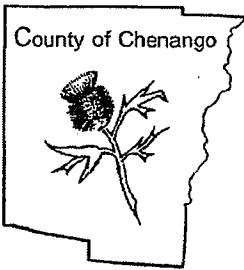


received 11/06 8/25/06



## DEPARTMENT OF SOCIAL SERVICES

P.O. Box 590, Norwich, N.Y. 13815  
Telephone (607) 337-1500 Fax (607) 334-8768



Bette Osborne  
Commissioner

Janice Burt-Ashton  
Deputy Commissioner

August 21, 2006

Russell Sykes  
Deputy Commissioner  
Temporary Assistance Bureau  
Division of Employment and Transitional Supports  
40 North Pearl Street - 11<sup>th</sup> Floor  
Albany, New York 12243

Re: ADA/LEP Self-Evaluation Survey  
06-ADM-05

Dear Deputy Commissioner:

Enclosed is the completed self-evaluation survey for Chenango County DSS as required per Administrative Directive 06-ADM-05 dated April 27, 2006.

Our self-evaluation survey was completed in May 2006, but due to an unexpected absence, I was unable to finalize the evaluation forms until my return to work. I apologize for the delay in returning the completed forms by the July 14<sup>th</sup> deadline indicated in your letter of May 10, 2006.

If you have any questions, please contact me at (607) 337-1502 or by email at [Sue.Curnalia@dfa.state.ny.us](mailto:Sue.Curnalia@dfa.state.ny.us)

Sincerely,

Sue Curnalia  
Head Social Welfare Examiner  
Income Maintenance Division

cc: Commissioner Bette Osborne

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

District **Chenango Co DSS** Form completed by: **Sue Curnalia** Phone #: **607-337-1502**  
Date completed: **May 31, 2006**

**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? **Sue Curnalia, Head Social Welfare Examiner**  
Please provide the ADA contact's telephone # **607-337-1502**

3. a. Has your district done a self-evaluation of program access by A/Rs with disabilities?

Yes **X (June 2005 and May 2006)** (Please attach a copy of the report) No \_\_\_\_\_ (\*) -  
**Self-evaluations were conducted by using OTDA evaluation form and findings were recorded in response to questions contained in evaluation form.**

- b. Were deficiencies found in the self-evaluation?

Yes \_\_\_X (June 2005) (go to c.) No \_\_\_X (May 2006) (Go to #4)

- c. Were corrective actions taken?

Yes \_\_\_X (August 2005)\_\_\_ (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 \_\_\_\_\_ (\*) (See Attachment 1) - "Policy and Procedures for Agency Complaints".

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 \_\_\_\_\_ (See Attachment 2) - "Helpful Hints: What To Expect At Social Services". This handout also refers A/Rs to LDSS-4148A Client Booklet 1 - "What You Should Know About Your Rights and Responsibilities".

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 ☐ (\*) (See Attachment 3) - "Policy and Procedures for Provision of Reasonable Accommodations for Access to Services".

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 ☐ (\*) See paragraph 6 of (Attachment 3) referenced in response to question #6 above.

### 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. 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 1<sup>st</sup> floor, are there elevators?

Yes ☒ No ☐ 1<sup>st</sup> 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?

\_\_\_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?

\_\_\_X\_\_\_ Yes (please attach a copy – go to #7) \_\_\_\_\_ No (\*) (go to #7) (See Attachment 3) - "Policy & Procedures for Provision of Reasonable Accommodations for Access to Services" and (Attachment 2) - "Helpful Hints: What to Expect at Social Services" which is provided to A/Rs in all application packets.

7. How is the district's policy regarding home visits or alternate accommodations conveyed to A/Rs? All application packets contain the Agency form "Helpful Hints: What to Expect at Social Services"- (Attachment 2). Front Desk Staff convey information upon request or identification of need for home visit and refer client request to appropriate Supervisor as per "Policy and Procedures for Provision of Reasonable Accommodations for Access to Services" - (Attachment 3)(Go to #8)

8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? All DSS staff receive a copy of (Attachment 3) - "Policy and Procedures pertaining to reasonable accommodation" and A/Rs handout (Attachment 2) "Helpful Hints:....". Supervisors review policies and procedures at monthly staff meetings.

### Access – Visually/sight Impaired

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

Yes ☒ No ☐ Men's and Women's rooms  
 Yes ☐ No ☒ Room Numbers (Room numbers not used)  
 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?

**ALL DSS Staff will assist ARs who are visually impaired by directly escorting them as necessary.**

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 ☐ (\*) (See Attachment 3) - "Policy and Procedures for Provision of Reasonable Accommodations for Access to Services" dated 8/1/2005.

### Access – Mental Impairment

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

Yes ☒ (Please provide copy) No ☐ (\*) (See Attachment 3) - "Policy and Procedures for Provision of Reasonable Accommodations for Access to Services" dated 8/1/2005.

