

CHAUTAUQUA COUNTY DEPARTMENT OF SOCIAL SERVICES
POLICY REGARDING AMERICANS WITH DISABILITIES AND/OR LIMITED ENGLISH
PROFICIENCY

In April 2006, the New York State Office of Temporary and Disability Assistance issued 06-ADM-05 entitled "Providing Access to Temporary Assistance Programs for Persons with Disabilities and/or Limited English Proficiency (LEP)." This policy is being issued to insure implementation of 06-ADM-05 and the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act in Chautauqua County Department of Social Services programs and services.

STATEMENT OF POLICY:

The Chautauqua County Department of Social Services is committed to compliance with the Americans with Disabilities Act and Section 504 of the federal Rehabilitation Act of 1973. Applicants for and recipients of services and benefits from the Department including but not limited to Transitional Assistance (TA), Food Stamps (FS) and Home Energy Assistance Program (HEAP) shall have equal access to all benefits, programs and services for which they are eligible in a way that does not discriminate against and which insures equal access to qualified individuals with disabilities or who have LEP.

The Chautauqua County Department of Social Services and its employees shall reasonably modify policies, practices and procedures that deny equal access to persons with disabilities but shall not take action that would be a fundamental alteration in the state and/or federal rules and regulations that govern the benefit, program or services to which the individual seeks access. Non-essential procedures or local rules that deny a person with a disability an equal opportunity to participate in the programs, services and benefits shall be removed or eliminated, such as local rules about whether the client must come to the office for an interview. Reasonable accommodations shall be made to the known physical or mental limitations of otherwise qualified applicants/recipients with disabilities, provided however, that the Department is not required to take any action that would impose an undue financial or administrative burden on the operation of the program. Information shall be provided in a manner that is accessible to individuals with visual or hearing disabilities and auxiliary aids and services shall be provided to insure effective communication with individuals with disabilities.

For applicant/recipients with LEP, the Department shall provide appropriate interpreter services when necessary and not deny access to benefits, programs or services based on an inability to provide adequate interpretation services. Documents shall also be provided in alternate languages when necessary.

DEFINITIONS:

1. A person with a disability is one who:
 - a. Has a physical or mental impairment that substantially limits one or more of the major life activities of such person;
 - b. Has a record of such impairment; or
 - c. Is regarded as having such an impairment.

The determination of whether someone has a disability under the ADA is not a searching inquiry: The focus of DSS staff should be on ensuring that individuals have equal and meaningful access to our programs and services, not a detailed analysis of whether an individual meets the ADA/504 definition of disability.

Protected individuals include DSS applicants, recipients, and members of the public: The ADA and Section 504 protect individuals receiving DSS benefits and services, those applying for benefits and services, and others. For example, an individual with a disability who wants information about DSS programs who has not yet applied for benefits has a right to access that information and a right to reasonable accommodations (see below) to do so. Family members and others who accompany someone applying for benefits cannot be discriminated against by DSS.

The individual must meet essential program eligibility requirements: If an individual does not meet essential program eligibility requirements (e.g., income, resource, and immigration requirements), it is not discriminatory to exclude the person from a DSS program.

2. Examples of physical impairments: Blindness, low vision, deafness, hearing limitations, arthritis, cerebral palsy, HIV, AIDS, traumatic brain injury, high blood pressure, asthma, irritable bowel syndrome, paraplegia, cancer, heart disease, diabetes, multiple sclerosis, anatomical loss, alcoholism, and past illegal use of drugs are all examples of impairments. This is not a complete list of physical impairments.

3. Examples of mental impairments: Clinical depression, bi-polar disorder (manic depression), anxiety disorder, post traumatic stress disorder, learning disabilities (e.g., dyslexia), attention deficit disorder and mental retardation. This is not a complete list of mental impairments.

