEI Annual Report and may also be recognized in other similar DEI publications, which may be made publicly available. Specifically:

    - Your company will be listed as a top-scoring company.

    - One or more of your company's innovative disability inclusion practices may be featured, at the joint discretion of AAPD and the USBLN. In this case, your company name will be featured with the innovative practice(s).

        - Any specific information that is used will come from the "Best Practice" question that is at the end of each of the nine (9) survey subcategories and/or from Questions 1 and 2 in the "Additional Information" section at the end of the DEI survey. These questions are marked accordingly within the survey.

            - "Best Practice" questions are optional and do not impact your DEI score.

            - Questions 1 and 2 in the "Additional Information" section are optional and do not impact your DEI score.

- Companies that score a 70 or below are kept confidential. AAPD and the USBLN do not release the company's name, score information, or survey responses, and only release information directly back to representatives of the company.

    - AAPD's and the USBLN's obligation to maintain confidentiality does not extend to information that (a) is part of the public domain at the time of the disclosure or thereafter becomes a part of the public domain through no act or omission of AAPD and the USBLN; (b) is approved for release by written authorization of the participating company that provided the information; or (c) is lawfully obtained from third parties who are not bound to a confidentiality agreement with the participating company.

- There are very few questions within the DEI that require uploading of company documents. For questions that require the uploading of documents, companies have the option to "opt-in" to allow AAPD and the USBLN the option to share the information, otherwise the document(s) are kept confidential. If a company (that scores 80 or above) opts-in to share the information, AAPD and the

USBLN may use the document(s) as an example to other companies of the type of information we are seeking for the survey and/or as an example of best practice.

- AAPD and USBLN shall not use the name, trademark, symbol, or other identifier of the disclosing company, except for purposes of the DEI.

- AAPD and USBLN shall use the Confidential Information only for purposes of the DEI, in accordance with the terms of this Agreement. AAPD and the USBLN shall not, nor permit any agent or employee to, disclose, copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of or gift the Confidential Information to any other person, firm, or corporation without the written permission of the disclosing company.

Security:

The DEI Survey Tool is hosted by New Editions Consulting, Inc. New Editions' most important concern is the protection and reliability of customer data and uses industry standard techniques to secure data. New Editions' servers are protected by high-end firewall systems, and vulnerability scans are performed regularly. All services have quick failover points and redundant hardware, and complete backups are performed nightly. New Editions uses Transport Layer Security (TLS) and Secure Sockets Layer (SSL) encryption (also known as HTTPS) for all transmitted data. Each company's DEI survey tool responses are password protected to protect confidentiality. Participating companies determine who within their company has access to the DEI survey tool. All PII and financial records are encrypted using a 256-bit AES algorithm prior to storage. Data is hosted by a third party data center that leverages an ITIL-based control environment validated for compliance against HIPAA, PCI DSS and SOC (formerly SAS 70) frameworks. The data centers are also 100% compliant against OCR and PCI Audit Protocols.

Do you accept the requirements listed above? (NOTE: A response of "yes" is required to move forward with/begin the DEI survey.)

0 Yes_____
0 No_____

_ _

(* indicates a required question / field)

BUSINESS & CONTACT INFORMATION

1. *Primary Contact: (NOTE: Primary Contact will receive survey information and can address questions from DEI staff.)

a. *First Name:
b. *Last Name:
c. *Job Title:
d. *Address Line 1:
e. Address Line 2 (Suite, Building, Floor, etc):
f. *City / Town:
g. *State:
h. *Zip Code:
i. *Department:
j. *E-mail Address:
k. *Phone Number (###-###-####):
l. Extension:

2. *Secondary Contact: (NOTE: Secondary Contact may be copied on survey information and contacted if Primary Contact is not available.)

a. *First Name:
b. *Last Name:
c. *Job Title:
d. *Address Line 1:
e. Address Line 2 (Suite, Building, Floor, etc.):
f. *City / Town:
g. *State:
h. *Zip Code:
i. *Department:
j. *E-mail Address:
k. *Phone Number (###-###-####):
l. Extension:

3. *Company Headquarters Information: (NOTE: If you score an 80 or above on the survey, what you enter for your Business Name is also what will be used when results are published.)

a. *Business Name (legal name including type of organization such as Corporation or LLP):
b. *Address Line 1:
c. Address Line 2 (Suite, Building, Floor, etc):
d. *City / Town:
e. *State:
f. *Zip Code:
g. *Company Website Address:
h. *Main Phone Number (###-###-####):

4. *Total Number (as of 12/31/16) of U.S. Based Employees (e.g. 105,561): ___________
(NOTE: Please provide the sum of full-time and part-time employees in the U.S. Answer must be numeric.)

5. *Total Number (as of 12/31/16) of Full-Time U.S. Based Employees (e.g. 85,567): ___________
(NOTE: Employers not ranked in the Fortune 1000 or that are not an AmLaw200 firm must have at least 500 full-time employees based in the U.S. to be rated in the DEI. Answer must be numeric.)

6. *Does your business have employees covered under a collective bargaining agreement(s)?

- 0 Yes_____
- 0 No_____

6a. *If YES to Question 6, please indicate the total number of U.S. based Union Employees (e.g. 15,487) as of 12/31/16: ___________
(NOTE: Answer must be numeric.)

6b. *If YES to Question 6, please indicate the Union Names (separated by semi-colons): ___________
(e.g. Union1; Union2; Union3)

7. *Is your business publicly traded? (NOTE: Publicly traded companies have a Stock Ticker Symbol. A publicly traded company, also called a public company or publicly held, is a company which has issued securities through an offering, and which is traded on the open market.)

- 0 Yes_____
- 0 No_____

7a. *If YES to Question 7, please provide your Stock Ticker Symbol: ___________
(NOTE: A Stock Ticker Symbol is a system of letters used to uniquely identify a stock or mutual fund. They are typically three (3) to five (5) letters in length.)

8. *Primary Industry:

- 0 Advertising and Marketing_____
- 0 Aerospace and Defense_____
- 0 Agriculture_____
- 0 Airlines_____
- 0 Automotive_____
- 0 Banking_____
- 0 Chemical_____
- 0 Consumer Products_____
- 0 Energy and Utilities_____
- 0 Engineering and Construction_____
- 0 Entertainment and Leisure_____
- 0 Financial Services_____
- 0 Food, Beverage, and Grocery_____
- 0 Healthcare_____
- 0 Health Services_____
- 0 Hotels, Resorts, and Casinos_____

- 0 Information Services_____
- 0 Insurance_____
- 0 Law Firm_____
- 0 Mail and Freight Delivery_____
- 0 Manufacturing_____
- 0 Oil and Gas_____
- 0 Pharmaceuticals_____
- 0 Professional Services_____
- 0 Real Estate_____
- 0 Retail_____
- 0 Technology_____
- 0 Technology and Media_____
- 0 Telecommunications_____
- 0 Tobacco_____
- 0 Travel_____
- 0 Other_____

8a. *If you selected "Other", please specify your Primary Industry: ________________________________

9. *Is your business a Federal contractor? (NOTE: Federal contractors are employers who enter into a contract with the United States (any department or agency) to perform a specific job, supply labor and materials, or for sales of products or services.)

- 0 Yes_____
- 0 No_____

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Weighted = Weighted Question
(* indicates a required question / field)

CULTURE & LEADERSHIP (30 points)

Culture (20 points)

Businesses commit to and demonstrate a sustained, visible cultural commitment to disability inclusion throughout the organization, including at least two (2) of the following three (3) elements:

(Must answer "yes" to at least two (2) of the three (3) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 20 points for the Culture subcategory.)

NOTE:

- **The above is in reference to question sets 1-3.**
- **Question set 4 (Additional Questions) is required but non-weighted.**
- **Question 5 (Best Practice) is optional and non-weighted.**

1. *Does your business have a company-wide written statement of commitment to Diversity & Inclusion? (NOTE: The written statement could be either a statement or a policy. We are seeking a Diversity & Inclusion statement. An Equal Employment Opportunity policy, Non-Discrimination/Non-Harassment policy or other compliance-related policy is not applicable for this question. Also, answer "No" if you have a statement of commitment to Diversity & Inclusion but it is not company-wide in the U.S.)