### Access – Hearing Impaired

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

Yes ☒ (Please provide copy) No ☐ (\*) (See Attachment 3) - "Policy and Procedures for Provision of Reasonable Accommodations for Access to Services" and (Attachment 4) - "Policy and Procedures for Language Assistance for ARs".

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 X (Type of Service: **Use 711 NY Relay Service as necessary**) No \_\_\_\_\_

**Access – Limited English Proficiency**

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

Yes X (Please provide copy) No \_\_\_\_\_ (\*) (**See Attachment 3) - "Policy and Procedures for Provision of Reasonable Accommodations for Access to Services" and (Attachment 4) - "Policy and Procedures for Language Assistance for ARs".**

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

Signs Yes \_\_\_\_\_ No X

Posters Yes X No \_\_\_\_\_

Pamphlets Yes X No \_\_\_\_\_

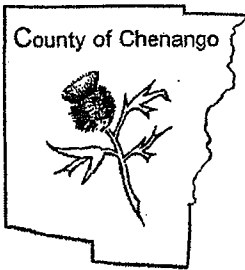
Other client handouts: Yes \_\_\_\_\_ (**Describe: Application forms and other client handouts are accessible in other languages from State Agency website as needed**) No \_\_\_\_\_

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 \_\_\_\_\_ (**Also utilize language assistance aids supplied by Language Line Services ® with whom we subscribe for telephone language interpreter services.**)

(\*) 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).



Bette Osborne  
Commissioner

## DEPARTMENT OF SOCIAL SERVICES

P.O. Box 590, Norwich, N.Y. 13815  
Telephone (607) 337-1500 Fax (607) 334-8768



Janice Burt-Ashton  
Deputy Commissioner

Date: August 1, 2005

Survey Completed by: Sue Curnalia  
Head Social Welfare Examiner  
Chenango County Department of Social Services

### ADA/LEP Self-Evaluation Findings and Corrective Action Plan

Commissioner, Deputy Commissioner and Head Social Welfare Examiner met on the following dates: 2/22/05, 5/2/05 and 6/27/05 to discuss and complete internal agency review. Findings, Recommendations and Corrective Action are listed below.

#### Finding 05-1 Section 1: ACCESS - ADA

*Written policy for handling complaints was specific to Food Stamp Program only.*

- A) Recommendation: Head Social Welfare Examiner will review complaint procedures with Commissioner and draft an Agency-wide Policy and Procedures.
- B) Corrective Action Taken: Written Policy and Procedures for all Agency Complaints was completed in July 2005. Training was held on 7/19/05 with all Administrative and Supervisory staff to review Complaint policy and procedures. (Copy of policy document dated July 2005 is attached)

Finding 05-2      Section 1: ACCESS - ADA

*There is no written policy pertaining to provision of reasonable accommodation for ARs. Informal policy at this time is that ARs requesting accommodation are referred to a Supervisory level staffperson for a determination on a case by case basis.*

- A) Recommendation: Head Social Welfare Examiner will draft written Policy and Procedures for Provision of Reasonable Accommodations for Access to Services in accordance with ADA and NYS OTDA regulations.
- B) Corrective Action Taken: Written Policy and Procedures for Reasonable Accommodations was completed in July 2005. Training on written policy was conducted with all DSS Staff on August 5, 2005. Supervisors review policy with new staff as part of initial training. (Copy of policy document dated 8/1/05 attached)

Finding 05-3      Section 2: ACCESS - General Disabilities

*There are no written procedures for handling requests for home visits or alternate accommodations.*

- A) Recommendation: Same as Finding 05-2 above.
- B) Corrective Action Taken: Same as Finding 05-2 above.

Finding 05-4      Section 3: ACCESS - Visually/sight Impaired

*Current written Policy and Procedures for Language Assistance for Applicant/Recipients is dated 11/27/00. Needs to be reviewed for revisions or updating of contact information.*

- A) Recommendation: Head Social Welfare Examiner will review current written policy and update as needed and in accordance with ADA and NYS OTDA regulations.



- B) Corrective Action Taken: Revisions were made to current written Policy and Procedures to update Resource Contact list, include information on use of NY Relay 7-1-1 Service and revision of general procedures for staff to follow. Training was conducted by Head SWE on 8/5/05 for all Social Services staff to review revised Policy and Procedures for Language Assistance Services. A copy of the written Policy and Procedures is provided to all new employees as part of initial training. (Copy of policy document dated 8/1/05 is attached)

Finding 05-5      Section 4: ACCESS - Mental Impairment

*There is no written policy and procedures in place to assist a mentally impaired A/R.*

- A) Recommendation: Same as Finding 05-2 above.
- B) Corrective Action Taken: Same as Finding 05-2 above.

Finding 05-6      Section 5: ACCESS - Hearing Impaired

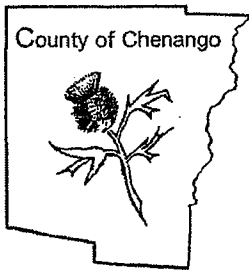
*There is no written policy and procedures in place to assist a hearing impaired A/R other than the written Language Assistance policy referenced in Finding 05-4 above.*

- A) Recommendation: Same as Finding 05-2 and 05-4 above.
- B) Corrective Action Taken: Same as Finding 05-2 and 05-4.

