

(Rev. 03/05)

AMERICANS WITH DISABILITIES ACT (ADA)/LIMITED ENGLISH PROFICIENCY (LEP)

Self-Evaluation Form

District Albany

Form completed by: R. Giordano Phone #: 447-7462

Access – ADA

1. Do you have an ADA contact person within DSS who is responsible for social services program access and for the taking and resolution of complaints from applicants/recipients (A/Rs)?

Yes No (*)

2. If yes to #1, who is your ADA contact? Steve VanBuren

Please provide the ADA contact's telephone # 447-7316

3. a. Has your district done a self-evaluation of program access by A/Rs with disabilities?
Yes (Please attach a copy of the report) No (*)

b. Were deficiencies found in the self-evaluation?

Yes (go to c.) No (Go to #4)

c. Were corrective actions taken?

Yes (Please attach copy of the corrective action plan) No (*)

4. Do you have a written procedure for handling complaints from applicants/recipients who claim to have been denied access to social services programs due to a disability?

Yes (Please attach copy) No (*)

5. Do you provide applicants/recipients (A/Rs) for social services programs with information about the ADA's prohibitions against discrimination?

Yes (Please attach copy) No

6. Reasonable accommodation means an adaptation or alteration that gives an A/R with disabilities meaningful access to social services programs. Do you have written reasonable accommodation procedures?

Yes (Please attach copy) No (*)

7. Do you have a procedure to insure that the A/R who is offered reasonable accommodation, but refuses, understands the consequences of that refusal?

Yes (Please attach copy) No (*)

Access – General Disabilities

1. a. Are your facilities accessible to, and usable by, individuals with disabilities?

Yes No

b. Are your parking areas and sidewalks accessible to, and usable by, individuals with disabilities?

Yes No

c. Is the entrance wheelchair accessible?

Yes No

d. Are bathrooms and drinking fountains wheelchair accessible?

Yes No

e. Are areas such as the photo ID/finger imaging areas wheelchair accessible?

Yes No

f. If No to e., are alternate accessible sites available?

Yes No

g. If the client area is above or below the 1st floor, are there elevators?

Yes No 1st floor only

h. If No to g., are services available at alternate accessible sites?

Yes No (*)

2. In social services districts with more than one district office, are all district offices accessible according to #1. a – e above.

Yes No (go to #3)

3. When one or more district office is not handicap accessible, is reasonable accommodation offered?

Yes (attach copy of reasonable accommodation plan, or specify)

No (*)

4. Do you have procedures for determining when home visits will be provided for A/Rs who are physically or mentally unable to travel to the office/center?

Yes (go to #6) No (*) (go to #5)

5. If No to #4, what alternate accommodations are provided? _____

6. Are the home visit or alternate accommodations procedures in writing?

Yes (please attach a copy – go to #7) No (*) (go to #7)

7. How is the district's policy regarding home visits or alternate accommodations conveyed to A/Rs?

verbally
(Go to #8)

8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff?

memo

Access – Visually/sight Impaired

"providing temporary assistance for permanent change"

1. a. Are there signs in Braille for the visually/sight impaired?

Yes No Men's and Women's rooms
Yes No Room Numbers
Yes No Exits
Yes No Permanent Rooms and Spaces
Yes No Elevators

b. If NO to any of the above, how does the visually impaired person find a necessary location?

2. Do you have procedures in place for A/Rs who, due to visual impairment, are unable to read the application, information booklets, notices, etc.?

Yes (Please provide copy) No (*)

Access – Mental Impairment

1. Do you have procedures in place to assist a mentally impaired A/R?

Yes (Please provide copy) No (*)

Access – Hearing Impaired

1. Do you have procedures in place to assist hearing impaired A/Rs?

Yes (Please provide copy) No (*)

2. Is a sign-language interpreter provided?

Yes No (*)

3. Does the office/agency have TTY/TTD equipment or New York Relay Services available?

Yes (Type of Service: _____) No

Access – Limited English Proficiency

1. Do you have procedures to assist limited or non-English speaking A/Rs?

Yes (Please provide copy) No (*) *Please see attached*

2. Are the following available in other than English language?

Signs Yes No

Posters Yes No

Pamphlets Yes No

Other client handouts: Yes (Describe: _____) No

3. a. Is the "Interpreter Services Poster" (PUB-4842) displayed in the waiting area?

Yes No (*)

b. Is the recommended 6/04 version of the "Interpreter Services Desk Guide" (PUB-4843) and/or the optional language palm cards used? Yes No

(*) Answers with (*) will require a corrective action plan to be submitted within sixty days of the date that this form is due to be returned to the Division of Employment and Transitional Supports (DETS).

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ADA COMPLAINT PROCEDURES

1. All complaints regarding discrimination because of a disability will be referred to Steve VanBuren, Director of Operations.
2. Steve will log each complaint of this nature including client's name, worker involved and the nature of the alleged discrimination and the outcome of the investigation.
3. A thorough investigation of the allegation will be conducted to include, but not be limited to discussions with both the client and the worker.
4. If the allegation is found to be true, any negative actions against the client will be voided and a referral for any indicated training will be made to the worker's direct supervisor and the client will be informed in writing.
5. If no discrimination is found the client will be informed in writing and any negative actions by the Agency will remain in effect.

Memorandum

To: All Staff
From: Steve Vanburen
Date: 5/11/03
Re: Home Intake Requests

As you are aware, we no longer have a single individual responsible to complete home visits. If you should receive a request for a home visit, please use the attached questionaire to determine if a visit is indeed needed or if there is someone who can come to this Agency on the requestor's behalf. If you determine that a visit is required, please complete the attached referral and send it to the appropriate Department Head.

Home Visit Screening Questions

1. **What program(s) are you applying for? (FS applications can be done by phone.)**
2. **Why do you feel that you need a home visit?**
3. **Why are you unable to come to this Agency?**
4. **Who if anyone lives with you?**
5. **Do you have any children, grandchildren or neighbors that are able to help you?**
6. **Who does your banking? Your grocery shopping?**
7. **Who takes you to the doctor and/or the hospital?**

HOME INTAKE REQUEST

Requestor's Name _____

Reason Home Visit is needed _____

Address _____

Telephone _____

Program applying for _____

Directions to home _____

ADA QUESTIONNAIRE ATTACHMENT

Section: ADA

Question 5 - All clients are informed are informed of prohibitions against discrimination by Book 1 and by posters prominently placed in the Waiting Area.

Question 6 – While we do not have written reasonable accommodation procedures This Agency does, indeed make reasonable accommodations for individuals with disabilities. There is a ramp into the building and lower interview booths to accommodate wheelchairs. Additionally we work closely with advocates in the community to ensure that disabled clients receive all services to which they are entitled.

Question 7- All clients are informed of the consequences of their refusal to comply with this Department

Section – Visually Impaired

Question 2 – If a client is visually impaired a clerical staff member assists them in completing any required paperwork and informs them verbally of their rights and responsibilities.

Section – Mental Impairment

Question 1 – This Agency has ACDMH staff on site to assist with these clients.

Section – Limited English Proficiency

Question 1 - The Department contracts with Hispanic Outreach for Spanish translation and are currently preparing an RFP for additional translation services.

Section – Hearing Impaired

Question 1 – If a hearing impaired individual is scheduled for an appointment prior arrangements are made with one of our two staff members that can sign. If a client is not expected, a telephone call is placed to one of these individuals who will provide signing services.