Weighted

- 0 Yes, company-wide_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1a. *If YES to Question 1, does the written statement of commitment to Diversity & Inclusion specifically mention disability?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1b. *If YES to Question 1a, is the statement of commitment posted externally on your public-facing company website?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1c. *If YES to Question 1b, please provide the specific web page address (URL) where the statement of commitment is displayed. (NOTE: Please provide a link to a page that has the statement of commitment language on it. Please also be sure that the URL is available to the public.)

Weighted

- 0 URL Link:
  e.g. http://www.company.com/diversitystatement

1d. *If you provided a URL Link for Question 1c, please copy and paste the paragraph/section of the statement within the website URL that specifically mentions disability. (REMINDER: The written statement could be either a statement or a policy. We are seeking a Diversity & Inclusion statement. An Equal Employment Opportunity policy, Non-Discrimination/Non-Harassment policy or other compliance-related policy is not applicable for this question.)

Weighted

- 0 Copy of wording:

2. *Does your business have an officially recognized disability-focused Employee Resource Group (ERG) or Affinity Group? (NOTE: An Employee Resource Group (ERG) or Affinity Group is an employee initiated and led group formed around common interests or background, which is open to all employees. For this particular question, we are seeking an officially recognized group of employees that is specifically focused on supporting and advocating for individuals with disabilities. A group of employees who focuses on broad diversity and inclusion topics, such as a Diversity Council, is not applicable for this question and is addressed in another part of the survey.)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

2a. *If YES to Question 2, please provide the name of the disability-focused Employee Resource Group or Affinity Group.

Weighted

- 0 Disability-Focused Employee Resource Group or Affinity Group Name:

2b. *If YES to Question 2, does the disability-focused Employee Resource Group or Affinity Group have a senior executive (Vice President or higher) champion or sponsor?

- 0 Yes_____
- 0 No, employee group does not have a champion or sponsor_____
- 0 No, the employee group champion / sponsor is below Vice President level_____
- 0 No, employee group does not have a champion or sponsor but plan to have senior executive champion / sponsor within the next year_____
- 0 No, the employee group champion / sponsor is below Vice President level, but plan to have senior executive champion / sponsor within the next year_____
- 0 Do Not Know_____

2c. *If YES to Question 2b, please provide the title and department of the senior executive (Vice President or higher) champion or sponsor.

- 0 *Job Title:
  e.g. Vice President, Logistics
- 0 *Department:
  e.g. Supply Chain / Operations

2d. *If YES to Question 2, is the disability-focused Employee Resource Group or Affinity Group specifically mentioned externally on your public-facing company website? (NOTE: Answer "No" if the Employee Resource Group isn't specifically mentioned by name on your public-facing website.)

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

2e. *If YES to Question 2d, please provide the specific web page address (URL) that mentions information about the disability-focused Employee Resource Group or Affinity Group. (NOTE: Please provide a link to a page that has the Employee Resource Group or Affinity Group language on it. Please also be sure that the URL is available to the public.)

- 0 URL Link:
  e.g. http://www.company.com/employeegroup

2f. *If you provided a URL Link for Question 2e, please copy and paste the paragraph/section within the website URL that specifically mentions the name of the disability-focused Employee Resource Group or Affinity Group.

- 0 Copy of wording:

2g. *If NO to Question 2, if employees expressed interest in forming an Employee Resource Group (ERG) or Affinity Group, would your business support their efforts by allowing them to use company facilities and resources?

- 0 Yes_____
- 0 No_____
- 0 Do Not Know_____

3. *Does your business have a company-wide external hiring goal(s) for people with disabilities? (NOTE: Hiring means hiring or recruitment goal. The goal(s) may or may not be numerical. The goal(s) need to be company-wide. The goal(s) need to be external, related to bringing on employees. Also, if you wish to use the OFCCP utilization goal as your response, please include in your response how that translates into a hiring goal.)

Weighted

- 0 Yes, company-wide_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

3a. *If YES to Question 3, please briefly describe one (1) of your business' external hiring goals. (NOTE: If you wish to use the OFCCP utilization goal as your response, please be sure to include details on how that translates into a hiring goal.)

Weighted

- 0 Answer:

3b. *Is progress measured against the external hiring goal described in Question 3a?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

3c. *If YES to Question 3b, is the CEO of your business briefed on the progress against the hiring goal?

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

ADDITIONAL QUESTIONS (required but not weighted)

4. *Does your business utilize an employee engagement survey? (NOTE: An engagement survey is a survey that employees typically take anonymously and on a re-occurring basis, such as annually. Employee engagement is the extent to which employees feel passionate about their jobs, are committed to the organization, and put discretionary effort into their work.)

- 0 Yes, company-wide_____
- 0 Yes, in one or more subsidiaries, but not company-wide_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

4a. *If YES to Question 4, does your employee engagement survey provide a way for your business to track employee engagement by demographic option? (NOTE: Examples of demographic options include but are not limited to: gender, race, disability, and veteran status.)

- Yes, we ask demographic questions in our employee engagement survey_____
- Yes, we are able to link/merge our engagement survey information with demographic information from our HRIS system_____
- Yes, we ask demographic questions in our employee engagement survey and we are also able to link/merge our engagement survey information with demographic information from our HRIS system if necessary_____
- No_____
- No, but plan to within the next year_____
- Do Not Know_____

4b. *If YES to Question 4a, does your business review the aggregate engagement survey results for employees who have identified as having a disability?

- Yes_____
- No_____
- No, we do not have a disability demographic option on our employee engagement survey and do not currently have disability self-ID information in our HRIS system_____
- No, but plan to within the next year_____
- Do Not Know_____

<u>BEST PRACTICE (optional)</u>

5. Does your business have an innovative disability-focused practice related to "Culture" that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and the USBLN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

- Answer:

- Answer:

- Answer:

_ _

Weighted = Weighted Question
(* indicates a required question / field)

Leadership (10 points)

Businesses commit to and demonstrate visible leadership commitment to disability inclusion, including at least two (2) of the following four (4) elements:

(Must answer "yes" to at least two (2) of the four (4) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Leadership subcategory.)

NOTE:

- **The above is in reference to question sets 1-4.**
- **Question 5 (Best Practice) is optional and non-weighted.**

1. *Does your business have a Diversity Council? (NOTE: A Diversity Council focuses on multiple diversity groups as opposed to just one particular group. Employee Resource Groups and Affinity Groups are not applicable for this question and are addressed in another part of the survey. Also, supplier diversity councils are not applicable for this question.)

Weighted

- 0 Yes, company-wide_____
- 0 Yes, in one or more subsidiaries, but not company-wide_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1a. *If YES to Question 1, does your Diversity Council have a written mission statement? (NOTE: A mission defines the purpose for existence. A mission is intended to help guide the actions of the Diversity Council.)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1b. *If YES to Question 1a, does your Diversity Council's mission specifically include disability inclusion as an area of focus?

Weighted

Questions? Please contact info@disabilityequalityindex.org

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1c. *If YES to Question 1, does the Diversity Council have a member who is publicly open about being a person with a disability and/or as an ally/supporter for people with disabilities?

- 0 Yes_____
- 0 No_____
- 0 No, but we are actively recruiting a person with a disability and/or an ally/supporter_____
- 0 Do Not Know_____

1d. *If YES to Question 1c, please select all that apply (at least one (1) required).

For each option that is applicable, please provide the job title and department for one (1) member.

- 0 Diversity Council has a member(s) who is/are publicly open about being a person with a disability.
  - *Job Title:
    e.g. Director
  - *Department:
    e.g. Finance

- 0 Diversity Council has a member(s) without a disability who is/are publicly open about being an ally/supporter for people with disabilities.
  - *Job Title:
    e.g. Director
  - *Department:
    e.g. Finance

1e. *If YES to Question 1, is the Diversity Council specifically mentioned externally on your public-facing company website?