Finding 05-7      Section 6: ACCESS - Limited English Proficiency

*Same as Finding 05-2 and 05-4 above.*

- A) Recommendation: Same as Finding 05-2 and 05-4 above.
- B) Corrective Action Taken: Same as Finding 05-2 and 05-4.



# DEPARTMENT OF SOCIAL SERVICES

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Bette Osborne  
Commissioner

Janice Burt-Ashton  
Deputy Commissioner

## Policy and Procedures for Agency Complaints

### Staff Responsibilities

If an employee receives a complaint (verbal or written) from an individual, they are responsible to complete an Agency complaint report and forward immediately to the Unit Supervisor for review and investigation. These procedures are not meant to include "complaints" for which there is a right to a fair hearing. Complaints referenced in this policy statement fall into two distinct categories:

1. **Civil Rights Complaints** – individual alleges discrimination including, but not limited to, program access and delivery of services based on race, color, national origin, gender, religion, political belief, age or disability. **(Food Stamp Civil Rights Complaints require completion of an OTDA/EOD Complaint Form as per 04-LCM-07 in addition to Local Agency Complaint Forms)**
2. **Non-Civil Complaints** – Is NOT a complaint for which there is a right to a fair hearing. Individual is alleging dissatisfaction with:
  - a. The action or failure of this Agency to act in a particular case;
  - b. The manner in which this Agency generally handles its cases;
  - c. The Agency's facilities and/or services, or the manner in which it generally conducts business;
  - d. Other facilities and/or services used by this Agency for providing care and services for its clients; or
  - e. Any other aspect of Agency administration.

All Civil and Non-Civil complaints must be recorded and immediately referred to the Unit Supervisor for investigation and follow-up. If an individual alleges a *civil rights discrimination* but declines to give a written complaint, the employee receiving the complaint must record it and refer to their Unit Supervisor immediately.

### Supervisory Responsibilities

1. Supervisors are responsible for assuring that their assigned staff are knowledgeable of and comply with Agency Complaint Policy and Procedures.
2. Every complaint received must be promptly acknowledged.
3. Pursuant to Federal and State requirements, supervisors are required to record any allegation of civil rights discrimination that is made by applicants/recipients of the Food Stamp Program. A Food Stamp Civil Complaint must be recorded on OTDA's EOD Complaint Form and forwarded to OTDA upon completion of preliminary review or investigation. (Refer to 04-LCM-07)
4. The basis of each complaint must be reviewed and investigated to determine the validity of the complaint.
5. Supervisory staff is responsible for reviewing its own activity and determining appropriate action.
6. When a complaint is referred to this Agency from the State, a response must be submitted back to the State within 20 days.

**Upon Receipt of a Complaint from an applicant/recipient:**

1. Staff completes Complaint Form (*DSS 143*) by completing all required fields.
2. Nature of complaint should be clearly identified including:
  - a. Description of the circumstances which prompted allegation;
  - b. The date on which the alleged discrimination occurred and location;
  - c. Names and addresses of individuals (or witnesses) who may have been present, etc.
3. Staff must indicate if complaint is alleging civil rights/ADA discrimination and/or a Food Stamp Civil Complaint.
4. Indicate name of Unit Supervisor the complaint is referred to, including date and time.

**Supervisor receiving Complaint Form:**

1. Acknowledge receipt of Complaint Form by signing name, date and time received.
2. Indicate staff person assigned to investigate (can be receiving supervisor), date & time assigned, and establish resolution due date. (no more than 20 days from receipt of complaint)
3. Attach a Complaint Investigation Report (*DSS 144*) and refer to assigned staff person for investigation.

**Investigation of Complaint:**

1. Staff person assigned to investigate complaint; completes all heading information of Complaint Investigation Report.
2. Indicate complaint type; Civil, Non-Civil or Food Stamps Civil Complaint. If Food Stamp Civil Complaint, an OTDA EOD Complaint Form (*DSS 145*) must be completed also.
3. Conduct investigation and determine validity of complaint; indicate findings on complaint log, include dates/times, names of individuals contacted;
4. Determine what appropriate action is required to resolve the issue and whether the complainant is satisfied with the explanation/action provided.
5. Upon completion of investigation; completed Complaint Investigation Report (along with any other information obtained during investigation), original Complaint Form, and EOD Form (if Food Stamp Civil Complaint); is forwarded to the Unit Supervisor for Final Determination and action.
6. Unit Supervisor reviews investigation notes on Complaint Investigation Report and indicates final determination at bottom; reviews final determination with Administrative staff for completion of written notification to client.
7. If Food Stamp Civil Complaint, completed OTDA EOD Complaint Form must be forwarded to OTDA as per instructions in 04-LCM-07. Retain copy for Agency records and attach to complaint report.
8. Once entire process is completed, the completed Complaint packet is referred to appropriate Administrator of applicable program division. (i.e. Head Social Welfare Examiner for Income Maintenance, Deputy Commissioner for Services, etc.)
9. All finalized complaint packets are given to Administrative Assistant, who will retain packets and keep a log for Administrative purposes.

