

(Attachment 1)

(Rev. 03/05)

AMERICANS WITH DISABILITIES ACT (ADA)/LIMITED ENGLISH PROFICIENCY (LEP)

Self-Evaluation Form

District: **Chemung**

Form completed by: **Kim Manser** Phone #: **(607) 737-5403**

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? **Kim Manser**

Please provide the ADA contact's telephone # **same as above**

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

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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. 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

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 (*)

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 #6) No (*) (go to #5) **Not aware of written procedures.**

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 #8)

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

Access – Visually/sight Impaired

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1. 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 Exits

Yes ___ No Permanent Rooms and Spaces

Yes ___ No Elevators

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

Provide assistance when requested .

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 ___ (*)

Will forward.

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/TTD equipment or New York Relay Services available?

Yes (Type of Service: **NY 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 ___ (*) **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: **Spanish Only** No ___)

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

Yes 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 ___ No

(*) Answers with (*) will require a corrective action plan to be submitted within sixty days of the date that this form is due to the returned to the Division of Employment and Transitional Supports (DETS).

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Duane Spilde, CSW-R, ASCW
Commissioner of Human Services

Linda Lincoln
Deputy Commissioner of Human Services

To: Management Team

From: Linda Lincoln; Deputy Commissioner

Date: August 12, 2002

Re: Complaints

Guidelines for Responding to Complaints

Complaints and follow up to the complaints will be recorded on the attached form, which is available on the intranet. When resolution is reached, the signed complaint form will be forwarded to the appropriate manager. If the complaint reached the Commissioners office, a copy of the completed form will also be forwarded to the Commissioner's.

All complaints, written or verbal will be responded to by the next business day, even if resolution has not been reached. At a minimum the individual should be assured that we are looking into their concern, and that we will be back in touch with them.

All written complaints will be responded to in writing. If the complaint was directed to the commissioner's office, Hazlett Building or Legislative representative, a copy of the response is forwarded to Rita. The response should be attached to the completed complaint form.

If the complaint involves the actions of a specific staff person, that person's supervisor will respond to the complaint. The individual should be involved in the resolution, under the direction of the supervisor.

All instances of rudeness, unwillingness to assist, and poor attitudes will be addressed with the individual by their supervisor. Disciplinary action will be initiated as appropriate.

8-12-02