

CLINTON COUNTY DEPARTMENT OF SOCIAL SERVICES

13 DURKEE STREET
PLATTSBURGH, NY 12901



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JAY T. LEPAGE
COMMISSIONER

August 25, 2006

Russell Sykes
Deputy Commissioner
Division of Employment and Transitional Supports
40 North Pearl Street
Albany, NY 12243

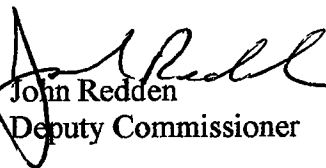
Dear Mr. Sykes:

The attached Americans with Disabilities Act/Limited English Proficiency self evaluation form for Clinton County is forwarded.

We will be forwarding a corrective action plan in the near future. Even though most of the questions were answered "no" we do ensure that all individuals with a disability receive required services. Staff have been trained on proper procedures; however, no written policies have been developed.

If you have any questions, please contact me at (518) 565-3321.

Sincerely,


John Redden
Deputy Commissioner

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

District Clinton Form completed by: John Redden Phone #: (518) 565-3321

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? John REDDEN

Please provide the ADA contact's telephone # (518) 565-3321

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 X (*)

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 X (*)

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 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)

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?

Alr are advised when they contact office for appt.
(Go to #8)

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

Staff + Supervisors are trained

Access – Visually/sight Impaired

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

Yes <input checked="" type="checkbox"/>	No ___	Men's and Women's rooms
Yes ___	No <input checked="" type="checkbox"/>	Room Numbers
Yes ___	No <input checked="" type="checkbox"/>	Exits
Yes ___	No <input checked="" type="checkbox"/>	Permanent Rooms and Spaces
Yes <input checked="" type="checkbox"/>	No ___	Elevators

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

Clients are escorted by front line staff

2. Do you have procedures in place for A/Rs who, due to visual impairment, are unable to read the application, information booklets, notices, etc.?

Yes (Please provide copy) No _____ (*)
Clerical staff assist A/R who need assistance. No written policy in place

Access – Mental Impairment

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

Yes (Please provide copy) No _____ (*)

Access – Hearing Impaired

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

Yes (Please provide copy) No _____ (*)

2. Is a sign-language interpreter provided?

Yes No _____ (*)

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

Yes (Type of Service: TTY/TTD) No _____

Access – Limited English Proficiency

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

Yes (Please provide copy) No _____ (*)

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

Signs Yes No _____
Posters Yes No _____
Pamphlets Yes No _____
Other client handouts: Yes _____ (Describe: _____) 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).