



Kristen Monroe  
Commissioner

Cortland County  
Department of Social Services

*Cortland*

Brian Moore  
Director of Social Services

June 13, 2006

Ms. Patricia Augle, Secretary  
Temporary Assistance Bureau  
Division of Employment and Transitional Supports  
40 North Pearl Street – 11<sup>th</sup> Floor  
Albany, NY 12243

Dear Ms. Augle:

Enclosed please find the requested Americans with Disabilities Act/Limited English Proficiency self-evaluation forms, along with several attachments. Please let me know if there are any further questions regarding our submission. Thank you.

Sincerely,

Kristen Monroe  
Commissioner  
Cortland County Department of Social Services



George E. Pataki  
Governor

NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

Robert Doar  
Commissioner

May 10, 2006

Dear Commissioner::

In order to insure that individuals have appropriate access to the OTDA programs, and to determine the various methods that districts employ to provide access, we have developed the enclosed Americans with Disabilities Act/Limited English Proficiency (ADA/LEP) self-evaluation review form. The completion of the ADA/LEP self-evaluation form is required by 06 ADM-05 "Providing Access to Temporary Assistance Programs for Persons with Disabilities and/or Limited English Proficiency (LEP)".

This letter is directed at districts which either did not return a self-evaluation prior to the issuance of the ADM or did return the self-evaluation and, according to the attached current self-evaluation form, would have required a corrective action plan in at least one area.

Please ask the appropriate staff person to complete the self-evaluation form and return it, and any existing local information, procedures and reports as identified on the self-evaluation to:

Ms. Patricia Aogle  
Secretary  
Temporary Assistance Bureau  
Division of Employment and Transitional Supports  
40 North Pearl Street – 11<sup>th</sup> floor  
Albany, NY 12243

Or:  
[Patricia.Aogle@OTDA.state.ny.us](mailto:Patricia.Aogle@OTDA.state.ny.us)

Kindly include written procedures if the answer indicates that your district has written procedures.

Division of Employment and Transitional Supports (DETS) staff will review the returned materials and, in the event they identify a potential deficiency, will work with your staff to address the matter. I ask that you return the completed form by July 14, 2006.

If you or your staff have any questions about this matter, please contact Dottie Mullooly at (518) 474-5396 (or [dottie.mullooly@dfa.state.ny.us](mailto:dottie.mullooly@dfa.state.ny.us)) or Tom Homovich at (518) 474-6501 (or [tom.homovich@dfa.state.ny.us](mailto:tom.homovich@dfa.state.ny.us)).

Thank you for your cooperation and your interest in this very important matter.

Sincerely,



Russell Sykes  
Deputy Commissioner  
Division of Employment and Transitional Supports

Enclosure

(Rev. 03/05)

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

**Self-Evaluation Form**

District Cortland County

Form completed by: Brian Moore, Director of Services Phone #: (607) 753-5346

**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? Brian Moore, Director of Services

Please provide the ADA contact's telephone # (607) 753-5346

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 X (\*)

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 X (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 X (Please attach copy) **THIS INFORMATION IS LOCATED IN THE STATE FORM LDSS-4148A ON PAGE 4.** 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 X (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 X (Please attach copy) No \_\_\_\_\_ (\*)

**Access – General Disabilities**

1. a. Are your facilities accessible to, and usable by, individuals with disabilities?

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

*"providing temporary assistance for permanent change"*

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. N/A

Yes  No (go to #3)

3. When one or more district office is not handicap accessible, is reasonable accommodation offered? N/A

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?  N/A \_\_\_\_\_

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?

BY STAFF MEMBERS SERVING THE CLIENT UPON RECOGNITION THAT THE CLIENT MAY HAVE A POTENTIAL DISABILITY.