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1f. *If YES to Question 1e, please provide the specific web page address (URL) where the Diversity Council is mentioned. (NOTE: Please provide a link to a page that has the Diversity Council language on it. Please also be sure that the URL is available to the public.)

- URL Link:
  e.g. http://www.company.com/diversitycouncil

1g. *If you provided a URL Link for Question 1f, please copy and paste the paragraph/section within the website URL that specifically mentions the Diversity Council.

- Copy of wording:

1h. *If YES to Question 1, how many members are in the Diversity Council?

Please select the one (1) that applies:

- Between 1 and 5 members_____
- Between 6 and 10 members_____
- Between 11 and 15 members_____
- Between 16 and 20 members_____
- 21 or more members_____

2. *During the period 1/1/16 – 12/31/16, did a member of your senior executive team (within first two layers of CEO) show external support of disability inclusion through participation on the Board of Directors for a disability-focused organization or working group and/or through a public statement? (NOTE: A public statement could include a speech/statement at a conference/public setting, or a quote/write-up in an article, magazine, or other similar type of publication.)

Weighted

- Yes_____
- No_____
- No, but plan to within the next year_____
- Do Not Know_____

2a. *If YES to Question 2, please select all that apply (at least one (1) required).

Weighted

For each option that is applicable, please provide the required information for at least one (1) and up to three (3) senior executives.

- Served on Board of Directors for an external disability-focused organization or working group

Questions? Please contact info@disabilityequalityindex.org

- *Senior Executive Name:
- *Senior Executive Title:
- *Organization / Working Group Name:

- Senior Executive Name:
- Senior Executive Title:
- Organization / Working Group Name:

- Senior Executive Name:
- Senior Executive Title:
- Organization / Working Group Name:

0 Made an external community-focused public statement(s)

- *Senior Executive Name:
- *Senior Executive Title:
- *Brief description of public statement:

- Senior Executive Name:
- Senior Executive Title:
- Brief description of public statement:

- Senior Executive Name:
- Senior Executive Title:
- Brief description of public statement:

3. *Is there a Senior Executive (within first two layers reporting to CEO) who is internally known as being a person with a disability <u>and/or</u> as an ally/supporter for people with disabilities?

Weighted

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

3a. *If YES to Question 3, please select all that apply (<u>at least one (1) required</u>).

Weighted

For each option that is applicable, please provide the job title and department for at least one (1) and up to three (3) senior executives.

0 Have Senior Executive who is internally known as being a person with a disability

- *Job Title:
  e.g. Senior Vice President, Logistics
- *Department:
  e.g. Supply Chain / Operations

- Job Title:
  e.g. Senior Vice President, Logistics
- Department:
  e.g. Supply Chain / Operations

- Job Title:
  e.g. Senior Vice President, Logistics
- Department:
  e.g. Supply Chain / Operations

0 Have Senior Executive without a disability who is internally known as being an ally/supporter for people with disabilities

- *Job Title:
  e.g. Chief Financial Officer
- *Department:
  e.g. Finance

- Job Title:
  e.g. Chief Financial Officer
- Department:
  e.g. Finance

- Job Title:
  e.g. Chief Financial Officer
- Department:
  e.g. Finance

4. *Do Senior Executives (those within first two layers reporting to CEO) receive individual performance evaluations? (NOTE: Key Performance Indicators (KPIs) count as a performance evaluation.)

Weighted

0 Yes_____
0 No_____
0 No, but plan to within the next year_____

- 0 Do Not Know_____

4a. *If YES to Question 4, do their individual performance evaluations specifically include a written diversity inclusion component? (NOTE: We are looking for diversity and inclusion to be a written component of one of the measurable parts of the performance evaluation, such as part of an objective or goal statement(s).)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

4b. *If YES to Question 4a, is disability inclusion specified as a written component of diversity within the performance evaluations? (NOTE: We are looking for disability inclusion to be a written component of one of the measurable parts of the performance evaluation. It does not need to be stand-alone. For example, it could be a component of a general diversity and inclusion objective. Also, it does not necessarily need to be employment related. It could be supplier diversity related, product development related, or something else business related.)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

4c. *If YES to Question 4b, please briefly describe how disability inclusion is specifically incorporated within diversity inclusion in the performance evaluations.

Weighted

- 0 Answer:

4d. *If NO to Question 4b, are any diverse groups specified as a component of diversity inclusion within the performance evaluations?

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

4e. *If YES to Question 4d, please select all the diverse groups (at least one (1) required) that are specifically included as a component of diversity inclusion in the performance evaluations.

0 Women_____
0 Multicultural_____ (e.g. African American, Asian / Pacific Islander, Native American, Hispanic / Latino)
0 Mature (Older) Workers_____ (Definition: Mature / Older = age 40 and up)
0 LGBT_____
0 Military Veterans_____
0 Other (please specify):_________________

BEST PRACTICE (optional)

5. Does your business have an innovative disability-focused practice related to "Leadership" that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and the USBLN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc.
(NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

Weighted = Weighted Question
(* indicates a required question / field)

ENTERPRISE-WIDE ACCESS (10 points)

Enterprise-Wide Access (10 points)
Businesses commit to and demonstrate commitment to workplace accessibility, including at least three (3) of the following five (5) elements:

(Must answer "yes" to at least three (3) of the five (5) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Enterprise-Wide Access category.)

NOTE:
- **The above is in reference to question sets 1-5.**

- **Question set 6 (Additional Questions) is required but non-weighted.**
- **Question 7 (Best Practice) is optional and non-weighted.**

1. *Does your business have an emergency preparedness policy or procedures in place? (NOTE: Emergency preparedness is a plan to either mitigate the effects of, or recover from, natural or man-made disasters, or acts of terrorism.)

Weighted

- 0 Yes, company-wide_____
- 0 Yes, in one or more subsidiaries, but not company-wide _____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1a. *If YES to Question 1, is the emergency preparedness policy or procedures communicated to employees?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1b. *If YES to Question 1a, please provide a specific example(s) of how you communicate the policy or procedures to employees. (At least one (1) required.)

Weighted

Please select all that apply:

- 0 In Employee Handbook_____
- 0 During New Hire Orientation _____
- 0 When fire drills are scheduled_____
- 0 Other (please specify):_________________

1c. *If YES to Question 1, does the emergency preparedness policy or procedures specifically mention people with disabilities?

Weighted

- 0 Yes_____

0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

1d. *If YES to Question 1c, what are the ways in which assistance for people with disabilities is addressed? (AT LEAST TWO (2) REQUIRED for scoring purposes.) (NOTE: Please select all that apply, even if they are only at certain locations and not company-wide.)

Weighted

0 Buddy system_____
0 Designated team of volunteers to provide assistance to people with disabilities _____
0 Visual and audible fire alarm system components_____
0 Stair-descent devices_____
0 Automatic Intranet message_____
0 Designated safe places to wait for assistance_____
0 Confidential system for submitting and tracking emergency evacuation assistance needs _____
0 Other (please specify):_________________

2. *Does your business have a company-wide requirement that company locations, buildings, and facilities meet the Americans with Disabilities Act (ADA) Accessibility Standards?

Weighted

0 Yes, company-wide_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

2a. *If YES to Question 2, does your business have a company-wide requirement that company locations, buildings, and facilities meet state and local building codes mandating accessibility?

