

Cayuga County Health and Human Services Department

Elane M. Daly, R.N., B.S.N.
Director

June 4, 2007

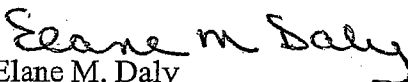
Ms. Patricia Augle
Temporary Assistance Bureau
Division of Employment and Transitional Supports
40 North Pearl Street, 11C
Albany, New York 12243

Dear Ms. Augle:

Enclosed are:

- Our agency response to the ADA self-evaluation
- Copies of documents identified in the self-evaluation.

Very truly yours,


Elane M. Daly
Director

EMD/js
Encls.

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

District **Cayuga** Form completed by: **Elane Daly** Phone #: **(315) 253-1451**

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)?

X Yes _____ No (*)

2. If yes to #1, who is your ADA contact? **Sandie Gilliland, TDA Director**

Please provide the ADA contact's telephone # **(315) 253-1268**

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 **X** (*)

b. Were deficiencies found in the self-evaluation? **Not applicable**

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

c. Were corrective actions taken? **Not applicable**

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 **X** (Please attach copy) No _____ (*) **LDSS 8036 (procedure to file FS application complaints with OTDA posted in waiting room)**

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

Yes **X** (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 ___ (Both are available on 6th floor & fountain on 1st floor)

- 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 ___ Not applicable

- 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 ___ (*) **Not applicable**

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) **Not applicable**

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 (*) **Not applicable**

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?

X 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) **X** No (*) (go to #7)

7. How is the district's policy regarding home visits or alternate accommodations conveyed to A/Rs? **Verbally, if worker perceives the need or upon client request (Go to #8)**

8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? **On a case-by-case basis**

Access – Visually/sight Impaired

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

Yes X	No ___	Men's and Women's rooms (6th floor)
Yes ___	No X	Room Numbers
Yes ___	No X	Exits
Yes ___	No X	Permanent Rooms and Spaces
Yes X	No ___	Elevators

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

Have someone accompany them and/or be escorted by staff member

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 _____ (*) **Contact Aurora of Central NY**

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

Yes (Type of Service: **New York Relay Services**) No _____

Access – Limited English Proficiency

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

Yes (Please provide copy) No _____ (*)

Agency maintains a list of staff members who speak various languages who can assist as needed

Workers encourage applicant to have someone who can interpret accompany them to interview

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

Signs Yes ___ No **X**

Posters Yes **X** No ___

Pamphlets Yes **X** No ___

Other client handouts: Yes **X** (Describe: Various local forms) No ___

Can download from OTDA website applications & forms in various languages as needed

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

Yes **X** 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 **X** 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).

Submitted 6/4/07

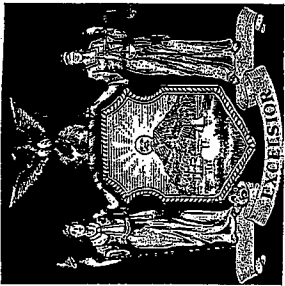
AMERICANS WITH DISABILITIES ACT (ADA)/LIMITED ENGLISH PROFICIENCY (LEP)
Self-Evaluation Form

Attachments

1 – LDSS-8036 (English & Spanish versions)

2 – LDSS-4148A (Book 1)

3 – Memo re: Department Interpreters



FOOD STAMP BENEFITS COMPLAINT PROCEDURE

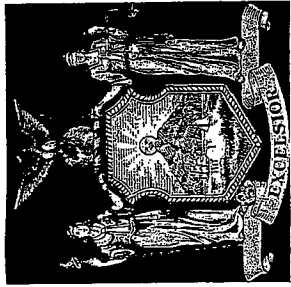
If you have a complaint concerning processing standards and/or service you may request a local agency conference. If your complaint is not satisfactorily resolved by your local food stamp benefits office, you may file a complaint in writing to:

New York State
Office of Temporary and Disability Assistance
Division of Temporary Assistance, ATT: Food Stamp Benefits Program
40 North Pearl Street
Albany, NY 12243

The following information should be included when you send in your complaint:

- Your name
- Your complete address
- Telephone number where we can reach you
- Name of the local food stamp benefits office involved
- Your food stamp benefits case number, if applicable
- All pertinent information regarding your complaint