References: OTDA 04-LCM-07, 02-LCM-07  
 FSSB, Section 8, Complaint Procedures  
 TASB, Chapter 4, Recipient/Applicant Rights, Inquiries & Complaints  
 NYCRR 303 – Prohibitions Against Discrimination  
 NYCRR 356 – Inquiries and Complaints  
 1990 Americans With Disabilities Act (ADA)

Forms: DSS 143 – Complaint Form  
 DSS 144 – Complaint Investigation Report  
 DSS 145 – Food Stamp Program Civil Rights Violation Complaint

# COMPLAINT FORM

Date Complaint Rec'd: \_\_\_\_\_ Phone \_\_\_\_\_ In Person \_\_\_\_\_ Written \_\_\_\_\_

Staff person taking complaint \_\_\_\_\_ Time \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Addresss: \_\_\_\_\_

Phone #: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Nature of Complaint: (Use reverse side if necessary)**

[illegible]

**Is complaint alleging civil rights discrimination?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Is complaint alleging a FOOD STAMP civil complaint?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**(Must complete an OTDA EOD Complaint Form if Food Stamp civil complaint)**

Referred to my Unit Supervisor (name)

Date \_\_\_\_\_ Time \_\_\_\_\_

Received and Acknowledged by Unit Supervisor \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Investigation assigned to \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Resolution Due Date \_\_\_\_\_

**COMPLAINT INVESTIGATION REPORT**

Date Investigation Began \_\_\_\_\_

Time: \_\_\_\_\_

Staff Assigned \_\_\_\_\_

Due Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Civil Complaint \_\_\_\_\_ Non-Civil \_\_\_\_\_ Food Stamp Civil Complaint \_\_\_\_\_

*(Please reference below dates/times, names of individuals contacted, etc.)*

Nature of Complaint \_\_\_\_\_

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Investigation Determined \_\_\_\_\_

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Action Taken to Resolve \_\_\_\_\_

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**Final Determination: (Must Be Completed by Unit Supervisor)**

Unsubstantiated/Dismissed \_\_\_\_\_

Client notified \_\_\_\_\_ Date \_\_\_\_\_

Substantiated/Resolution Reached \_\_\_\_\_

Client notified \_\_\_\_\_ Date \_\_\_\_\_

EOD Form Forwarded to OTDA (FS Civil Complaints only)

Date \_\_\_\_\_

*(Attach copy of completed EOD form to this report form)*

Supervisor / Title \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

04-LCM-07

**BUREAU OF EQUAL OPPORTUNITY DEVELOPMENT**  
**FOOD STAMP PROGRAM CIVIL RIGHTS VIOLATION COMPLAINT FORM**

Client Name: \_\_\_\_\_ Food Stamp Case No: \_\_\_\_\_

LDSS Location/address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Basis for complaint: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_ Acknowledged (date): \_\_\_\_\_

File opened on (date) \_\_\_\_\_

If necessary, inactive period, from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Reason: \_\_\_\_\_

Written complaint and all documentation received (date) \_\_\_\_\_

LSSD Investigation began (date) \_\_\_\_\_

Staff assigned: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Determination:**

Complaint Unsubstantiated/Dismissed \_\_\_\_\_ Client notified \_\_\_\_\_ Date \_\_\_\_\_

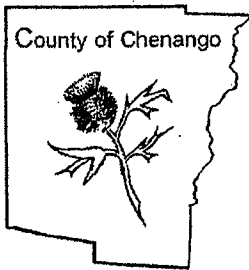
Complaint Substantiated/Resolution Reached \_\_\_\_\_ Client notified \_\_\_\_\_ Date \_\_\_\_\_