Weighted

0 Yes, company-wide_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

2b. *If YES to Question 2a, does your business have a building/facility plan review process in place to ensure the applicable codes are followed?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

3. *Does your business have a web accessibility policy that requires coding to AA Level of Conformance (or above) of the World Wide Web Consortium's Web Content Accessibility Guidelines 2.0 (W3C WCAG2.0)? (NOTE: It can be a policy or statement of commitment. You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: http://www.w3.org/TR/WCAG20/)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

3a. *If YES to Question 3, does your business audit your external (public-facing) website for accessibility under the World Wide Web Consortium's Web Content Accessibility Guidelines 2.0 (W3C WCAG2.0)? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: http://www.w3.org/TR/WCAG20/)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

3b. *If YES to Question 3a, please estimate the percentage of your business' entire external website(s) that complies with at least the AA (or above) Level of Conformance. (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: http://www.w3.org/TR/WCAG20/)

Weighted

- 0 Up to 25%_____
- 0 Between 26% and 50%_____
- 0 Between 51% and 75%_____
- 0 Between 76% and 100%_____

3c. *If YES to Question 3, does your business audit your internal website for accessibility under the World Wide Web Consortium's Web Content Accessibility Guidelines 2.0 (W3C WCAG2.0)? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: http://www.w3.org/TR/WCAG20/)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

3d. *If YES to Question 3c, please estimate the percentage of your business' entire internal website(s) that complies with at least the AA (or above) Level of Conformance. (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: http://www.w3.org/TR/WCAG20/)

Weighted

- 0 Up to 25%_____
- 0 Between 26% and 50%_____
- 0 Between 51% and 75%_____
- 0 Between 76% and 100%_____

3e. *If YES to Question 3, has your business conducted usability studies for your highest traffic URLs to verify that your websites work effectively with screen reading and other assistive technology? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.)

- 0 Yes, we have conducted usability studies for both our highest traffic external websites and our highest traffic internal websites_____
- 0 Yes, we have conducted usability studies for our highest traffic external websites_____
- 0 Yes, we have conducted usability studies for our highest traffic internal websites_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

4. *Does your business have a process in place for employees to request disability accommodations for off-site company meetings/activities?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

4a. *If YES to Question 4, please briefly describe the process for employees to request an accommodation for off-site company meetings/activities.

Weighted

- 0 Answer:

4b. *If YES to Question 4, is the process communicated to employees?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

4c. *If YES to Question 4b, please briefly describe how the process is communicated to employees.

Weighted

- 0 Answer:

5. *Does your business have an accessibility expert(s) (internal or external) who can resolve accessibility and compatibility issues necessary for employees with disabilities to use information and communications technology systems? (NOTE: Are there internal consultants or external experts with a broad IT accessibility focus who are trained to support employees and troubleshoot their technology accessibility barriers related to using workplace computers, mobile phones, tablets, software, online meeting tools, webinars, and other similar items? Website accessibility in and of itself and/or having an accommodations specialist who helps coordinate activities with IT or other departments are not applicable for this question.)

Weighted

- 0 Yes, we have a trained internal staff member(s) _____
- 0 Yes, we use an external support service(s) that specializes in this area_____
- 0 Yes, we have an internal staff member(s) AND we utilize an external support service(s)_____
- 0 No_____
- 0 Do Not Know_____

5a. *If YES to Question 5, please briefly describe the technology accessibility role of the internal staff member(s) and/or external accessibility resource. (NOTE: Are there internal consultants or external experts with a broad IT accessibility focus who are trained to support employees and troubleshoot their technology accessibility barriers related to using workplace computers, mobile phones, tablets, software, online meeting tools, webinars, and other similar items? Website accessibility in and of itself and/or having an accommodations specialist who helps coordinate activities with IT or other departments are not applicable for this question.)

Weighted

- 0 Answer:

ADDITIONAL QUESTIONS (required but not weighted)

6. *Has your business conducted an access survey of any buildings built or leased before 1991?

- 0 Yes_____
- 0 No_____
- 0 No, not applicable; we do not have any buildings built or leased before 1991_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

6a. *If YES to Question 6, has your business developed a program to improve the access in any buildings or facilities built or leased before 1991 as is required under the Americans with Disabilities Act (ADA)?

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

6b. *If YES to Question 6a, has the program been implemented?

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

6c. *If YES to Question 6b, please briefly describe at least one (1) and up to three (3) examples of some of the access improvements that have been implemented in these buildings. (NOTE: Please use a separate text box for each response.)

- 0 *Answer:
- 0 Answer:
- 0 Answer:

BEST PRACTICE (optional)

7. Does your business have an innovative disability-focused practice related to "Enterprise-Wide Access" that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and the USBLN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

_ _

Weighted = Weighted Question
(* indicates a required question / field)

EMPLOYMENT PRACTICES (40 points)

Benefits (10 points)
Businesses commit to and demonstrate commitment to benefits that are disability inclusive, including at least two (2) of the following three (3) elements:

(Must answer "yes" to at least two (2) of the three (3) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Benefits subcategory.)

NOTE:
- **The above is in reference to question sets 1-3.**
- **Question sets 4-7 (Additional Questions) are required but non-weighted.**
- **Question 8 (Best Practice) is optional and non-weighted.**

1. *Does your business have an Employee Assistance Program (EAP)? (NOTE: An Employee Assistance Program is an employer-sponsored service designed to assist with personal or family issues, including mental health or substance abuse.)

Weighted

0 Yes_____

Questions? Please contact info@disabilityequalityindex.org

- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1a. *If YES to Question 1, is your EAP available to both full-time and part-time employees?

- 0 Yes, for full-time and part-time employees_____
- 0 Yes, for full-time employees (company does not have part-time employees) _____
- 0 No, only available to full-time employees (company has part-time employees)_____
- 0 No, but plan to make available to both within the next year_____
- 0 Do Not Know_____

2. *Does your business offer short-term disability (STD) benefit coverage for full-time employees? (NOTE: Short-term disability insurance can replace a portion of an employee's income during the initial weeks of a disabling illness or accident.)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

3. *Does your business offer long-term disability (LTD) benefit coverage for full-time employees? (NOTE: Long-term disability insurance usually begins where short-term disability insurance leaves off, replacing a portion of an employee's income if he/she becomes disabled.)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

ADDITIONAL QUESTIONS (required but not weighted)

4. *Does your business offer a benefit plan that includes "Personal Assistance Services" (PAS) coverage? (NOTE: PAS can make employment possible for some people with disabilities. As such, we are looking for a benefit to employees through at least one of your insurance plans that either covers or helps offset the cost of PAS. A person with a disability who has a personal assistant at home and/or at work may have the personal assistant to help with a wide-variety of things including but not necessarily limited to activities such as eating, drinking, bathing, lifting things, and other activities of daily living. When they cover the cost of PAS themselves, if their employer offers PAS coverage, it helps them offset the expense. This is a benefits question. Job accommodation information is not applicable for this question.)
(Resource: http://www.dol.gov/odep/topics/PersonalAssistanceServices.htm)

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

4a. *If YES to Question 4, please upload a copy of your "Personal Assistance Services" coverage document. (NOTE: Please upload a document that specifically states what the coverage includes. Can be a flyer or screen shot. Does not need to be a multiple-page document. Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit www.wikihow.com/Make-a-Zip-File. Also, if you need to delete or replace the file that you uploaded, click the "Next" button then the "Back" button and the "Delete File" button will populate.)

0 Upload here:

5. *Does your business offer at least one (1) benefit plan that covers hearing aids in whole or in part? (NOTE: Having an FSA plan that includes reimbursement for hearing aid expenses is not applicable for this question.)

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

5a. *If YES to Question 5, please upload a copy of your hearing aid coverage document. (NOTE: Please upload a document that specifically states what the coverage includes. Can be a flyer or screen shot. Does not need to be a multiple-page document. Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit www.wikihow.com/Make-a-Zip-File. Also, if you need to delete or replace the file that you uploaded, click the "Next" button then the "Back" button and the "Delete File" button will populate.)

0 Upload here:

6. *Does your business offer any mental health benefits above and beyond what is required by the Federal mental health parity bill and any other relevant laws? (Resource: https://www.dol.gov/ebsa/mentalhealthparity/)

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

6a. *If YES to Question 6, please briefly describe the mental health benefits that go above and beyond what is required by law.

