

# ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES

## MEMORANDUM

**FROM:** Bill Graham, 1<sup>st</sup> Deputy Commissioner

**TO:** All Temporary Assistance (TA), Food Stamp (FS), Medicaid (MA), HEAP, and Employment (CED) Staff

**SUBJECT:** Providing Access to Temporary Assistance Programs for Persons with Disabilities and/or Limited English Proficiency

**DATE:** March 10, 2010

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### PURPOSE:

The federal Americans with Disabilities Act (ADA) provides comprehensive civil rights protections to persons with disabilities. The Office of Temporary and Disability Assistance (OTDA) policies extend these protections to persons with Limited English Proficiency (LEP). The purpose of this policy is to provide Social Services staff with guidelines for providing access and making reasonable accommodations to persons with disabilities or LEP who are inquiring about, applying for, or are receiving benefits and services administered by the Erie County Dept. of Social Services and its contracted provider agencies.

### BACKGROUND:

The federal Americans with Disabilities Act (ADA) was enacted in 1990 to ensure that persons with disabilities were not discriminated against in the areas of employment, public accommodations, state and local government services, and telecommunications. Title II of the ADA extends the protections against discrimination set forth in section 504 of the 1973 federal Rehabilitation Act to all activities of state and local governments. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) specifically provides that section 504 and the ADA apply to any program or activity that receives federal TANF funding.

New York State, in part 303.7 of regulation 18 NYCRR, extends the definition of the term handicap to include those persons having Acquired Immune Deficiency Syndrome (AIDS), those testing positive for human immunodeficiency virus (HIV) infection or who are perceived as susceptible to AIDS or HIV infection.

The State has also recognized that its TA, FS, MA and HEAP programs encompass people with many different native languages and varying abilities to communicate in English. With this in mind, the OTDA and the Department of Health have issued reminders of the State's policy of non-discrimination. They have also published aides, such as the "Interpreter Services Poster" and the "Interpreter Services Desk Guide" to enhance communication between workers and clients with limited English proficiency (LEP).

## DEFINITIONS:

The following terms are defined in the federal ADA:

1. **A person with a disability** is one who:
  - has a physical or mental impairment that substantially limits one or more major life activities of such person
  - has a record of such impairment; or
  - is regarded as having such an impairment
2. **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.  
  
Specific examples of physical impairments include: orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV disease (symptomatic or asymptomatic) and tuberculosis.
3. **Mental Impairment** means any mental or psychological disorder including, but not limited to, mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
4. **Major Life Activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
5. **Substantially Limits** means that the person's major life activities are restricted as to the conditions, manner, or duration under which they can be performed in comparison to most people.  
  
Specific examples include: a person who is paraplegic is substantially limited in the major life activity of walking, a person who is blind is substantially limited in the major life activity of seeing, a person who is mentally retarded is substantially limited in the major life activity of learning.
6. **Auxiliary Aides and Services** include: qualified interpreters or other effective methods of making orally delivered materials to individuals with hearing impairments, qualified readers, taped texts or other effective methods of making visually delivered materials available to individuals with visual impairments, acquisition or modification of equipment or devices, desk guides and posters, and other similar services and actions.
7. **Reasonable Accommodation** means that the Agency must make reasonable modifications to policies, practices, and procedures to ensure that individuals with disabilities and/or LEP have equal access to available programs and services that they would otherwise be qualified for.

Reasonable accommodation may include but is not limited to:

- help with completing an application for benefits
- reading notices and program materials to an Applicant/ Recipient who cannot read

- eliminating *non-essential* procedures or rules that deny a person with disabilities an equal opportunity to participate in the district's programs, services, and benefits
- help with gathering documents and providing more time to submit necessary documents to the Agency
- keeping the waiting time to see workers to a minimum for individuals whose disabilities make it difficult to wait for extended periods of time
- sensitivity to client's unique needs when scheduling appointments
- providing home visits if Applicant/ Recipient is unable to appear in person for appointments
- making accommodations in work activities, including work site assignments
- linkage with community agencies that can accompany the Applicant/ Recipient to various appointments and assist them in securing needed documents
- utilization of interpreters, equipment, or devices that can assist those with LEP

**PLEASE NOTE:** Each case is unique and must be looked at on an individual basis. There is no one formula that will fit each situation. The State encourages local districts to be creative and to use their discretion in determining what will best assist a client in accessing their programs. Workers, in consultation with the client and if necessary, their supervisor, can use discretion to address ways to meet the clients' needs.