**Complaint Referred to NYSOTDA & EOD for Investigation:**

Client notified \_\_\_\_\_ Date \_\_\_\_\_

Complaint referred \_\_\_\_\_ Date \_\_\_\_\_

6. Applicant/Recipients who are offered reasonable accommodation, but refuse, will be notified in writing of the accommodation offered and the resulting action of their refusal.
7. Requests for reasonable accommodations will be dealt with as follows:
  - a. Access – general disabilities (physical and mental):
    1. Requests for accommodations for new applications will be forwarded to the Principal Social Welfare Examiner or Sr. Social Welfare Examiner in the Front Door Unit for a determination as to reasonable accommodation.
    2. Requests for accommodations for Recertification Interviews will be forwarded to the Principal Social Welfare Examiner(s) or Sr. Social Welfare Examiner(s) in the Undercare Unit for a determination as to reasonable accommodation.
    3. Requests for accommodations for Services Division (Child Protective/Preventive, Foster Care/Adoption, Adult Services, Employment Unit) will be forwarded to the Supervisor B or Sr. Caseworker of each Unit for a determination as to reasonable accommodation.
    4. Telephone interviews (if allowed under specific program regulations) or home visits may be arranged for those applicant/recipients who are unable to come into this Agency due to their disability and have no authorized person willing to represent them at an eligibility interview.
    5. Applicant/Recipients unable to complete required forms due to physical, mental or literacy issues will be assisted by DSS staff in completion of forms required.
    6. Applicant/Recipients, who are identified to have assigned Caseworkers with Chenango County Mental Health or Alcohol/Drug Abuse, will be assisted in making arrangements for their Caseworker to accompany them during their visit at DSS.
  - b. Access – Visually/sight impaired:
    1. Requests for accommodation for visual/sight impairments will be taken under consideration for all applicant/recipients and procedures followed same as under (a) general disabilities.
    2. Applicant/Recipients unable to complete required forms will be assisted by DSS staff by reading written material to individual and recording their verbal responses.



# DEPARTMENT OF SOCIAL SERVICES

P.O. Box 590, Norwich, N.Y. 13815  
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Bette Osborne  
 Commissioner

Janice Burt-Ashton  
 Deputy Commissioner

## Policy and Procedures for Provision of Reasonable Accommodations for Access to Services

1. In keeping with the American with Disabilities Act (ADA), Chenango County DSS is committed to providing reasonable accommodations to those applicant/recipients who have a disability as defined by the Act.
2. A reasonable accommodation may include: (1) making facilities accessible, (2) making reasonable modifications to the Social Services rules, policies or practices, (3) removal of communication or transportation barriers, or (4) provision of auxiliary aids and services.
3. ADA contact person(s) responsible for Social Services program access and for taking and resolution of ADA complaints are the Deputy Commissioner or Head Social Welfare Examiner.
4. All applicant/recipients of Social Services programs and services are informed about ADA's prohibition against discrimination through the following:
  - a. LDSS-4148A (Client Book 1), made available at our reception desk or by an eligibility worker.
  - b. LDSS-4148A is kept stocked on pamphlet rack located in main hallway to DSS.
  - c. LDSS-4148A is made available at Recertification interviews (group or individual) through eligibility worker.
  - d. Agency fact sheet included in all application packets (DSS 56 – Helpful Hints: What To Expect At Social Services).
5. Reasonable accommodation will be made on a case-by-case basis. Applicant/recipients can make a request for accommodation through telephone, in writing or in person. This information and contact numbers are contained in Agency fact sheet included in all application packets (DSS 56 – Helpful Hints: What To Expect At Social Services).



This notice in addition to the following other notices are provided in all application packets. Please notify this Agency immediately if you are missing any:

- DSS Application Form and booklet on "How To Complete" application.
- Childhood Immunization Schedule.
- Chenango County DSS Medical Transportation Policy.
- HIPAA Privacy Notice
- DSS 4807 Health Care Programs For New Yorkers

There are Client Information Booklets, available to all applicants and recipients, which answer many questions concerning Social Services programs and services. Copies of these booklets are made available at our reception desk or through your eligibility worker. They are also located at the walk up counter area in the hallway leading up to the reception desk. A few examples of important topics contained in each booklet are:

**Book 1: What You Should Know About Your Rights & Responsibilities.**

- Application and Nondiscrimination Rights – Pages 3-4
- Right to a Conference or Fair Hearing – Pages 6-9 (\*See note below)
- Your Responsibilities – Pages 12-26
- Provide Truthful and Accurate Information – Pages 13-14
- Documentation Requirements – Pages 14-16
- Finger Imaging Requirements – Page 16
- Reporting Changes – Pages 16-18
- Employment Requirements – Pages 19-21
- Responsibilities Regarding Child Care – Pages 21-22
- Child & Spousal Support – Pages 22-23
- Alcohol & Substance Abuse Screening – Page 24
- Use of Medical Providers – Page 24-25
- Recertification Responsibilities – Page 25
- Minor Parents and Temporary Assistance – Page 25

**Book 2: What You Should Know About Social Services Programs.**

- Domestic Violence – Page 6
- Medicaid Co-Payments – Pages 9-10 *\*See Attached Amendment*
- Past Medical Bills – Pages 10-11
- Utilization Thresholds for Medicaid – Pages 13-14
- Child Support Services – Pages 15-16
- Electronic Benefit Transfer – Pages 24-26

**Book 3: What you Should Know If You Have An Emergency.**

- Expedited Processing for Food Stamp Benefits – Page 2

If you have not received these booklets please ask for copies and be sure to save them for future use as they contain important information for those applying for or receiving benefits.