4. Examples of major life activities: performing manual tasks, walking, standing, lifting, bending, speaking, hearing, seeing, breathing, eating, sleeping, taking care of oneself, learning, reading, concentrating, thinking, and working. Major life activities also include major bodily functions such as bladder, bowel, digestive, immune system, cell growth, brain, neurological, circulatory, endocrine, and reproductive functions.

5. Past history of a disability: The ADA and § 504 also protect individuals with a past history of a disability from discrimination based on that history.

6. Regarded as having a disability: The ADA and § 504 protect individuals who DSS staff believes have a disability from discrimination. For example, DSS cannot discriminate against someone based on a belief that a minor condition is much more limiting than it is. Nor can DSS discriminate against someone because she takes medication, and DSS believes that means she has some type of disability.

7. Limited English Proficiency (LEP): Those individuals whose native language is not English and who have some level of difficulty in communicating or understanding English.

8. Essential program eligibility requirements: This refers to those eligibility requirements of income, resources, immigration requirements, etc. that are found in the laws, rules and regulations governing the particular program.

REQUIRED ACTIONS:

A. **(1) Notice of Rights:** Employees must inform applicant/recipients of their rights under the ADA to reasonable accommodations to access benefits, services and programs provided by the Department. Posters (Attachment B) to this effect shall be posted in all buildings and when necessary, staff shall review the poster with an applicant/recipient in an alternate method or provide the poster in an alternate form tailored to the individual's needs, if needed. Attachment C to this policy is a flyer that must be made available to all clients, in an alternate format if necessary.

(2) Recognition of Disabilities: Employees must make reasonable efforts to recognize potential disabilities based on the applicant/recipient's disclosure or on an indication of an apparent disability or from information contained in the case record about a prior disability or accommodation. If there is an indication of a disability, employees must offer the applicant/recipient the opportunity to engage in a more comprehensive screening to determine whether any accommodations are necessary. **However**, employees may not inquire into the nature of the disability beyond what is necessary to provide a reasonable accommodation which will permit the applicant/recipient to access benefits, programs and services. If a more comprehensive screening is agreed to, all staff are directed to the Screening Tool attached hereto as Exhibit D. **NOTE:** This screening is not meant to replace the assessment necessary for development of an individualized employment plan for those individuals required to participate in the Welfare to Work program.

B. **Time frame for providing accommodations:** Many accommodations (such as help with completing an application) must be provided on the same day they are requested. Other accommodations should be provided in time to prevent a denial of equal and meaningful access to programs and services. Most accommodations should be provided within 5 days.

C. **Examples of accommodations that must be provided:**

- Help with filling out an application for benefits and help with gathering documents showing eligibility for benefits or a disability.
- Accommodations in appointments, including scheduling appointments at the time of day that will prevent long waits; seeing clients who cannot wait on a priority basis; scheduling appointments so that they do not conflict with doctor's appointments, rehab, therapy, etc.; combining appointments to reduce travel; home visits for individuals who have difficulty traveling to DSS; allowing clients to reschedule appointments when a disability prevents attendance.
- Giving a person more time to submit documents or complete other tasks.
- Allowing an individual to bring a friend, relative or neighbor, or advocate with them to DSS appointments. Allowing the client to bring their service animal into the offices with them.
- Reading notices and other documents to the client.
- Providing notices, applications and other document or program materials in alternate formats such as large print, Braille, audio tape.
- Modifying welfare work activities – see below.
- Allowing clients to communicate with employees by email or other methods when needed for a disability-related reason.

These are only examples and are not intended as a comprehensive list. Consultation with an employee's

supervisor and the appropriate ADA coordinator should be undertaken when the employee is unsure how to accommodate a particular client. **NOTE: An employee cannot change the essential program eligibility requirements. If an individual does not meet those essential eligibility requirements (e.g., income, resource, and immigration requirements), it is not discriminatory to exclude the person from the DSS program.**

NOTE: People with disabilities cannot be put in separate programs (e.g., separate education and training programs) just because they have disabilities. If a person meets the essential eligibility requirements for a program, he or she has a right to participate in that program.