**DISTRICT RESPONSIBILITIES:**

Erie County Department of Social Services has the responsibility to:

1. ensure applicants/recipients of TA, FS, HEAP, and MA have equal access to all benefits, programs, and services for which they are eligible, without regard to race, color, religion, national origin, age, sex, handicap, genetic pre-disposition, creed, criminal record, marital status, sexual orientation, or military status.
2. make reasonable efforts to recognize potential disabilities, based on the applicant/recipient's disclosure or an indication of an apparent disability.
3. provide access to district offices, or provide an alternative means of access (i.e. a home visit).
4. document any limitations, necessary accommodations, and/or LEP requirements to ensure access and coordinate services.
5. make reasonable accommodation to the known physical or mental limitations of otherwise qualified applicants/recipients with disabilities, unless the district can show that such accommodation would impose an undue financial or administrative burden on the operation of the program.
6. protect the filing or application date when an appointment must be rescheduled for a person with a disability and/or LEP because reasonable accommodations cannot be made on the date the application is filed.

7. ensure that emergency/immediate needs are addressed as appropriate in a timely manner- usually within 5 days.
8. inform applicants/recipients of their rights to access and non-discrimination in applying for all district programs, benefits, and services, as well as the procedure for filing a complaint should they feel their rights were not respected.
9. assign a person to serve as an ADA and LEP contact to investigate any complaints of discrimination or improper case administration.
10. ensure the confidentiality and privacy of information regarding the existence of a person's disability as required by Social Services Law section 136. Districts must share information only on accommodations needed, and not the nature of the disability, with service providers who do not need to know the nature of the disability. Districts must also ensure that persons acting as interpreters understand their obligation to maintain client confidentiality.

## **PROCEDURE:**

### **1. NEW APPLICATIONS**

At first contact with an applicant/recipient for services, intake workers should make an attempt to recognize potential disabilities and or communication barriers (LEP).

As part of the application packet, a new, revised B-5260 (Rev. 3/10) **Request for Assistance Form (Attachment A)** will replace the B-5261 and older B-5260 forms. Effective immediately, **these older forms are obsolete and must be discarded.** This new form, if turned in with the application, will alert intake workers and screeners of a client's need for assistance in completing the application process. If turned in, this form will be made part of the case record. It can be scanned along with the original application, but it must stay with the other screening paperwork until the case is processed (opened or denied).

Workers should also ask applicants, **"Do you have any limitations that we should be made aware of?"** Many will be apparent, while some will not.

#### **A. Disability Disclosed by Applicant/Recipient:**

If Applicant/Recipient discloses to the worker that they have a disability, (communication barriers will be discussed in a later section), worker should screen them for reasonable accommodation using the **Reasonable Accommodation Worksheet-A** form B-5374-A (attachment B). The original worksheet must be signed by the client and worker, and stay with the application through the certification process, along with the other screening papers that are filled out at the Erie County Works Center (ECWC). (It can be scanned along with the other papers, but the original should go to the Certification Worker). When the case is processed (opened or denied) it can then be imaged under the client's CIN. A copy must be given to the Applicant/Recipient. If disability is disclosed but not apparent to worker, additional medical documentation may be required to receive an accommodation.

#### **B. Disability Not Disclosed but Apparent through Observation/ Case Record**

If Applicant/Recipient (A/R) does NOT disclose disability or limitation, but it is apparent through observation, historical data known to the agency, or other means, additional medical documentation is not necessary to receive an accommodation. Worker should fill out **Reasonable Accommodation Worksheet-A.**

The original worksheet must be signed by the client and worker, and stay with the application through the certification process (but can be scanned along with the other screening paperwork). When the case is processed (opened or denied) it must be imaged under the client's CIN. A copy should be given to the A/R. ONBASE should be checked to see if an accommodation was given in the past.

NOTE: It is possible that for a variety of reasons, an Applicant/Recipient does not wish to disclose a disability or limitation, and it is not apparent to the worker. In these cases, the Agency may become aware of the limitation only *after* a negative action has been taken on the case. This will be discussed in another section.

### C. FILLING OUT THE REASONABLE ACCOMMODATION WORKSHEET-A

If a client indicates a limitation, or if a limitation is observable or is part of the case record, intake workers or screeners should complete **Reasonable Accommodation Worksheet-A**.

1. Worker checks the box labeled "Known Disability."
2. Worker discusses with client what accommodations they feel they need, and has client write that on the **Worksheet**.
3. Worker may consult with supervisor to see what accommodations Agency can offer. These will be different for each client, and should be determined on a case-by-case basis. Screeners can consult the list of suggested accommodations (page 3) for ideas. The Agency can require additional medical verification if disability has not been previously documented in the case record.

When additional medical verification is necessary, screeners can provide a blank medical form to the client to have their medical professional fill out, and document this on the Reasonable Accommodation Worksheet- A under the area titled "Documentation Required." It will then be the Certification Worker's responsibility to receive the medical verification and determine whether it justifies the requested accommodations. Workers can use their discretion on what they will accept as medical proof, in consultation with their supervisors, if necessary. The State encourages a broad interpretation of disability, and when in doubt, to err on the side of providing accommodations to the client.