**\*Effective 3/15/04, the Office of Administrative Hearings established a statewide toll-free number and internet access for clients and representatives to use when requesting a hearing or calling for other hearing related purposes:**

**Toll-free statewide number – 800-342-3334**

**Website address - <http://www.otda.state.ny.us/oah/forms.asp>**

## HELPFUL HINTS: WHAT TO EXPECT AT SOCIAL SERVICES

- Depending on the program you are applying for, your benefits are figured from the date we receive a completed and signed application in this agency. We encourage you to mail or personally deliver your completed application to our agency in order to protect your filing date. If you are interested in emergency Food Stamps, you must bring your completed and signed application to this agency to be screened.
- Walk-in hours at this Agency are Monday – Friday, 8:30 a.m. – 12 noon and 1:00 p.m. – 5:00 p.m. When you arrive, please check-in with our receptionist. You will be asked to complete a short “Assistance Inquiry Form” which assists us in identifying the correct program or worker you need to see. We try to see clients on the same day but those arriving at this agency between 11am -12noon or after 4 p.m. cannot always be seen and may be asked to return on another day or time.
- An eligibility worker must interview you in order to determine if you are eligible for benefits. ***Interviews are NOT conducted on Wednesdays of each week.*** Appointments are NOT required but can be arranged under certain circumstances. If you are applying for Food Stamps only and cannot make it in to this Agency, please call the following numbers to discuss the situation. To set up an appointment or to request other arrangements please call either **(607) 337-1525 or 337-1884 or 337-1554**. If you require reasonable accommodations due to a disability, hearing/speech impairment or are in need of a language interpreter, please call the same numbers listed above or inquire at the reception desk at Social Services.
- There is a walk up counter in the hallway leading to the reception desk. A variety of information is located here in addition to “Change Report Forms” which can be utilized to notify this Agency of changes in your household circumstances. Please identify yourself on all forms and note the worker or program unit the completed forms should be delivered to. Completed forms can be given to receptionist or put in the DSS drop box.
- The DSS drop box is located in the hallway leading to the reception desk. This is used for dropping off information or documentation to your DSS worker or program unit. All documents and information must be placed in an envelope with your eligibility worker or program unit written on the outside (so we know who the information should be delivered to). Pick up times for drop box are 8:30am, 1pm and 4:30pm. **NO PAYMENTS OF ANY KIND or CASH ARE TO BE DEPOSITED IN THIS DROP BOX.**
- Please be Patient. We strive to see clients in a timely manner but there will be days when you may have to wait longer than 30 minutes to be seen. Parents are asked to monitor their children at all times and not allow children to run or play in public areas such as hallways or public restrooms.
- Order in Which People are Seen/Interviewed. Please be aware that people come to this agency for a variety of reasons and to see workers who perform different Social Services functions. If people arriving later than you are seen before you, they may be here to see a different type of worker than you need to see.
- **Our Agency will not tolerate foul or offensive language, verbal abuse or threats of any kind. This Agency will respond to inappropriate behavior immediately and may result in response by a police agency and/or arrest if necessary. Hallways and waiting areas are monitored by cameras.**

**SOUTHERN TIER INDEPENDENCE CENTER**  
**SIGN LANGUAGE INTERPRETER SERVICES**

**RATES AND POLICIES FOR 2005**

**\$35.00 per hour for a Pre-Certified Interpreter  
(portal to portal)**

**\$45.00 per hour for a Certified Interpreter (portal to  
portal)**

**\$55.00 per hour for a Certified Interpreter for any  
court interpreting (travel is charged separately at  
45.00/hr)**

**\$60.00 per hour for any Interpreter on weekends and  
between the hours of 9pm and 7am and for emergency  
pager calls.**

**Interpreters are paid for their travel time and any  
breaks during the assignment (travel time up to 4 hrs)**

**We have a 48hrs notice of cancellation policy. This  
applies to any cancellation or no-shows. STIC must be  
informed if an assignment is being cancelled within  
48hrs before the assignment is to take place or the  
interpreter will still bill for his or her time. Your office  
will receive a bill two weeks after the services are  
complete.**

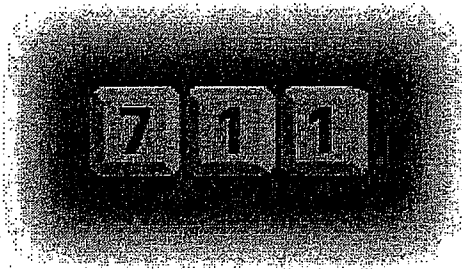


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## 7-1-1 Service

### New York Relay Introduces 7-1-1 Dialing

7-1-1 is a simple, easy-to-remember number to access New York Relay services. New York Relay service, provided by New York telephone companies through a contract with Sprint, is used to assist communications between people who use text telephones (TTY's) and people who use voice telephones. Specially trained operators facilitate communications between the two callers. Each call is handled in strict confidence.