D. Accommodations in work activities: Clients may be entitled to a number of different types of accommodations in cash assistance work activities and the determination of those accommodations should be made while completing the client's assessment for participation in the Welfare to Work program. Examples of such accommodations include but are not limited to:

- Assignment to a particular program, work site or job appropriate for the individual given their disabilities.
- Part-time activities (less than 30 hours per week) if the client cannot participate full-time because of a disability or disability-related treatment.
- Accommodations at the job site or education and training program such as in equipment, modification of rules or procedures, job coaches, modified training materials, etc.
- Assignment to activities that are not countable towards federal work participation rates (e.g., rehab or therapy for more than 4 consecutive weeks a year)
- Exemption from work activities if the person cannot participate as a result of a disability even with an accommodation such as those listed above.

E. Confidentiality and record keeping: Employees are required to maintain client confidentiality provided however that employees must document in the case record a person's disability and/or any LEP information to the extent necessary to indicate the types of actions taken to ensure access to programs, services and benefits and to coordinate the service process. The employee should maintain a record in the case record of the requests for accommodations and the manner in which such requests were addressed. Employees may share only the accommodation required to permit the individual to access programs, services and benefits, but not the nature of the disability, with individuals or agencies providing client services when there is no need for that individual or agencies to know the nature of the disability. Employees must document in the client's case record that a reasonable accommodation is needed and what the accommodation offered was so that an interpreter or other appropriate auxiliary aids and services can be scheduled for future appointments or so that appointments can be scheduled at a time and location that accommodates the client's needs.

F. Applicant/recipient choice: The use of a modification or accommodation offered by an employee to an applicant/recipient to allow meaningful program access under the ADA is the choice of the applicant/recipient and is not an essential eligibility requirement. If an applicant/recipient fails to complete an essential program eligibility requirement by intentionally declining to make use of a reasonable accommodation and the refusal to accept the accommodation appears to be a result to the person's inability to recognize the existence of his or her disability, or does not appear to understand the consequences (such as a denial of benefits) of his or her actions by refusing the reasonable accommodation, the employee should contact their supervisor to investigate the need to involve a mental health professional or other qualified staff. Employees must document the refusal of the

accommodation and any intervention before taking negative case action. Employees should consider whether a referral to Protective Services for Adults or other services would be appropriate. If an individual refuses an offered accommodation and as a result, cannot comply with a program requirement, County employees can initiate an adverse action against the client as to the program. Before doing so, however, staff should re-offer the accommodation and inform the client that an adverse action may be taken if the client is unable to comply with a requirement as a result of refusing the accommodation. Refusal of an accommodation will be documented *but* the fact that a client may have refused an accommodation once does not relieve the County from making a new determination during the next contact with the client.

G. Accommodations for applicants/recipients with LEP: Employees should use the Interpreter Services Desk Guide to assist in determining in what language an interpreter is needed. Employees should access the appropriate language interpretation services by contacting **VOIANCE LANGUAGE SERVICES** by calling (866)998-0338. Instructions to access this service are attached hereto as Attachment E. Provided however, that an applicant/recipient may choose to use a friend or relative as an interpreter. If no qualified interpreter is readily available, then the employee must set up an appointment for the applicant/recipient to return when an interpreter will be available or other interpretive services will be available. If such an appointment is necessary, employees must ensure that the filing or application date is protected and is not impacted by the inability of the Department to locate an appropriate interpreter or interpretation service. In addition, documents may need to be provided to the client in a language other than English. When this is needed, contact the DSS ADA/504 Coordinator for assistance in obtaining translated documents.

