

DELAWARE COUNTY

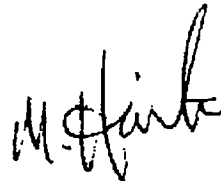
DEPARTMENT OF SOCIAL SERVICES

111 Main Street Delhi, New York 13753
(607) 746-2325

William R. Moon
Commissioner

To: Ms. Maureen Kennedy-Ragule
Central Team Leader
NYS OTDA
40 North Pearl Street - 11th Floor
Albany, NY 12243
VIA FAX:518-473-0511

From: M. A. Hamilton, Deputy Commissioner



Date: 2/16/05

Re: Americans with Disabilities Act Self-Evaluation

Please find attached the completed survey. If you have any questions please contact me.

1 of 4 Pages

(Rev. 08/04)

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

District Delaware Form completed by: Mark Hamilton Phone #: 607-746-2325

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? Mark A. Hamilton, Deputy Commissioner
 Please provide the ADA contact's telephone # 607-746-2325
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
- 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. If the client area is above or below the 1st floor, are there elevators?

Yes No 1st floor only

f. If No to e., 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) 2 Buildings both in compliance

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?

by a supervisor if a situation is encountered
(Go to #8)

8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? by orientation and A/R.

Access - Visually/Sight Impaired

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

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

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

They are guided by 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

Reception Staff or Casework Staff are assigned to assist the applicant

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Access - Mental Impairment

1. Do you have procedures in place to assist a mentally impaired AVR?

Yes (Please provide copy) No Referred to APS to assist in making application or access to Service.

Access - Hearing Impaired

1. Do you have procedures in place to assist hearing impaired AVRs?

Yes (Please provide copy) No Not in writing

2. Is a sign-language interpreter provided? Yes No Furnished by County Health Dept.

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

Yes (Type of Service: _____) No

Access - Limited English Proficiency

1. Do you have procedures to assist limited or non-English speaking AVRs?

Yes (Please provide copy) No Not in writing - Language Line Interpreter Service.

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

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

3. a. Is the 'Language Poster' displayed in the waiting area? Yes No

b. Are the Language palm cards used? Yes No