The service went into effect on June 1, 2000. The current numbers to access New York Relay will remain in service. They are:

- 1-800-662-1220 (TTY / HCO / VCO)
- 1-800-421-1220 (VOICE)
- 1-800-584-2849 (ASCII)
- 1-877-826-6977 (VCO)
- 1-877-662-4886 (Spanish)
- 1-877-662-4234 (Speech to Speech)

7-1-1 is easier to dial and easier to remember than the typical 800 numbers for relay access. It will create a user-friendlier environment for less experienced relay users such as businesses and friends or family members of TTY users. 7-1-1 is **NOT** an emergency code and should not be confused with 9-1-1. **HOWEVER**, if you use a TTY and can not obtain emergency services on 9-1-1, you may call 7-1-1 and tell the relay operator you have an emergency situation. The operator will then voice your emergency to the New York State Police. With the activation of the 711 code, the old 311 code - which was an alternative for emergency calls - will be retired and will no longer be available for emergencies.

New York was one of the first states that offered 7-1-1 to relay users before the Federal Communications Commission (FCC) mandated took effect. All states now have 7-1-1.

There is no fee for using 7-1-1 service.

[Click here to download a 711 brochure. \(Acrobat PDF\)](#)

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### New York Relay Service Customer Service

1-800-676-3777 (TTY/VOICE)

**To learn more about New York Relay, please call the Relay Inquiry Line:**

1-800-664-6349 (VOICE)

1-800-835-5515 (TTY)

*When receiving a call:*

- 1 Use Conference Hold to place the non-English speaker on hold.
- 2 Dial 1 (866) 874-3972
- 3 Enter on your telephone keypad or provide the representative:
  - 6-digit Client ID:
  - Company Name: Chenango Co Dept of Social Services
- 4 Press 1 for Spanish  
Press 2 for all other languages (*Speak the name of the language at the prompt*)  
You may press 0 or stay on the line for assistance.
- 5 Please enter your personal Code: \_\_\_\_\_  
An interpreter will be connected to the call.
- 6 Brief the Interpreter. Summarize what you wish to accomplish and give any special instructions.
- 7 Add the non-English speaker to the line.

*When placing a call to a non-English speaker, begin at Step 2.*

If you need assistance when placing a call to a non-English speaker, you may press 0 to transfer to a representative at the beginning of the call.



## Language Line Services

## Important Tips

**UNKNOWN LANGUAGE** If you do not know which language to request, our representative will help you.

**LINE QUALITY PROBLEMS** If you have problems before reaching a representative, press "0" to be transferred. If there is a sound quality problem, ask the representative to stay on the line to check for sound quality. If you have problems connecting to an Interpreter call Customer Service at 1 800 752-6096 ext. 1.

**WORKING WITH AN INTERPRETER** Give the Interpreter specific questions to relay. Group your thoughts or questions to help conversation flow quickly.

**LENGTH OF CALL** Expect interpreted comments to run a bit longer than English phrases. Interpreters convey meaning-for-meaning, not word-for-word. Concepts familiar to English speakers often require explanation or elaboration in other languages and cultures.

**INTERPRETER IDENTIFICATION** Our Interpreters identify themselves by first name and number only. For reasons of confidentiality, they do not divulge either their full names or phone numbers.

**DEMONSTRATION LINE** Want to hear a recorded demonstration of over-the-phone interpretation? Call our demonstration line at 1 800 996-8808.

**DOCUMENT TRANSLATION** Visit our website at [www.LanguageLine.com](http://www.LanguageLine.com) or call 1 888 763-3364 for information. E-mail your document translation order to [Translation@LanguageLine.com](mailto:Translation@LanguageLine.com) or fax to 1 800 648-0170.

**CUSTOMER SERVICE** Call 1 800 752-6096 ext. 1

**Alien/Refugee Assistance organizations:**

American Civic Association  
131 Front Street  
Binghamton, New York 13905  
(607) 723-9419

Refugee Assistance Program  
Binghamton, New York  
(607) 773-3018

Both utilize volunteers; provide contacts for interpreter services, assistance to aliens with issues involving Immigration/Naturalization Service (INS) or legal issues related to alien/refugee status. *They maintain an interpreter contact list, they will provide contact name and then it is up to LDSS to make arrangements directly with interpreter (fees, mileage, if requested).*

- ♦ Supervisors are responsible to assure provision of language assistance services by:
  - Keeping staff informed on policy and procedures.
  - Assessing need and making arrangements for language services.
  - Arrange for interpreter to be present for scheduled agency appointments.
  - Explain voucher payment process for hourly fee and mileage (if payment is required – some interpreters volunteer their services).
  - Establish reimbursement fee(s) upfront with interpreter, if payment is required. Supervisor uses their best judgment here. Fees requested might include an hrly rate plus mileage from interpreter's home/office to DSS and return.
  - Coordinate scheduling of appointment with interpreter and A/R (may have to schedule at time convenient to interpreter).
- ♦ On day of a scheduled appointment, Supervisors must:
  - Arrange for interpreter to meet with A/R prior to interview, if necessary.
  - Provide interpreter with County voucher and explain how to complete.
  - Review returned voucher for completeness – Under "Nature of claim" must include reference to services provided (language interpreter services or sign language interpreter services), number of hours being charged, hourly rate, mileage, client name and DSS case number. DSS Supervisor should initial for completeness and identify program area for DSS Accounting.
  - Submit completed voucher to Accounting Department.