H. Accommodation for applicants/recipients who are visually impaired, blind or hearing impaired:

Some individuals with speech and hearing impairments use the following technology/procedures to make and receive phone calls

- TTY (teletext typewriter). If one party to the call does not have a TTY (e.g., a County Department), the two parties communicate through a relay operator who has a TTY and can read the TTY text to the party without the TTY and type a response.
- Video Relay. The caller uses a video phone (a computer or TV monitor) and uses sign language to communicate.
- Speech to speech relay. Specially trained relay operators serve as the voice of the person with a speech disability who may be difficult to understand.
- To make a call to a TTY user. Dial 711 and give the relay operator the phone number you want to call. If one party to the call doesn't have video relay equipment, the two parties communicate through a video relay operator who uses American Sign Language to facilitate communication between the deaf and hearing person.
- To receive a call from a TTY user. Just answer the call and communicate through the relay operator.

Employees must offer to provide information in a manner that is accessible to such applicant/recipients. To contact a hearing impaired client at home who has TTY services, the TTY phone services may be accessed by

dialing 711 and providing the operator with the number you wish to call. Employees may also contact Deaf Adult Services of Western New York, Inc. at 716-833-1637 between 8:30 am and 4:00 pm. to make arrangements for a sign language interpreter to be present in the office when interviewing the client. Arrangements should be made a week in advance so employees will need to ensure that the client can return for a scheduled appointment and must handle all emergent needs before rescheduling the client. Emergency services are available through Deaf Adult Services 24 hours per day by calling 716-834-3131. Services provided by Deaf Adult Services also include TTY, Video Relay and Speech to Speech Relay.

Written forms of communication must be provided in a format that is usable by the client. The type of auxiliary vision aid to be used will generally be dictated by the client. Some may simply need the type face of the document enlarged, the document printed in darker print or the client may prefer that the document be read to them. Printed documents may be enlarged, either on a copy machine or computer, for easier reading. Regularly used enlarged documents should be maintained for later use with other visually impaired Applicant/Recipients (A/Rs). Additionally, to the extent possible, documents may be put on computer discs or e-mailed to A/Rs in formats that are compatible with assistive technology.

There may be cases where translation into Braille is necessary. Translations of documents into Braille may be considered and employees should contact the DSS ADA Coordinator to review that need and make the necessary arrangements for such translation. Documents may be converted to Braille by Jamestown Community College or through Southwestern Independent Living Center, (716)661-3010. For clients already working with the Commission for the Blind and Visually Handicapped, you may call them at 1-866-871-3000 or TTD: 1-866-871-6000 for assistance with Braille conversion. To access these services staff should contact the DSS ADA Coordinator. Documents to be converted should be in Word format and can be e-mailed directly to the DSS ADA Coordinator.

I. Accommodations needed on an ongoing basis: Many accommodations are needed on an ongoing basis. Once a County staff person determines that an accommodation is necessary, he/she should indicate the need for this accommodation (though not the client's diagnosis) prominently in the case records of that department so other staff who interact with the client are aware of it. (In DSS, information about an accommodation should be denoted in the 3209 report). In addition, the County staff person should take the steps needed to make sure that the accommodation is provided without request in the future (until the client's condition changes or the accommodation is no longer needed), so the client does not have to ask for it each time. For example, a client who is unable to travel to County office buildings for appointments should not receive routine appointment notices requiring the client to go to appointments at County Office Buildings.

J. Using information the agency already has to accommodate clients: The County should use information it already has about a client (e.g., from past involvement, applications or receipt of benefits or services) to offer accommodations to clients even if the client hasn't requested an accommodation.

K. Service animals: The County cannot exclude service animals from its buildings or programs, or impose limits on access to programs and services. A service animal is any animal trained to perform a task for an individual with a disability, including individuals with vision impairments, hearing impairments, manual impairments, seizure disorders, balance problems, mental health problems, and other impairments. The service animal need not have a harness, but may be required to be leashed provided the individual's disability does not prevent them from handling a leash. The service animal need not be trained by a professional trainer, and individuals with disabilities cannot be required to provide a certification proving the animal is a service animal.

If it is not readily apparent that the animal is a service animal, inquiry may be made as to the tasks with which the animal assists the individual.