NOTE: THIS PROCEDURE IN NO WAY TAKES THE PLACE OF A FAIR HEARING



PROCEDIMIENTO DE QUEJA RELATIVO A LOS CUPONES PARA ALIMENTOS

Si desea presentar una queja con relación a las normas de trámite y/o servicio asociado con los cupones para alimentos, le sugerimos solicitar una reunión con la agencia local. Si la resolución de la oficina local no le es de su entera satisfacción, favor de enviar una queja por escrito a la siguiente dirección:

New York State
Office of Temporary and Disability Assistance
Division of Temporary Assistance, ATT: Food Stamp Program
40 North Pearl Street
Albany, NY 12243

Incluya los siguientes datos en la queja formal:

- Nombre
- Dirección completa
- Número de teléfono donde le podamos localizar
- Nombre de la oficina local de cupones para alimentos a cargo del caso
- Número de caso, si es pertinente
- Todo dato relacionado con la queja

NOTA: EL PROCEDIMIENTO DE QUEJA NO SUSTITUYE LA VISTA IMPARCIAL

New York State

Office of Temporary and Disability Assistance

NOTE: If your application for Temporary Assistance is approved and you are an adult with no children, your category of Temporary Assistance will generally be Safety Net Assistance.

People in Safety Net Assistance cases will not get recurring Temporary Assistance for any period prior to 45 days from the date of application. People in the Safety Net Assistance Category may be able to get help to meet emergencies during the 45 day period that they cannot get recurring benefits. (See DSS-4148C: "What You Should Know If You Have An Emergency".)

People in the Safety Net Assistance category who are eligible for Food Stamp Benefits do not have to wait any longer for those benefits than any other applicant.

2. NONDISCRIMINATION RIGHTS

Discrimination by the New York State Office of Temporary and Disability Assistance (OTDA), by the New York State Department Health, by the New York State Office of Children and Family Services, by the New York State Department of Labor or by your local department of social services based on race, religion, ethnic background, marital status, disability, sex, national origin, political belief or age is **illegal**.

If you think you have been discriminated against in a Temporary Assistance Program or that your case has been handled improperly due to some type of discrimination, you can complain by calling or writing to the:

**Bureau of Equal Opportunity Development
New York State Office of Minority Program Development
New York State Office of Temporary and Disability Assistance
40 North Pearl Street, 16 D
Albany, New York 12243-0001
(518) 473-8555**

If you think you have been discriminated against in the **Food Stamp Benefits Program**, you can also complain by writing to the:

**USDA
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
(Voice and TDD: (202) 720-5964)**

Your discrimination complaint will be investigated, and you will be told in writing of the findings.

If you think you have been discriminated against on the basis of disability, you can also complain by writing to:

**Disability Rights Section
P.O. Box 66738
Washington, D. C. 20035-6738**

Your discrimination complaint will be investigated, and you will be told in writing of the findings.

If you think you have been discriminated against in the Medical Assistance Program, you can complain by calling or writing to:

**Human Resources Group
New York State Department of Health
2295 Corning Tower
Albany, NY 12237
(518) 473-3394**

If you feel you have been discriminated against in Temporary Assistance, Food Stamp Benefits and their related employment programs, Medical Assistance, Services or Child Care you can contact the Division of Human Rights.

You can also call or write to one of the regional offices of the New York State Division of Human Rights, which can be found in the Government pages of the telephone book.

Some cities and counties in New York State also have human rights commissions that investigate discrimination complaints. Check your telephone book for a listing.

MEMO

TO: All Directors
 FROM: Michael A. Mancini
 RE: **INTERPRETERS**
 DATE: January 17, 2006

Mike:

The following is a revised list of Interpreters located in the Human Services Department:

Marcia Brown	Ext. 1262	knowledgeable in Polish
Jol Donovan	Ext. 1510	German
Sandie Gilliland	Ext. 1268	Reads and speaks basic French as well as a bit of Spanish
Alexandra Holak	Ext. 1305	Ukrainian
Mary Nowak	Ext. 1529	Polish, Slavic
Nianne Ortquist (Health Dept)	Ext. 1411	Mandarin Chinese
Helen Piscioti	Ext. 1321	knowledgeable in Ukrainian
Alice Sears (Health Dept.)	Ext. 1183	Spanish
Laurie Updike	Ext. 1393	Russian
Tracey Van Doren	Ext. 1326	could help with Spanish