0 Answer:

7. *Does your business offer a long-term care coverage benefit? (NOTE: Long-term care coverage typically covers things such as home care, assisted living, hospice care, and nursing home facilities.)

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

7a. *If YES to Question 7, please upload a copy of your long-term care coverage document, which includes information about what it does and does not cover. (NOTE: Please upload a document that specifically states what the coverage includes. Can be a flyer or screen shot. Does not need to be a multiple-page document. Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit www.wikihow.com/Make-a-Zip-File. Also, if you need to delete or replace the file that you uploaded, click the "Next" button then the "Back" button and the "Delete File" button will populate.)

- 0 Upload here:

BEST PRACTICE (optional)

8. Does your business have an innovative disability-focused practice related to "Benefits" that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and the USBLN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

- 0 Answer:
- 0 Answer:
- 0 Answer:

_ _

Weighted = Weighted Question
(* indicates a required question / field)

Recruitment (10 points)
Businesses commit to and demonstrate recruitment practices that welcome individuals with disabilities, including at least two (2) of the following four (4) elements:

(Must answer "yes" to at least two (2) of the four (4) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Recruitment subcategory.)

NOTE:

- **The above is in reference to question sets 1-4.**
- **Question set 5 (Additional Questions) is required but non-weighted.**
- **Question 6 (Best Practice) is optional and non-weighted.**

1. *Does your business display non-discrimination and/or equal opportunity policy language that specifically mentions disability on your external public-facing recruitment/career website? (NOTE: The wording must specifically mention disability and be on your external public-facing recruitment/career website. We are looking for compliance statements, not a statement of commitment to Diversity & Inclusion.)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1a. *If YES to Question 1, please provide the specific web page address (URL) that displays this language on your external public-facing recruitment/career website. (NOTE: Please provide a link to a recruitment/career page that displays the non-discrimination and/or equal opportunity policy language. Please also be sure that the URL is available to the public.)

Weighted

- 0 URL Link:
  e.g. http://www.company.com/career/EEO

1b. *If you provided a URL Link for Question 1a, please copy and paste the paragraph/section of the non-discrimination language and/or equal opportunity policy language within the website URL that specifically mentions disability.

Weighted

- 0 Copy of wording:

2. *Does your business have language specifically displayed on your external public-facing recruitment/career website about the process for requesting disability accommodations to complete the application process? (NOTE: The wording must be on your recruitment/career website. The wording must specifically mention accommodation and include contact information such as an e-mail address and/or phone number. An online fill-in the blank contact form that can be submitted electronically is also acceptable.)

Weighted

- Yes_____
- No_____
- No, but plan to within the next year_____
- Do Not Know_____

2a. *If YES to Question 2, please provide the specific web page address (URL) that displays this language on your external public-facing recruitment/career website. (NOTE: Please provide a link to a recruitment/career page that has the accommodation language on it. Please also be sure that the URL is available to the public.)

Weighted

- URL Link:
  e.g. http://www.company.com/career/accommodation

2b. *If you provided a URL Link for Question 2a, please copy and paste the paragraph/section within the website URL that specifically mentions how a job applicant can request a disability accommodation.

Weighted

- Copy of wording:

3. *Does your business make <u>all</u> job interview candidates aware of the option to request an accommodation(s) for the interview?

Weighted

- Yes, we ask <u>all</u> candidates during the interview scheduling process if they need a reasonable accommodation for the interview_____
- No, we rely on candidates asking for their specific accommodation needs_____
- No, but plan to within the next year_____
- Do Not Know_____

3a. *If YES to Question 3, please briefly describe the accommodation information that is communicated to candidates who have been selected for an interview.

Weighted

- Answer:

4. *Does your business have <u>external</u> recruitment efforts in place that are specifically geared toward hiring individuals with disabilities? (NOTE: Sponsorship of an organization or event in and of itself is not applicable for this question. We are looking for information specific to your recruitment activities.)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

4a. *If YES to Question 4, please select all the applicable ways your business has demonstrated external recruitment efforts specifically geared toward hiring individuals with disabilities. (AT LEAST TWO (2) REQUIRED for scoring purposes). (NOTE: Sponsorship of an organization or event in and of itself is not applicable for this question. We are looking for information specific to your recruitment activities.)

Weighted

- 0 Post jobs on non-government disability recruitment organization website(s)_____
- 0 Participate at job fair(s) targeting people with disabilities_____
- 0 Establish relationships with College/University disability student services offices_____
- 0 Establish relationships with governmental organizations that serve people with disabilities such as state vocational rehabilitation agencies_____
- 0 Have external candidate development program(s) in place that focus(es) on skill development and/or job placement of people with disabilities (e.g. Career Link)_____
- 0 Participate in student focused recruiting programs (e.g. COSD, WRP, AAAS Entry Point, Emerging Leaders) _____
- 0 Other (please specify): _________________

4b. *If YES to Question 4, please briefly describe at least two (2) and up to three (3) examples of your recruitment efforts specifically geared toward hiring individuals with disabilities. (AT LEAST TWO (2) REQUIRED for scoring purposes.) (NOTE: Sponsorship of an organization or event in and of itself is not applicable for this question. We are looking for information specific to your recruitment activities.)

Weighted

- 0 *Answer:
- 0 *Answer:
- 0 Answer:

ADDITIONAL QUESTIONS (required but not weighted)

5. *If your business uses personality profile screening tests/instruments for any position as part of the employment screening process, do you allow applicants with disabilities the option to opt-out of the test as an accommodation? (NOTE: Opt-out means to not take the test at all.)

- 0 Yes, we allow applicants to opt-out_____
- 0 No_____
- 0 No, not applicable; we do not currently use profile screening tests/instruments_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

5a. *If YES to Question 5, please briefly describe how you make applicants aware of the option to opt-out. (NOTE: If you don't make applicants aware on the front-end, and wait for them to ask, please let us know that as well.)

- 0 Answer:

5b. *If YES to Question 5, do you provide an alternative process in place of the personality profile screening tests/instruments? (NOTE: An alternative process is something other than a personality profile screening test/instrument. For example, providing a different type of test that is not focused on personality. Providing the test/instrument in a different format, such as reading the questions to an applicant, is not applicable for this question since that's an accommodation as opposed to an alternative process.)

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

5c. *If YES to Question 5b, please briefly describe any alternative processes you may offer instead of personality profile screening tests/instruments.

- 0 Answer:

BEST PRACTICE (optional)

6. Does your business have an innovative disability-focused practice related to "Recruitment" that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and the USBLN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

- 0 Answer:

- 0 Answer:

0 Answer:

_ _

Weighted = Weighted Question
(* indicates a required question / field)

Employment, Education, Retention, & Advancement (10 points)
Businesses commit to and demonstrate employment practices that fully incorporate and include individuals with disabilities, including at least two (2) of the following three (3) elements:

(Must answer "yes" to at least two (2) of the three (3) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Employment, Education, Retention, & Advancement subcategory.)

NOTE:

- **The above is in reference to question sets 1-3.**
- **Question sets 4-7 (Additional Questions) are required but non-weighted.**
- **Question 8 (Best Practice) is optional and non-weighted.**

1. *Does your business provide New Hire Orientation to all new hire employees within 90 days of employment?

Weighted

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

1a. *If YES to Question 1, does your business include information about disability inclusion in New Hire Orientation?

Weighted

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

Questions? Please contact info@disabilityequalityindex.org

1b. *If YES to Question 1a, please select all the applicable ways your business includes disability inclusion in New Hire Orientation. (At least one (1) required.)