L. Other impairments: Because disabilities come in a variety of forms and are unique to the individual, it is not possible to describe the specific accommodations that will apply to all A/Rs seeking assistance. All interventions should begin with the simple question to the A/R of what accommodation or assistance they require to fully participate in the County program at issue. For individuals who can't read because of cognitive or learning disabilities, applications, rules and other documents may be read to them or providing the material in an alternate form. For individuals who cannot come to the County Buildings, some alternative accommodation may be necessary. This could be completing the required task on the phone or by e-mail, allowing someone to act as the A/R's representative or arranging for someone to take a home application or re-certification.

ADA AND 504 COORDINATORS:

The coordinators designated herein have the authority to assist employees in developing appropriate and reasonable accommodations and the authority to direct employees to take certain actions in order to reasonably accommodate the client's disability or LEP.

The County of Chautauqua has appointed **Doris Parment** as the County's ADA/504 Coordinator. She may be contacted as follows: 7 North Erie Street, Mayville, New York 14757, Tel: (716)753-4510, Fax: (716)753-4111. Issues regarding modifications to the *physical plant* of the Department of Social Services should be referred to her. Employees are directed to advise their supervisor when they become aware of such a needed modification so that their supervisor can work with the County ADA/504 Coordinator.

The ADA/504 Coordinator for the Department of Social Services is **Sandra Waid**. She may be contacted as follows: South County Office Building, 110 East Fourth Street, Jamestown, New York 14757; Tel: (716)661-8034, Fax: (716) 661-8199, email: WaidS@co.chautauqua.ny.us. In her absence, contact **Diane Anderson**, South County Office Building, Jamestown, New York 14701. Tel: (716)661-8158, Fax: (716) 661-8199, email AndersoD@co.chautauqua.ny.us. Employees are directed to contact the DSS ADA/504 Coordinator when they require assistance in making a reasonable accommodation for a client. This individual is responsible for monitoring, investigation and resolution of complaints and for overseeing procedures that ensure access to benefits, programs and services, and that meet the requirements of the ADA/504 and 06-ADM-05. The DSS ADA Coordinator has the authority to instruct staff to modify rules and procedures to accommodate individuals with disabilities. The DSS ADA Coordinator is also responsible for investigating and deciding ADA/504 grievances. However, it is each worker's responsibility to comply with the ADA and to provide accommodations to clients. County employees do not need the DSS ADA Coordinator's permission to provide routine, obviously reasonable accommodations to clients.

LEP COORDINATOR:

The LEP Coordinator for the Department of Social Services is **Sandra Waid**. She may be contacted as follows: South County Office Building, 110 East Fourth Street, Jamestown, New York 14757; Tel: (716)661-8034, Fax: (716)661-8199, email: WaidS@co.chautauqua.ny.us. In her absence, contact **Diane Anderson**, South County Office Building, Jamestown, New York 14701. Tel: (716)661-8158, Fax: (716)661-8199, email AndersoD@co.chautauqua.ny.us. Employees are directed to contact the LEP coordinator whenever they need assistance in locating or accessing an interpreter to assist a client or a method to translate written documents

into the client's own language. The coordinator is responsible for monitoring, investigation and resolution of complaints and for overseeing the departmental procedures to ensure access to benefits, programs and services of clients who are LEP and compliance with 06-ADM-05.

GRIEVANCE PROCEDURES:

Everyone has a right to file a grievance with Chautauqua County DSS if the person believes he/she was denied a reasonable accommodation or was discriminated against in another way as a result of a disability or LEP. The grievance form attached hereto as Attachment A can be used by individuals to file such a grievance, but they are not required to use this form. DSS employees are required to assist individuals in filling out the form if they need such help as a reasonable accommodation. If the grievance is submitted to a DSS employee, they must forward it to the ADA/504 Coordinator or LEP Coordinator as appropriate. DSS employees must tell anyone who requested an accommodation who are dissatisfied, and anyone who believes he/she was treated unfairly because of a disability or LEP about their right to file a grievance and offer them a grievance/complaint form. DSS will post its grievance procedures in an area accessible to the public in all locations where services are provided by DSS.

