

(Rev. 03/05)

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

**Self-Evaluation Form**

District Allegany

Form completed by: Rose Scott Phone #: 585-268-9304

**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? \_\_\_\_\_.

Please provide the ADA contact's telephone # \_\_\_\_\_.

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 n/a (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 1<sup>st</sup> floor, are there elevators?  
Yes  No  1<sup>st</sup> 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?  
 n/a  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?  
 Home visits are done for individuals who are disabled or aged and have no one to come into the office to represent them. \_\_\_\_\_  
(Go to #8)
8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff?  at staff training \_\_\_\_\_

**Access – Visually/sight Impaired**

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? Through staff assistance  
\_\_\_\_\_
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: \_\_\_Through County's 911 system\_\_\_) No \_\_\_

**Access – Limited English Proficiency**

1. Do you have procedures to assist limited or non-English speaking A/Rs?  
Yes \_\_\_ (Please provide copy) No  (\*)
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 the returned to the Division of Employment and Transitional Supports (DETS).