Weighted

- 0 New employees receive an Employee Handbook which has Equal Employment Opportunity and/or Non-discrimination policies in it_____
- 0 New employees receive materials about Disability Employee Resource Group/Affinity Group_____
- 0 New employees are required to take training which is either focused on OR includes a component on disability inclusion_____
- 0 The job accommodation request process is discussed and/or shared with new employees_____
- 0 Other (please specify):_________________

2. *Does your business have disability inclusion training available for employees to take above and beyond any training required during New Hire Orientation? (NOTE: The training may be a part of broader diversity training. Also, for purposes of this question, it's acceptable if the training falls during or after an employee's first 90-days, so long as the training is above and beyond any standard training your business conducts as part of New Hire Orientation. Examples of disability inclusion training include: disability awareness, disability etiquette, disability accommodations, disability laws (e.g., FMLA, ADA, 503), disability employment awareness, and other related trainings.)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

2a. *If YES to Question 2, do you require all people managers to take at least one (1) of the trainings? (NOTE: People managers include anyone within the company with direct reports. Answer "No" if some but not all people managers are required to take the training(s).)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

2b. *If YES to Question 2a, please briefly describe what at least one (1) and up to three (3) disability inclusion trainings that people managers are required to take consists of. (NOTE: Please use a separate text box for each response. Please provide details on specific aspects of disability inclusion that the training covers.)

Weighted

- *Answer:
- Answer:
- Answer:

3. *Does your business encourage employees with a disability to self-identify as a person with a disability?

Weighted

- Yes_____
- No_____
- No, but plan to within the next year_____
- Do Not Know_____

3a. *If YES to Question 3, please select all the applicable methods of communication that are used to encourage employees to self-identify. (AT LEAST TWO (2) REQUIRED for scoring purposes). (e.g. where information on how to self-identify can be found by an employee.)

Weighted

- Distribution of mass e-mails_____
- Included in New Hire Orientation training_____
- Included in Disability Employment Awareness Month material(s)_____
- Included in employee newsletter(s) _____
- Included on company intranet / portal_____
- Disability Employee Resource Group (ERG)/Affinity Group announcement_____
- Included in Benefits Annual Open Enrollment_____
- Other (please specify):_________________

3b. *If YES to Question 3, does your business have a process in place that enables employees to confidentially self-identify as a person with a disability? (NOTE: An electronic OR form process is acceptable. An "electronic system" is one in which an employee can self-service/self-identify on their own via the company intranet/portal at any time without having to go through another person.)

Weighted

- Yes, employees can self-identify confidentially via an electronic system_____
- Yes, employees can self-identify via a confidential form_____
- Yes, we have both an electronic system and a form process that employees can choose from to confidentiality self-identify_____
- No_____
- No, but plan to within the next year_____

0 Do Not Know_____

3c. *If YES to Question 3b, do you use the numerical data to track progress in hiring people with disabilities?

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

ADDITIONAL QUESTIONS (required but not weighted)

4. *Do you currently have any employees who utilize supported employment? (NOTE: Supported employment for people with significant disabilities could be provided directly by the employer or through external service providers such as through a government rehabilitation agency. Supported employment is both an approach and an array of services that enables people with significant disabilities to be successful in the workplace. The goal is for the person to become as independent as possible in their job or career. Examples of supported employment include but are not limited to one-on-one coaching and extended training programs.)

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

5. *Does your business have a written retention and advancement policy or commitment statement?

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

5a. *If YES to Question 5, does your written retention and advancement policy or commitment statement specifically include/mention disability inclusion and/or supported employment? (NOTE: Supported employment is both an approach and an array of services that enables people with significant disabilities to be successful in the workplace. The goal is for the person to become as independent as possible in their job or career.)

0 Yes, mentions disability inclusion_____
0 Yes, mentions supported employment_____
0 Yes, mentions both disability inclusion and supported employment_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

5b. *If YES to Question 5a, please copy and paste the paragraph/section of the written retention and advancement policy or commitment statement that specifically mentions disability inclusion and/or supported employment.

0 Answer:

5c. *If NO to Question 5a, are any diverse groups specified as a component of the written retention and advancement policy or commitment statement?

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

5d. *If YES to Question 5c, please select all the diverse groups (at least one (1) required) that are specifically included as a component of the written retention and advancement policy or commitment statement.

0 Women_____
0 Multicultural_____ (e.g. African American, Asian / Pacific Islander, Native American, Hispanic / Latino)
0 Mature (Older) Workers_____ (Definition: Mature / Older = age 40 and up)
0 LGBT_____
0 Military Veterans_____
0 Other (please specify):_________________

6. *Does your business currently utilize employee retention and advancement programs? (NOTE: Examples include but are not necessarily limited to high potential rotational programs, employee and leadership development programs, and other similar programs.)

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

6a. *If YES to Question 6, are any of your employee retention and advancement programs specifically focused on employees with disabilities?

0 Yes, we have a program(s) solely focused on employees with disabilities_____
0 Yes, we have a program(s) that is inclusive of employees with disabilities, but not necessarily solely focused on employees with disabilities_____
0 Yes, we have both a program(s) that is solely focused on employees with disabilities as well as a program(s) that is inclusive of employees with disabilities_____

- No_____
- No, but plan to within the next year_____
- Do Not Know_____

6b. *If YES to Question 6a, please briefly describe at least one (1) and up to three (3) of the programs. (NOTE: Please use a separate text box for each response.)

- *Answer:
- Answer:
- Answer:

7. *Does your business pay all of your employees at least Local, State, or Federal minimum wage – whichever is highest? (NOTE: Answer "No" if you currently hold a 14c certificate, even if you don't currently pay any of your employees subminimum wage. 14c certificates allow employers to pay workers with disabilities less than Federal minimum wage. Also, please note that this question is specific to 14c/paying workers with disabilities less than minimum wage. Work such as restaurant servers, unpaid internships, and other work that offers tips or commission for people who may not have a disability is not applicable for this question.) (Resource: http://www.dol.gov/whd/workerswithdisabilities/about.htm) (Resource: http://www.dol.gov/whd/minwage/q-a.htm#learn)

- Yes_____
- No, we hold a 14c certificate_____
- Do Not Know_____

BEST PRACTICE (optional)

8. Does your business have an innovative disability-focused practice related to "Employment, Education, Retention, & Advancement" that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and the USBLN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

- Answer:
- Answer:
- Answer:

_ _

Weighted = Weighted Question
(* indicates a required question / field)

Accommodations (10 points)

Businesses commit to and demonstrate accommodation practices that fully incorporate and include individuals with disabilities, including at least two (2) of the following three (3) elements:

(Must answer "yes" to at least two (2) of the three (3) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Accommodations subcategory.)

NOTE:

- **The above is in reference to question sets 1-3.**
- **Question set 4 (Additional Questions) is required but non-weighted.**
- **Question 5 (Best Practice) is optional and non-weighted.**

1. *Does your business have a disability accommodation policy? (NOTE: We are looking for a policy that specifically provides the company's commitment to providing reasonable accommodations. Medical leave of absence policies are not applicable for this question. Also, job accommodation request forms or other similar types of forms are not applicable for this question. The policy also needs to broadly cover all types of disabilities rather than focus on specific disabilities.)

Weighted

- 0 Yes, company-wide_____
- 0 Yes, in one or more subsidiaries, but not company-wide_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1a. *If YES to Question 1, is the disability accommodation policy posted in a place where employees can access it on their own?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1b. *If YES to Question 1a, please select all the applicable ways an employee can access the disability accommodation policy. (At least one (1) required.)

Weighted

- 0 In Employee Handbook_____
- 0 In Code of Conduct / Ethics document_____
- 0 On Intranet / Portal_____
- 0 Physically posted at company locations_____
- 0 Other Internal Location (please specify):_________________

1c. *If YES to Question 1, please upload a copy of your disability accommodation policy. (NOTE: Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit www.wikihow.com/Make-a-Zip-File. Also, if you need to delete or replace the file that you uploaded, click the "Next" button then the "Back" button and the "Delete File" button will populate.)

Weighted

- 0 Upload here:

2. *Does your business have a written disability accommodation procedure available to employees, which explains the process for requesting a disability accommodation? (NOTE: Answer "yes" if you have a written procedure in place, either as part of an accommodations policy or as a separate document. "Procedure" is different than "policy" in that the "procedure" informs the employee of the process and defines who an employee should contact if they are in need of a disability accommodation.)