Grievances must be investigated and decided within ten (10) business days of when they are received by DSS. Therefore it is imperative that employees immediately forward such grievances to the appropriate coordinator. While the grievance is pending, DSS should not reduce the client's benefits, close the client's case or take any other adverse action against the client. If the individual has also requested a fair hearing, the ADA/504 coordinator, or the LEP coordinator as appropriate, must still complete their investigation and issue a decision on the grievance. If the grievance is denied, the appropriate coordinator must issue a written decision explaining the reason for the denial and must mail the decision to the client at the address contained in the case record or if the record discloses that the client is visually impaired, in addition to mailing the decision, the coordinator must communicate the decision in another manner appropriate for the visually impaired.

The coordinators must maintain a log of all grievances and the outcome of each. In addition, the coordinators should consider whether one or more grievances on an issue indicates a need for change in the policies or practices of DSS, and if so take steps to obtain these changes. The DSS Coordinator will respond to New York State Office for Transitional and Disability Assistance (OTDA) within twenty (20) days when required to do so by ODTA administrative directive 06-ADM-05

STAFF TRAINING

All DSS staff that interacts with clients and the public must be trained on the ADA and on this policy. This training will be done either in person or electronically. It is the responsibility of the DSS ADA Coordinators to ensure that County staff receives this training. The training shall include, at minimum, the following topics:

1. General information about Title II of the ADA;
2. General information about Section 504 of the Rehabilitation Act;
3. Detailed information about the Chautauqua County ADA policy and the Grievance Procedure;
4. Information about waiting room and reception area procedures as well as appropriate delivery of services;

ATTACHMENT A

Americans with Disabilities Act (“ADA”) and Section 504 of the Rehabilitation Act GRIEVANCE FORM

All individuals who have a physical or mental impairment that substantially limits a major life activity are covered by the ADA and Section 504 of the Rehabilitation Act. Please be as specific as you can so we can address your grievance.

NAME: _____

ADDRESS: _____

PHONE: _____ **CASE NO.:** _____

PROGRAM YOU ARE COMPLAINING ABOUT:(Check all that apply)

SERVICES PROGRAMS: **TANF:** **FOOD STAMPS:** **MEDICAID:**

WERE YOU DISCRIMINATED AGAINST BECAUSE OF YOUR IMPAIRMENT?

(circle one) YES NO

WERE YOU DENIED REASONABLE HELP WITH YOUR IMPAIRMENT?

(circle one) YES NO

EXPLAIN HOW THE COUNTY OR ITS AGENT DID NOT REASONABLY RESPOND AND/OR HELP GIVEN YOUR PARTICULAR IMPAIRMENT:(Give any dates and names you can remember. Use extra pages if you need more space.)

Requested Action by County to Correct Alleged Violation:

TODAY’S DATE: _____

SIGNATURE

RETURN THIS FORM TO YOUR CASEWORKER OR MAIL TO:

Doris Parment, County ADA Coordinator
7 North Erie Street, Mayville, NY 14757
Telephone: (716)753-4510 Fax: (716)753-4111 OR

Sandra Waid, DSS ADA Coordinator
Address:110 E. Fourth, Jamestown NY 14701
Telephone: (716)661-8034 Fax: (716)661-8199

ATTACHMENT B - POSTER

Do you have a disability and need help?

If you have a disability that makes it harder to do the things we ask you to do, **please tell us.** A disability is any health or mental problem that makes it hard to do things, including:

- Diseases (i.e., diabetes, heart disease, cancer, seizures, asthma)
- Limited ability to walk, stand, bend, or lift
- Vision, hearing or speech problems
- Breathing problems
- Depression or other mental health problems
- Developmental disabilities
- Learning disabilities

If you tell us you have a disability, we can:

- Help you to fill out forms
- Help you to get documents you need to qualify for benefits
- Call or visit if you cannot come to our office
- Tell you what the letters we send mean
- Refer you to other services you need
- Help you to ask for a hearing
- Change program requirements

The Americans with Disabilities Act says that Chautauqua County DSS must help people with disabilities so they can get benefits. This type of help is called a reasonable accommodation. If you need a reasonable accommodation, tell us.