(Go to #8)

8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? **STAFF HAVE BEEN MADE AWARE OF THE**

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**POLICY THROUGH SUPERVISORY OVERSIGHT AND AT PERIODIC STAFF MEETINGS.**

**Access – Visually/sight Impaired**

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

Yes \_\_\_ No X Men's and Women's rooms

Yes \_\_\_ No X Room Numbers

Yes \_\_\_ No X Exits

Yes \_\_\_ No X Permanent Rooms and Spaces

Yes \_\_\_ No X Elevators

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

**CLIENTS ARE NEVER LEFT ALONE WHILE IN OUR AGENCY, WHICH IS LOCATED IN A SECURED AREA. STAFF ACCOMPANYING THE CLIENT ESCORT THEM TO THEIR DESTINATION.**

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 X (Please provide copy) No \_\_\_ (\*)

**Access – Mental Impairment**

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

Yes X (Please provide copy) No \_\_\_ (\*)

**Access – Hearing Impaired**

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

Yes X (Please provide copy) No \_\_\_ (\*)

2. Is a sign-language interpreter provided?

Yes X No \_\_\_ (\*) **IF NECESSARY. ACCORDING TO 06-ADM-05, A SIGN LANGUAGE INTERPRETER IS NOT REQUIRED ON EVERY OCCASION.**

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

Yes X (Type of Service: TTY/TTD)

**Access – Limited English Proficiency**

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

Yes X (Please provide copy) No \_\_\_ (\*)

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

Signs Yes X No \_\_\_

Posters Yes X No \_\_\_

Pamphlets Yes X No \_\_\_

Other client handouts: Yes \_\_\_ (Describe: \_\_\_\_\_) No \_\_\_

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

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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).



Kristen Monroe  
Commissioner

Brian Moore  
Director of Social Services

## **Procedure for Providing Access to Services for Persons with Disabilities and/or Limited English Proficiency (LEP)**

### **Background:**

We have the responsibility to:

- ensure that applicants and recipients have equal access to all benefits, programs and services;
- document any limitations, necessary accommodations and/or LEP requirements to ensure access and coordinate services;
- serve and adopt methods of administration which do not discriminate against anyone based on race, color, religion, national origin, age, sex, handicap (physical or mental impairment), genetic pre-disposition or carrier status, creed, arrest/convictions, marital status, sexual orientation, military status and/or retaliation;

### **Purpose:**

To provide a resource that reiterates existing requirements for providing access to persons with disabilities and/or LEP.

#### **A. Identifying and Handling Clients with Suspected Disabilities**

1. Definition: A person with a disability is one who: has a physical or mental impairment that substantially limits one or more of the major life activities of such person, has a record of such impairment, and is regarded as having such impairment.
2. Staff should make reasonable efforts to recognize potential disabilities, based on the applicant/recipient's disclosure or on an indication of an apparent disability. For clients who do not self-disclose a condition, behavioral observations and historical data should be used to help identify those persons who are not able to access programs or services without modifications. The determination of whether a temporary impairment is a disability must be resolved on an individual basis, taking into consideration both the duration of the impairment and the extent to which it actually limits a major life activity of the affected person.
  - a. Visual Impairments: the worker should read and explain any and all paperwork to the client.
  - b. Hearing Impairments: the TDD device should be utilized by dialing 756-3423. Agency Office Coordinators have been trained in the use of the device. Staff may also be able to communicate through written materials and written notes.