Weighted

- 0 Yes, company-wide_____
- 0 Yes, in one or more subsidiaries, but not company-wide_____
- 0 No _____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

2a. *If YES to Question 2, is the disability accommodation procedure posted where employees can access it on their own?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

2b. *If YES to Question 2a, please select all the applicable ways an employee can access the disability accommodation procedure. (At least one (1) required.)

Weighted

- 0 In Employee Handbook_____
- 0 In Code of Conduct / Ethics document_____
- 0 On Intranet / Portal_____
- 0 Physically posted at company locations_____
- 0 Other Internal Location (please specify):_________________

2c. *If YES to Question 2, does your business have a required timeframe for responding to a request for a disability accommodation?

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

2d. *If YES to Question 2c, what is your required timeframe for responding to a request for a disability accommodation? Please indicate the number of business days. (NOTE: The field is limited to two (2) characters. If your required timeframe is a range, enter the high end of the range. If you are not sure of the number of business days, enter "NS" for "Not Sure".)

- 0 Number of Business Days_____

2e. *If YES to Question 2, does your business have an accommodations specialist(s)? (NOTE: An accommodations specialist is a person who specializes in and is seen as an "expert" in accommodations. The accommodations specialist could serve as a primary accommodation resource or be utilized on an as need be basis when unique accommodation situations arise.)

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

3. *Does your business have a centralized accommodations fund? (NOTE: A centralized accommodation fund is available to either partially cover or entirely cover reasonable accommodations for employees with disabilities. Also, answer "yes" if you have regionally based centralized funds.)

Weighted

- 0 Yes, company-wide_____
- 0 Yes, in one or more subsidiaries, but not company-wide_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

3a. *If YES to Question 3, please select which type of centralized accommodations fund your company uses.

Weighted

- 0 One centralized fund covers all accommodation costs company-wide_____
- 0 One centralized fund is available to offset costs company-wide if local departments need financial assistance_____
- 0 Each region has a centralized fund which covers all accommodation costs for the region _____
- 0 Each region has a centralized fund available to offset costs for the region if local departments need financial assistance_____

3b. *If YES to Question 3, are people managers made aware of the centralized accommodations fund?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

3c. *If YES to Question 3, please briefly describe what kinds of accommodations the centralized fund covers.

Weighted

- 0 Answer:

ADDITIONAL QUESTIONS (required but not weighted)

4. *Does your business track accommodation metrics? (NOTE: Examples include but are not limited to measuring employee and manager satisfaction and return to work.)

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

4a. *If YES to Question 4, please briefly describe at least one (1) and up to three (3) accommodations metrics that you track. (NOTE: Please use a separate text box for each response.)

Questions? Please contact info@disabilityequalityindex.org

0 *Answer:

0 Answer:

0 Answer:

BEST PRACTICE (optional)

5. Does your business have an innovative disability-focused practice related to "Accommodations" that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and the USBLN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

_ _

Weighted = Weighted Question
(* indicates a required question / field)

COMMUNITY ENGAGEMENT & SUPPORT SERVICES (20 points)

Community Engagement (10 points)
Businesses demonstrate public-facing engagement practices that celebrate and support individuals with disabilities, including at least two (2) of the following three (3) elements:

(Must answer "yes" to at least two (2) of the three (3) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Community Engagement subcategory.)

NOTE:
- **The above is in reference to question sets 1-3.**
- **Question sets 4-7 (Additional Questions) are required but non-weighted.**
- **Question 8 (Best Practice) is optional and non-weighted.**

1. *Does your business have a supplier diversity program?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1a. *If YES to Question 1, does your business have a supplier diversity webpage on your external public-facing company website?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1b. *If YES to Question 1a, are disability-owned AND service-disabled veteran-owned businesses specifically mentioned on your external public-facing supplier diversity website? (NOTE: Language about sheltered workshops, AbilityOne, and businesses employing people with disabilities are not applicable for this question. Also, regarding service-disabled veteran-owned businesses, we're looking for this specific verbiage so that it clearly reflects that the disability occurred during active duty.)

Weighted

- 0 Yes, both disability-owned businesses AND service-disabled veteran-owned businesses are mentioned_____
- 0 No_____
- 0 No, only disability-owned businesses are mentioned_____
- 0 No, only service-disabled veteran-owned businesses are mentioned_____
- 0 Do Not Know_____

1c. *If YES to Question 1b, please provide the specific web page address (URL) where the disability-owned business language is displayed. (NOTE: Please provide a link to a page that has the disability-owned business language on it. Please also be sure that the URL is available to the public.)

Weighted

- 0 URL Link:
  e.g. http://www.company.com/supplierdiversity

1d. *If you provided a URL Link for Question 1c, please copy and paste the paragraph/section within the website URL that specifically mentions disability-owned businesses.

Weighted

0 Copy of wording:

1e. *If YES to Question 1b, please provide the specific web page address (URL) where the service-disabled veteran-owned businesses language is displayed. (NOTE: Please provide a link to a page that has the service-disabled veteran-owned business language on it. Please also be sure that the URL is available to the public.)

Weighted

0 URL Link:
e.g. http://www.company.com/supplierdiversity

1f. *If you provided a URL Link for Question 1e, please copy and paste the paragraph/section within the website URL that specifically mentions service-disabled veteran-owned businesses.

Weighted

0 Copy of wording:

1g. *If YES to Question 1, during the period 1/1/16 – 12/31/16, did your business have expenditures with disability-owned AND/OR service-disabled veteran-owned businesses?

0 Yes, expenditures with both disability-owned businesses and service-disabled veteran-owned businesses_____
0 Yes, expenditures with disability-owned businesses_____
0 Yes, expenditures with service-disabled veteran-owned businesses_____
0 No_____
0 Do Not Know_____

1h. *If YES to Question 1g, during the period 1/1/16 – 12/31/16, did your business have expenditures with certified disability-owned businesses AND/OR certified service-disabled veteran-owned businesses? (NOTE: Certified means that the businesses have been certified by a third-party that certifies businesses that are disability-owned and/or service-disabled veteran-owned.)

0 Yes, expenditures with both certified disability-owned businesses and certified service-disabled veteran-owned businesses_____
0 Yes, expenditures with certified disability-owned businesses_____
0 Yes, expenditures with certified service-disabled veteran-owned businesses_____

- No, expenditures have been with non-certified businesses_____
- Do Not Know_____

2. *During the period 1/1/16 – 12/31/16, did your business provide philanthropic support to an external disability related event or organization? (NOTE: For purposes of this survey question, philanthropic support can be encouraging employee service, in-kind donations, and/or financial donations.)

Weighted

- Yes_____
- No_____
- No, but plan to within the next year_____
- Do Not Know_____

2a. *If YES to Question 2, please briefly describe at least one (1) and up to three (3) donations your business has made to an external disability related event or organization. (NOTE: Please use a separate text box for each response.)

Weighted

- *Answer:
- Answer:
- Answer:

3. *During the period 1/1/16 – 12/31/16, did your business publicly support or help shape external national or local initiatives around disability inclusion practices? (NOTE: This is not a financial donation/support related question. If there are both financial and non-financial components to the initiative, we are looking for focus and elaboration on the non-financial components. Also, internal only initiatives are not applicable for this question nor are recruitment related activities, as recruitment is already covered in another part of the survey.)

Weighted

- Yes_____
- No_____
- No, but plan to within the next year_____
- Do Not Know_____

3a. *If YES to Question 3, please select all that apply (at least one (1) required).

Weighted

- Participated in an external national event or initiative that supported inclusion_____

- Participated in an external local event or initiative that supported inclusion_____

3b. *If YES to Question 3, please briefly describe at least one (1) and up to three (3) initiatives around disability inclusion practices that your business has publicly supported or helped shape. (NOTE: Please use a separate text box for each response.)

Weighted

- *Answer:
- Answer:
- Answer:

ADDITIONAL QUESTIONS (required but not weighted)

4. *Does your business have a smart-phone app available for use by the public?

