

Broome County Department of Social Services

Barbara J. Fiala, Broome County Executive • Arthur R. Johnson, LMSW, Commissioner



Assistance Programs

Rita L. Meattley

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FROM: Cindy L. Nord, Deputy Commissioner**FAX #: (607)778-3007****TO: Pam Pomiber****ORGANIZATION: NYS OTDA****ADDRESS:****FAX #: (518)473-0511****TOTAL # OF PAGES (including cover sheet): 6****DATE: 4/8/05 TIME: 2:00****REGARDING: ADA/LEP self evaluation for Broome County****If transmission is not complete, please call (607) 778-2666.**

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Rev. 08/04)

AMERICANS WITH DISABILITIES ACT (ADA)/LIMITED ENGLISH PROFICIENCY (LEP)
Self-Evaluation Form

District BROOME

Form completed by: Cindy L. Nord Deputy Commissioner Phone #: (607) 778-2666

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? Elsie Logan
 Please provide the ADA contact's telephone # (607) 778-2117

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 [Unless it is included the OTDA mandated Books I, II or III]

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

Yes No 1st floor only

f. If No to e., 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. N/A

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?
Word of mouth (Go to #8)

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

Access - Visually/sight Impaired

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

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Men's and Women's rooms
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Room Numbers
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Exits
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Permanent Rooms and Spaces
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Elevators

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

All visitors must be escorted by staff.

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/TDD equipment or New York Relay Services available?

Yes (Type of Service: TTY) No

Access - Limited English Proficiency

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

Yes (Please provide copy) No Subscribe to Language Line

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 "Language Poster" displayed in the waiting area? Yes No

b. Are the Language palm cards used? Yes No



**BROOME COUNTY AFFIRMATIVE ACTION
GRIEVANCE PROCEDURE**

The Affirmative Action grievance procedure has been established to meet the requirements of the Americans with Disabilities Act and Broome County's Affirmative Action Plan. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability, race, color, religion, sex, sexual preference, national origin, veteran's status or any other non-job related characteristic in employment practices and policies or the provision of services, activities, programs, or benefits by Broome County.

This complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of the complainant and location, date, and description of the problem. Alternative means of filing complaints, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or designee as soon as possible but no later than 60 calendar days after the alleged violation to:

**AFFIRMATION ACTION OFFICER
P.O. BOX 1766
BINGHAMTON, NY 13902-1766
778-2272**

Within 15 calendar days after receipt of the complaint, the Affirmative Action Officer will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting the Affirmative Action Officer will respond in writing to the complainant. The response will explain the position of Broome County and offer options for substantive resolution of the complaint.