- c. Limited Proficiency in English (LEP): the "Interpreter Services Desk Guide" should be followed to obtain an interpreter. The client has the choice to use a relative or friend as an interpreter as well. No person may be denied access to benefits or services because of a district's inability to provide an interpreter. If the appointment is rescheduled to find an interpreter, the agency must protect the application filing date and adhere to application interview time frames. All actions must be documented in the case record.
  - d. Physical Impairments:
    - 1. Definition: A physical impairment means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine.
    - 2. Staff should immediately discuss with their supervisor if a modification needs to be made to accommodate a client with a physical impairment. The modification may be to equipment or accessibility, and/or a home visit may need to be made to the client, depending on the severity of the impairment.
  - e. Mental or Psychological Impairments:
    - 1. Definition: Any mental or psychological disorder including, but not limited to, mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
    - 2. An Adult Services Caseworker may be contacted in an attempt to assist the client in these situations. Coordination with local counseling agencies may also be necessary in an attempt to serve the client.
3. Good Cause  
Applicants and recipients of TA may establish good cause for not complying with eligibility requirements. Good cause may include instances when the applicant or recipient has a physical or mental impairment that prevents compliance, pursuant to 18 NYCRR 351.26(a)(1). When an appointment is rescheduled for a person with a disability or LEP due to accommodations needing to be made, the delay does not affect the application filing date or any other dates relevant to the processing of applications.
4. Not Covered Under the Americans with Disabilities Act (ADA)  
The ADA does not cover personality traits such as poor judgment or a quick temper where these are not symptoms of a mental or psychological disorder, unless the person has a recognizable physical or mental impairment in addition to these characteristics. A district should not consider the applicant's use or abuse of drugs or alcohol as good cause for his/her failure to comply.

## B. Handling Complaints

The agency ADA/LEP contact person (Brian Moore, Director of Services) shall be responsible for monitoring investigation and resolution of complaints, as well as overseeing procedures that ensure access to benefits and services. The agency must investigate all complaints of discrimination or improper case administration.

### C. Reasonable Accommodations

1. In order to ensure that all clients have equal access to services, reasonable accommodations may need to be put in place to ensure that access. Reasonable accommodations may include but are not limited to: making facilities used by disabled clients readily accessible to and usable by such clients, job restructuring, acquisition or modification of equipment, and provision of interpreters. Workers should immediately discuss with their supervisor if they believe a reasonable accommodation needs to be made. If a home visit needs to be made to see a client who is unable to come into the building for an appointment, the Services unit should be contacted to assist in making the visit.
2. Does the client understand the consequences of refusing reasonable accommodations? In cases where the refusal to accept reasonable accommodations may result from the person's inability to recognize or acknowledge the existence of a disability, staff may need to seek involvement from a mental health professional or other qualified staff if the client does not appear to understand the consequences of their actions in refusing reasonable accommodations. In such cases the refusal and/or any intervention attempts must be documented before the agency may take any negative case action.
3. Documentation. All actions taken to ensure access to clients with possible disabilities should be documented in the case record. This information should be available to all appropriate staff responsible for providing benefits and services to the client.

### D. Confidentiality

Staff must protect the confidentiality and privacy of information regarding the existence of a person's disability. Staff must share only the accommodations required, not the nature of the disability, with individuals providing client services who do not need to know the nature of the disability. Staff must also ensure that persons acting as interpreters for persons with LED understand their obligation to maintain client confidentiality.

#### References:

06-ADM-05



Cortland County  
Department of Social Services  
60 Central Avenue  
Cortland, NY 13045-2746  
(607) 753-5248 FAX (607) 753-5282

## Table of Contents

### I. Who We Are

- A. Vision/Mission Statement
- B. Unit Purpose Statements
- C. Organizational Chart

*NEW WORKER  
ORIENTATION MATERIALS*

### II. Where We Are & What We Do

- D. Map
- E. Unit Information Sheets

### III. How We Do It: Office Automation at a Glance

- F. Welcome Letter
- G. Systems Descriptions
- H. Quick Computer orientation
- I. Micro Soft Word Explanation
- J. Outlook (Email) Orientation
- K. Telephone Voicemail Messaging Instructions
- L. Language Line Services

### IV. Jargon: Definitions & Acronyms

- M. Reference Sheet

### IV. Policies & Procedures

- A. Communication
  - 1. Email & Internet Use (Cortland County Electronic Communication System Use)
  - 2. Telephone (Cortland County Telephone Policy)
  - 3. Case Communication Policy
- B. Confidentiality
  - 1. Department Unit Standards