If you ask for a reasonable accommodation and you don't get it, you can file an ADA grievance with Sandra Waid, DSS ADA Coordinator at 110 E. Fourth Street, Jamestown, New York 14701, Telephone: (716)661-8034, Fax: (716)661-8199 or email at WaidS@co.chautauqua.ny.us. or Doris Parment, County ADA Coordinator at 7 North Erie Street, Mayville, New York 14757, Telephone: (716)753-4510, Fax: (716)753-4111 or Email: ParmentD@co.chautauqua.ny.us Ask any employee of DSS or go to www.co.chautauqua.ny.us to obtain a grievance form.

ATTACHMENT C - PAMPHLET

People with disabilities have rights!

Did you know?

If you have a health or mental health problem that makes it hard for you to:

- Apply for benefits
- Go to appointments
- Do other things you need to do to get benefits

you have a right to receive help from DSS. This help is called a reasonable accommodation.

To get this help, you must have a problem that limits what you can do. If you have:

- Depression or other mental health problems
- Problems with learning or memory
- Problems walking, sitting, standing
- Vision, hearing, and speech problems
- Asthma
- Cancer, diabetes, heart problems
- HIV/AIDS
- MS, cerebral palsy, muscular dystrophy
- Other health or mental health problems

You may be protected. If you have a condition that limits you, you may have a right to:

- Help from DSS with filling out an application and getting documents
- Change an appointment
- A meeting space at DSS that fits a wheelchair or other equipment
- Information in Braille, large print, or disc

- A sign language interpreter
- Part-time welfare work activities
- An exemption from welfare work activities

To get a reasonable accommodation, ask your worker or the receptionist.

If you ask for an accommodation and don't get it, you can file a grievance with the Chautauqua County ADA Coordinator or if a DSS program the DSS Coordinator listed below:

For DSS Programs:

Sandra Waid, DSS ADA Coordinator
110 E. Fourth Street
Jamestown, New York 14701
Telephone: (716)661-8034,
Fax: (716)661-8199
Email: WaidS@co.chautauqua.ny.us

OR

For Physical Plant:

Doris Parment
Chautauqua County ADA Coordinator
7 North Erie Street
Mayville, New York 14757
Telephone: (716)753-4510
Fax: (716)753-4111
Email: ParmentD@co.chautauqua.ny.us

ATTACHMENT D
Chautauqua County Screening Tool

Client Name: _____
Date: _____
Case Number: _____
Date of Birth: _____
Social Security Number: _____ Marital Status: _____
Address: _____

Phone Number: _____

English/Language Proficiency
(Use Interpreter Services Desk Guide for Assistance)

1. What is your native language? _____
2. Describe your comfort level with your ability to do the following in English:
Read Very comfortable Somewhat comfortable Not comfortable
Write Very comfortable Somewhat comfortable Not comfortable
Speak Very comfortable Somewhat comfortable Not comfortable
3. Have you taken English for Speakers of Other languages (ESOL) in the past?
 Completed When _____ Where _____
 Attended, did not complete When _____ Where _____
 I need to learn English, but I have never attended ESOL classes
 Not applicable
 Other Please explain _____
4. Do you need an interpreter? Yes No
5. Do you need help filling out forms? Yes No

Education & Training

6. Do you have a high school diploma? Yes No
If no, do you have a GED? Yes No
7. If you are not a high school graduate or do not have a GED, are you:
 currently attending secondary school, If so, where: _____
 currently attending GED. If so, where: _____
 interested in enrolling in high school or GED
8. What is the last school you attended? What year?

