



CATTARAUGUS COUNTY

DEPARTMENT OF SOCIAL SERVICES

One Leo Moss Drive

Olean, New York 14760

VOICE: (716) 373-8060

FACSIMILE: (716) 373-8228

INTERNAL: # 3733

WENDY H. BOU GEOIS
Commissioner

RICHARD M. WILLIAMS
DSS Deputy Commissioner

THOMAS LECCEADONE
Senior Accountant

TO: PAM

Fax #: (516)-473-0511

FROM: DAN PICCIONI (716)-373-8010 EXT 3553

DATE: 4/12/05

SUBJECT: ADA SELF EVALUATION

PAGES: 4 (Including Cover Page)

MESSAGE:

*Pam,
Enclosed is the self evaluation form.
I still need to send you a copy of our ADA
Court order self-audit the corrective actions taken
Our Risk Management office is sending that to me.
DAN*

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(Rev. 0 '04)

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

District ATTALAPUGO (004) Form completed by: DAN PICCIONI Phone # (716)-373-8010x3553
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? DAN PICCIONI
Please provide the ADA contact's telephone # (716)-373-8010x3553

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

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

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

3. 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 N/A

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)

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

Are the home visit or alternate accommodations procedures in writing?

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

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

THEY MAY SEND AN AUTHORIZED REPRESENTATIVE OF THEIR CHOICE. PHONE INTERVIEWS ARE A LAST RESORT

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

THROUGH UNIT MEETINGS

Access - Visually/Sight Impaired

i. 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 Exit
Yes No Permanent Rooms and Spaces
Yes No Elevators

ELEVATORS NOT NEEDED FOR A/R'S

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

HELP DESK PROVIDES GUIDANCE FOR THOSE IN NEEDED. TWO PEOPLE ARE ON SITE HERE AT ALL TIMES.

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

CLERK WILL ASK QUESTIONS AND FILL OUT APPLICATION

Access - Mental Impairment

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

Yes ___ (Please provide copy) No (CASE MANAGED USUALLY DOES WITH RECEIPT)

Access - Hearing Impaired

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

Yes (Please provide copy) No ___

SIGN LANGUAGE EMPLOYEES ON STAFF

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: RELAY SERVICE) No ___

Access - Limited English Proficiency

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

Yes (Please provide copy) No ___ - (CONTACT WITH INTERPRETER ATTACHED)

Are the following available in other than English languages?

Signs Yes No ___

Posters Yes No ___

Pamphlets Yes No ___

Other client handouts: Yes ___ (Describe: _____) No ___

1. a. Is the "Language Poster" displayed in the waiting area? Yes No ___

b. Are the Language palm cards used? Yes No ___