### **RESOURCE CONTACT LIST**

#### **Sign Language Services:**

Susan Granata (Private Interpreter)

Home: 607-843-2444 (During school yr. works at BOCES)

Fees: \$35/hr. (a/o June 2005)

Southern Tier Independence Center (STIC)  
24 Prospect Street  
Binghamton, New York 13901

Phone: 607-724-2111  
Fax: 607-772-3600  
Hours: 9am – 5pm

Fees: Schedule attached.

STIC contracts with individuals to provide sign language interpreter services. When you call STIC, identify need for sign language interpreter. STIC will make arrangements for an interpreter to be present at scheduled time, place, etc. STIC bills DSS directly for interpreter services. DSS Supervisor should mail county voucher to STIC so they can include this with their billing invoice. Make sure voucher is completed with identifying information: "Sign language interpreter services for (Client name or CIN#) on (date) for purpose of (state reason – application interview with Examiner, Sue Smith; agency meeting with Caseworker, Sam Jones, etc.). If there is problem with voucher or bill, Accounting needs to know whom to contact.

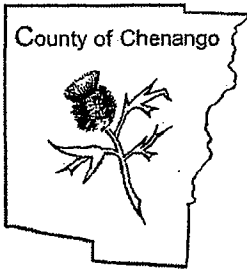


c. Access – Hearing Impaired:

1. Requests for accommodation for hearing impairments will be taken under consideration for all applicant/recipients and procedures followed same as under (a) general disabilities.
2. Applicant/Recipients requesting sign language assistance will be informed that they can bring an interpreter of their choice or DSS will make arrangements for a sign language interpreter to be present during their visit to DSS.
3. DSS staff may also utilize the New York Relay Service (711) which is used to assist communications between people who use text telephones (TTY's) and people who use voice telephones. Instructions on use of 711 relay service is included in "Policy and Procedures for Language Assistance for Applicant/Recipients".
4. DSS staff will follow Agency protocols as outlined in "Policy and Procedures for Language Assistance for Applicant/Recipients".

d. Access – Language Assistance:

1. Requests for accommodation for language translation assistance will be taken under consideration for all applicant/recipients and procedures followed same as under (a) general disabilities.
2. NYS OTDA publication 4842 (If You Need An Interpreter) is displayed in reception area, interview rooms and client accessible areas of DSS.
3. NYS OTDA publication 4843 (Interpreter Services Desk Guide) is utilized by all DSS staff with Applicant/Recipients to identify what language they speak in order to assist them in getting language assistance.
4. Chenango County DSS subscribes with Language Line Services® which is an immediate need telephone translation service available 24/7.
5. DSS staff will follow Agency protocols as outlined in "Policy and Procedures for Language Assistance for Applicant/Recipients".



# DEPARTMENT OF SOCIAL SERVICES

P.O. Box 590, Norwich, N.Y. 13815  
Telephone (607) 337-1500 Fax (607) 334-8768



Bette Osborne  
Commissioner

Janice Burt-Ashton  
Deputy Commissioner

## Policy and Procedures for Language Assistance for Applicants/Recipients

*Local DSS must assist and/or make language services available to all applicant/recipients who are identified as needing language assistance in order to access services or assistance.*

Procedures to follow when language assistance is identified as a need:

- ♦ Reception Desk staff will contact either the first or second level Supervisor for the appropriate program unit. If need is identified by other staff, they should contact their supervisor for assistance. All DSS Supervisors are responsible to assure provision of language assistance services for applicants/recipients and to inform their staff of policy and procedures.
- ♦ **Language Interpreter Services:** Chenango County DSS subscribes to Language Line Services® which provides immediate telephone language interpreter services.
  - First identify language spoken, utilize language card or poster if needed. Follow attached instructions for accessing Language Line Services®. Use phone that has conference or speakerphone capability.
  - When you contact Language Line Services® you will be asked for our Agency assigned 6-digit client ID and your individual unit personal code. (All Unit Supervisors should have a Quick Reference Card with instructions, Agency ID number and your personal code specific to your assigned unit). **THIS NUMBER IS FOR DSS PERSONNEL ONLY – DO NOT GIVE OUT TO CLIENTS or OUTSIDE AGENCY'S.**
- ♦ **Sign Language Interpreter Services:** Supervisors must identify and make arrangements for provision of sign language services for an applicant/recipient. If client identifies a private individual who they wish to interpret for them, you will have to contact the individual and make arrangements directly with them and discuss any fees required. Southern Tier Independence Center will make arrangements for a sign language interpreter as needed. Supervisor must call STIC and make arrangements in advance and STIC will then bill DSS for cost of service provided. STIC will request information on date, time and location. DSS Supervisor must also make sure that a completed voucher is sent to STIC to accompany their billing invoice when mailed to DSS.
- ♦ **TTY (text telephone users) Services, follow instructions attached for accessing the New York Relay Service (711).**