9. What is the highest level of education you completed?

10. Do you have any vocational certificates or professional licenses?
 Yes No
If yes, describe the type and the date received _____
11. Do you have any job skills (including computer skills) based on your training, education or employment? Yes No If yes, describe: _____

12. Are you currently attending an education or training activity? Yes No
 If yes, please describe:

13. Have you ever received any of the following? If yes, please describe below:
 Apprenticeship training College degree
 Military training Professional license or certificate
 Vocational training, certificate, or diploma
 While incarcerated Other
 Please describe: _____

14. Are you engaged in VESID? Yes No
 If yes, Name of VESID Counselor: _____ Phone _____

LEARNING NEEDS SCREENING TOOL:

Section A.

1. Did you have any problems in middle school or junior high?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any family members have learning problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have difficulty working with numbers in columns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have trouble judging distances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have problems working from a test booklet to an answer sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Count the number of "Yes" answers x 1 =</i>	
6. Do you have difficulty or experience problems mixing math signs (=/X)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did you have any problems learning in elementary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Count the number of "Yes" answers x 2 =</i>	
8. Do you have difficulty remembering how to spell simple words you know?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have difficulty filling out forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did you (or do you) experience difficulty memorizing numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Count the number of "Yes" answers x 3 =</i>	
11. Do you have trouble adding and subtracting small numbers in your head?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have difficulty or experience problems taking notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Were you ever in a special program or given extra help in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Count the number of "yes" answers x 4 =</i>	
TOTAL: if the total is 12 or more, refer for further assessment	

Health Review

Note: You are not required to answer the questions in this section if you do not want to tell us about your disability and you can participate in work activities without accommodations. If you need accommodations or you want us to know about how your disability affects your ability to participate in work activities, you must answer these questions. If you choose not to disclose a disability and answer these questions, you will be assigned to work activities without accommodations for any undisclosed disabilities (disabilities that you did not tell us about).

Worker discussed note above with the client and client has chosen not to complete this section and/or disclose a disability. The client also understands that he/she will be required to participate in work activities without accommodations for any undisclosed disabilities (if applicable).

Medical Condition:

1. Do you have any physical or mental conditions that greatly limit what you are able to do or that requires treatment: Yes No
 If yes, describe:

Medical Limitations:

2. How does your health affect your ability to work and how long is the limitation expected to last (if applicable)?:

3. Do you have any health related limitations (e.g. physical, mental health, learning disabilities, substance) that interfere with daily life or that require treatment?

Yes No If yes, describe:

4. Do you need accommodations in order to work? (e.g. shortened work hours, refrigeration and/or time to take medicine, regularly scheduled breaks, assistive technology)? Yes No. If yes, explain:

5. Do you need an accommodation to assist you in meeting the requirements of one or more benefit programs for which you are applying? Yes No If yes, explain the needed accommodation:

Current Medical Care/Treatment/Rehabilitation:

6. Are you being treated for or are you taking medication for any health related issues or problems (including pregnancy)?

Yes No

If yes, describe:

7. How often do you see your doctor/attend treatment? Describe medical care/treatment, frequency and anticipated end date:

Name(s) of treating doctors _____

Date last seen: _____

8. Are you caring for an ill household member or a household member with special needs? Yes No If yes, explain how this affects your ability to work:

9. Do you have current, serious mental health issues? Yes No

If yes, explain:

10. Do you have medical insurance (other than Medicaid or Medicaid Managed Care)?

Yes No If so, describe:

11. Have you ever received treatment for alcohol or substance use? Yes No

If so, describe:

12. Have you or anyone else in your household ever applied for disability benefits (e.g. SSI/SSD or VA benefits)?

Yes No

If yes, who, when and what was the outcome

➔ 13. Have you ,or anyone else in your household, ever applied for any of the following:

Benefit	Who applied?	Application Date	Outcome
<input type="checkbox"/> SSI/SSD			
<input type="checkbox"/> VA disability benefits			
<input type="checkbox"/> NYS disability benefits			
<input type="checkbox"/> Workmen's Compensation benefits			
<input type="checkbox"/> Rehabilitation services (e.g.)VESID			
<input type="checkbox"/> Other			

