

Chautauqua County Dept. of Social Services
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**CHAUTAUQUA
COUNTY
DEPARTMENT OF
SOCIAL SERVICES**

FAX

TO: Pam Pomber FROM: Rose Ann Lancione
FAX #: (518)473-0511 PAGES: 4
PHONE: (518)474-0961 DATE: 4/27/05
RE: AOA/LEP self eval. CC: _____

Urgent

Please Comment

For Review

Please Reply

(Rev. 08/04)

Page 1 of 3

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

District Chautauque Form completed by: Rose Lancione Phone #: (716) 363-3512

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? Jane Peterson

Please provide the ADA contact's telephone #: (716) 753-4421

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. 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.
 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 #5) 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?

(Go to #6)
8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDS staff? On an individual basis usually by phone.

Access - Visually/sight Impaired

1. a. Are there signs in Braille for the visually/sight impaired?
- | | | |
|---|--|---------------------------------|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Men's and Women's rooms |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Some Room Numbers |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Exits |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Some 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?
Assistance from reception 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 AVR?
Yes ___ (Please provide copy) No X

Access - Hearing Impaired

1. Do you have procedures in place to assist hearing impaired AVRs?
Yes ___ (Please provide copy) No X

2. Is a sign-language interpreter provided? Yes ___ No X

3. Does the office/agency have TTY/TTD equipment or New York Relay Services available?
Yes ___ (Type of Service: _____) No X

Access - Limited English Proficiency

1. Do you have procedures to assist limited or non-English speaking AVRs?
Yes ___ (Please provide copy) No X

2. Are the following available in other than English language?
Signs Yes X No ___
Posters Yes X No ___
Pamphlets Yes X No ___
Other client handouts: Yes ___ (Describe: _____) No ___

*Have Spanish speaking staff.
Have contacted local called
on occasion for
assistance with other
languages*

3. a. Is the "Language Poster" displayed in the waiting area? Yes ___ No X
b. Are the Language palm cards used? Yes ___ No X