2. Shredding
3. HIPAA

C. Personnel

1. Employee Responsibilities:

- a. Appearance Code
- b. Code of Ethics (County of Cortland Officers and Employees Local Law NO. 5-1985)
- c. Cortland County DSS County Car Policy
- d. County Property Use
- e. Employee Alcohol/Drug Abuse (Cortland County Drug-Free Workplace Policy)
- f. Mandated Reporting
- g. Reporting of Absences
- h. Cortland County Work Reporting Policy

2. Administrative Topics

- i. Board Membership
- j. Case Processing for Employees Receiving Benefits
- k. Leave Donation (County Leave Donation- Emergency Pool Policy)
- l. Family Medical Leave (Cortland County Medical Leave Policy)
- m. Performance Evaluations
- n. Media Contact Policy
- o. Nepotism
- p. Travel (Cortland County Policy & Procedures Authorization to Attend Conferences and Incur Travel Expenses and Meal Reimbursement)

D. Safety & Security

- a. Hazardous Materials Plan
- b. Cortland County DSS Blood borne Pathogens Plan
- c. Fire and Evacuation Plan
- d. Accident and Injury Policy
- e. Personal Safety and Security
- f. Sexual Harassment (Cortland County Sexual Harassment Policy)

**REFERENCE ONLY (NOT IN HANDBOOK):**

The following topics are covered in the CSEA Contract:

- Educational Benefits
- Emergency Closings
- Family Sick Leave
- Funeral Leave
- Holidays
- Jury Duty
- Overtime
- Personal Leave
- Sick Leave
- Vacation
- Work Day/Week



CORTLAND COUNTY  
 DEPARTMENT OF SOCIAL SERVICES  
 60 Central Avenue  
 Cortland NY 13045-2746  
 (607) 753-5248 FAX (607) 753-5282

**APPOINTMENT CONFIRMATION SHEET**



**The clock is ticking: Effective 12/2/96 the 5 year (60 months) time limit went into effect. How much time do you have left?**

**An appointment has been scheduled for you with:**

Applicant Name(s)	SWE :	Date and Time
	Phone #:	

**ALL ADULT HOUSEHOLD MEMBERS WHO ARE APPLYING FOR ASSISTANCE  
 MUST ATTEND THE ELIGIBILITY INTERVIEW.**

**IF YOU FAIL TO SHOW FOR THIS APPOINTMENT,  
 YOUR CASE MAY BE DENIED/DISCONTINUED.**

To process your application you must provide proof of the eligibility factors listed below:

- Provide verification of assigned Job Contacts at eligibility interview.
- All adult household members **must** be finger imaged.

You must provide the following for **each** person in your household:

- Birth Certificate
- Social Security Card/SS5 (DSS-4000)
- Marriage Certificate
- Photo ID
- INS Documentation

You must provide the following information regarding where you live and the cost:

- Landlord Statement
- Current Rent receipt
- Mortgage/Records/Deed
- Property/School Tax Records
- Home Owners' Insurance Records

You must provide the following proof of income for **all** household members who receive any type of income:

- Wage/Pay Stubs for the most recent 4 weeks
- Self-employment record for the most recent 3 months
- Income Tax Record
- Child Support/Alimony
- Social Security benefits
- Unemployment Insurance Benefits (UIB)
- Disability Benefits/Workman's Compensation

You must provide the following proof of resources for **all** household members:

- Cash on hand
- Current bank statements
- Registration(s)/Title(s) for all vehicles
- Stocks/Bonds/Certificates
- Life Insurance Policies
- Burial Trust or Fund
- Burial Plot Deed
- Lump Sum Information

You must also provide the following information for **all** household members for which it may apply:

- Pregnancy statement
- Written medical statement from a physician documenting your diagnosis and employment ability
- Health Insurance Card
- Medicare Card
- Unpaid Medical Bills
- Appointment time/date with alcohol/substance abuse treatment program

**ALL OF THESE DOCUMENTS THAT ARE REQUESTED ARE TO BE PRESENTED TO RECEPTION AT THE TIME OF YOUR APPOINTMENT FOR DATE STAMPING AND/OR COPYING.**

Note: You have the right to request that an in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming in during regular office hours.