- Yes_____
- No_____
- No, not-applicable, our business doesn't work directly with the public_____
- No, but plan to within the next year_____
- Do Not Know_____

4a. *If YES to Question 4, has your business audited your smart-phone app for accessibility under the World Wide Web Consortium's Web Content Accessibility Guidelines 2.0 (W3C WCAG2.0)? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: http://www.w3.org/TR/WCAG20/)

- Yes_____
- No_____
- No, but plan to within the next year_____
- Do Not Know_____

5. *Does your business market directly to the disability community either by depicting people with disabilities in your internal or external marketing and/or advertising materials? (NOTE: Marketing and/or advertising could be internal or external and in electronic or print format. Examples of internal communications that could depict people with disabilities are benefit open enrollment materials, recruiting materials, or similar type materials. Examples of external communications that could depict people with disabilities are commercials, billboards, recruitment materials, or other similar materials.)

- Yes_____
- No_____

- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

5a. *If YES to Question 5, please briefly describe at least one (1) and up to three (3) marketing and/or advertising materials that have depicted people with disabilities. (NOTE: Please use a separate text box for each response.)

- 0 *Answer:

- 0 Answer:

- 0 Answer:

6. *Does your business have a plan in place to ensure social media postings are accessible? (e.g. For example, a plan to ensure that photos are well described and videos are captioned.)

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

6a. *If YES to Question 6, please briefly describe the social media accessibility plan that you have in place.

- 0 Answer:

7. *Does your business have a process in place to ensure that all contractors and subcontractors that you work with pay all of their employees at least Local, State, or Federal minimum wage – whichever is highest? (NOTE: 14c certificates allow employers to pay workers with disabilities less than Federal minimum wage. Answer "No" to this question if your business does not have a process in place to ensure that all contractors and subcontractors that you work with do not hold a 14c certificate. Work such as restaurant servers, unpaid internships, and other work that offers tips or commission for people who may not have a disability is not applicable for this question.) (Resource: http://www.dol.gov/whd/workerswithdisabilities/about.htm) (Resource: http://www.dol.gov/whd/minwage/q-a.htm#learn)

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

7a. *If YES to Question 7, please briefly describe the process that is in place to ensure that all of your contractors and subcontractors pay all of their employees at least Local, State, or Federal minimum wage – whichever is highest.

- 0 Answer:

BEST PRACTICE (optional)

8. Does your business have an innovative disability-focused practice related to "Community Engagement" that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and the USBLN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

- 0 Answer:
- 0 Answer:
- 0 Answer:

_ _

Weighted = Weighted Question
(* indicates a required question / field)

Internal / External Support Services (10 points)
Businesses commit to and demonstrate internal / external support service practices that are inclusive of individuals with disabilities, including at least two (2) of the three (3) following:

(Must answer "yes" to at least two (2) of the three (3) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Internal / External Support Services subcategory.)

NOTE:
- **The above is in reference to question sets 1-3.**
- **Question 4 (Best Practice) is optional and non-weighted.**

1. *Does your business have a centralized communications/support center available to answer questions from those with whom you conduct business? (NOTE: Those with whom you conduct business activities with could include clients, customers, vendors, employees, or any party that your company interfaces with as part of your business. For example, answer "yes" to this question if you have a service or call center for external clients and/or customers and/or if you have an employee resource center or IT help desk for employees. Any type of centralized communications/support center is acceptable for this question.)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1a. *If YES to Question 1, please select which one (1) best describes your centralized communications/support center.

Weighted

- 0 We have an internal service center_____ e.g. an employee resource center or IT help desk
- 0 We have an external service center_____ e.g. a client and/or customer service center or call center
- 0 We have both an internal service center and an external service center_____

1b. *If YES to Question 1, does at least one (1) of your centralized communications/support center(s) have a process in place to handle requests for accessible formats? (NOTE: This question pertains to communications with either external and/or internal sources that your business engages in business activities with. For example, if a client, customer, or employee needs large print or Braille materials, or captioning on a video clip, is there a process in place to handle such requests? This is not a job accommodation question, a recruitment related question, or a website accessibility related question.)

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1c. *If YES to Question 1b, please briefly describe the process to handle requests for accessible formats.

Weighted

- 0 Answer:

1d. *If YES to Question 1b, does your business offer training to the center staff on the process to handle requests for accessible formats?

Weighted

- 0 Yes_____
- 0 No_____
- 0 No, but plan to within the next year_____
- 0 Do Not Know_____

1e. *If YES to Question 1d, please briefly describe the training process.

Weighted

0 Answer:

2. *Does your business offer an online chat function for people with disabilities you engage with externally and/or internally in business activities? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.)

Weighted

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

2a. *If YES to Question 2, does your online chat function fully meet the AA Level of Conformance (or above) of the World Wide Web Consortium's Web Content Accessibility Guidelines 2.0 (W3C WCAG2.0 AA)? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: http://www.w3.org/TR/WCAG20/)

Weighted

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

2b. *If YES to Question 2a, have you conducted usability studies to verify that the online chat function works effectively with screen reading and other assistive technology?

Weighted

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

2c. *If NO to Question 2a, does your business have a plan in place to assess your online chat function to determine its level of conformance to the Level AA standard? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: http://www.w3.org/TR/WCAG20/)

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

3. *Does your business have a formal program(s) in place to understand how to address the needs of the disability community? (NOTE: A formal program could be a focus group, market research, work with a disability consultant or expert, or usability studies. The use of an internal employee group such as an Employee Resource Group (ERG), Affinity group, or Diversity Council is also acceptable; however, we are looking for specifics on what activities the group engages in to better understand the external disability community.)

Weighted

0 Yes_____
0 No_____
0 No, but plan to within the next year_____
0 Do Not Know_____

3a. *If YES to Question 3, please select all that apply (at least one (1) required).

Weighted

0 Focus Group_____
0 Market Research_____
0 Work with a disability consultant or expert_____
0 Usability studies_____
0 Employee Resource Group or Affinity Group_____
0 Diversity Council_____
0 Other (please specify):_________________

3b. *If YES to Question 3, please briefly describe one (1) of the formal programs. Include information about how the program is utilized to better understand the needs of the disability community.

Weighted

0 Answer:

BEST PRACTICE (optional)

4. Does your business have an innovative disability-focused practice related to "Internal / External Support Services" that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications

at the joint discretion of AAPD and the USBLN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

_ _

ADDITIONAL INFORMATION (optional)

1. Please include any other information that you would like to share with us about your disability inclusion efforts. This could include information on innovative business practices, products or services that affect the disability community; notable employee programs; notable partnerships with disability organizations, or other similar practices. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and the USBLN. Make sure to review for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

2. If your business has international operations, are there any innovative disability-focused practices you have undertaken to promote disability inclusion overseas? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and the USBLN. Make sure to review for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

3. Please upload any additional information or supporting documents you would like to submit. (NOTE: Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit www.wikihow.com/Make-a-Zip-File. Also, if you need to delete or replace the file that you uploaded, click the "Next" button then the "Back" button and the "Delete File" button will populate.)

- Upload here:

4. “OPT-IN” FOR SHARING OF UPLOADED DOCUMENTS: Please select which documents you authorize AAPD and the USBLN to have the option to share. If you do not put a checkmark next to the document, that document will be kept confidential. If you opt-in to share a document(s), AAPD/USBLN may use the document(s) as an example to other companies of the type of information we are seeking for the survey and/or as an example of best practice. You will be notified if the documents will be shared. (NOTE: Please select all that apply.)

- Benefits Question #4A: Personal Assistance Services (PAS) coverage document(s)
- Benefits Question #5A: Hearing aid coverage document(s)
- Benefits Question #7A: Long-term care coverage document(s)
- Accommodations Question #1C: Disability accommodation policy document(s)
- Additional Information Question #3: Miscellaneous document(s)

5. Please provide any additional information, comments, or feedback you would like DEI staff to be aware of.

- Answer:

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Questions? Please contact info@disabilityequalityindex.org