This medical does not replace the Employability Medical that is given to the client by the Employment counselors at the ECWC. Their medical MAY be used, however, to verify to the Certification Worker a client's disability and need for accommodation.

**PLEASE NOTE:** For applications that require a Home Call Interview, the Reasonable Accommodation Worksheet-A should be filled out at the interview by the examiner. The Home Call is already an accommodation that should be documented on the Worksheet. Medical verification is always necessary to justify a Home Call Interview.

4. If Agency accepts client's suggested accommodation, screener should check "approved" on the worksheet. If Agency denies client's suggested accommodation, screener should check "denied" on the worksheet, and give the reason and date of denial.
5. Screener then fills out the area called "Accommodation offered by Department." If it is the same as client's requested accommodation, worker should write "as above." Client is asked whether they accept or reject the accommodation, and if rejected, the reason why.

Worker and client (and supervisor, if necessary) should work together to arrive at a reasonable accommodation that is acceptable to both the client and the Agency.

6. Both worker and client sign the **Reasonable Accommodation Worksheet-A**. Client receives a copy, and original is kept with the application until it is imaged when the case is written-up (opened or denied.)

#### D. MENTAL LIMITATIONS

If the client's main limitation is mental illness or learning disability they may come in with an advocacy agency that can assist them through the application process. (These applications are usually mailed in). Working with an advocacy agency "fast tracks" TA clients through the Erie County Works Center, which is in itself an accommodation. A **Reasonable Accommodation Worksheet-A** should be completed at the certification interview.

If a client is not working with an advocacy group or agency, and it appears obvious that the Applicant/Recipient lacks the capacity to successfully complete the Agency's requirements, intake or certification workers should consider a referral to Adult Services/ Adult Protective Services and other reasonable accommodations.

Workers must consult with their supervisor prior to taking any negative action on these cases, and the supervisor must sign the **Reasonable Accommodation Worksheet-A**.

Some learning disabilities may require that the Agency read forms to the client, or give extra explanations. The client can indicate what they need when asked what accommodations they are requesting.

#### E. COMMUNICATION BARRIERS

If an Applicant/Recipient for assistance presents a barrier to communication, attempts should be made to communicate with the client in ways that they will understand. A procedure is already in place to process these applications. The new revised **Request for Assistance Form (B-5260)**, if turned in with the application, can alert the worker/screener to the need for assistance.

- A. If client is deaf, written communication can be used. Client can bring a sign language interpreter with them, or the agency can arrange for one for eligibility interviews.

Screener will fill out the **Language Alert Form (B-5271)** (att. C) stating the need for sign language services, and complete a **Request for Assistance Form (B-5260)** if one was not already turned in. Both forms are then attached to the application. Certification workers that receive the application will make the appropriate arrangements with needed interpreters.

A **Foreign Language/Sign Language Comprehension Confirmation Form (B-5039)** (attachment D) should be completed and signed at the Certification Interview, and made part of the case record.

- B. If client cannot read or write, the Agency can read all forms to the client aloud, or advise client of their right to have an advocate present at the interview that can read for them.

- C. If client speaks a language other than English, an attempt should be made to communicate with the client using a qualified staff member that speaks their native language (e.g. using Spanish-speaking workers when available).

If no staff member is available, intake workers/screeners should utilize the "Interpreter Services Poster" (PUB-4842) and "Interpreter Services Desk Guide" (PUB-4843) to make Applicant/Recipient aware of their right to have a qualified interpreter present with them while conducting business with the Agency (they can bring their own or the Agency must contract one at the Agency's expense).

Screener should then fill out the **Language Alert Form (B-5271)** stating the need for interpretation services, and complete a **Request for Assistance Form (B-5260)**. Both forms are then attached to the application. Receiving eligibility workers in each program area can then arrange for interpreters and process the cases accordingly.

A **Foreign Language/Sign Language Comprehension Confirmation Form (B-5039)** should be completed and signed at the Certification Interview, and made part of the case record.

TA Certification teams can continue to follow the procedure in place that will allow the ECWC Employment Counselor to assess the client immediately following the Certification interview to take advantage of the interpreter's services.

## 2. ONGOING RECIPIENTS

The **same rights for accommodation** must be applied to recipients who must recertify for ongoing benefits. If a client receives an appointment letter to appear for a face-to-face interview, client may contact their worker and request the same reasonable accommodations as applicants. Workers will document the client's request on a **Reasonable Accommodation Worksheet- A**, which will become part of the client's case record.

## 3. NEGATIVE ACTION

Often times a disability or limitation is not disclosed or apparent to the worker at the time of application for services or benefits. The Applicant/Recipient is then held to the same requirements and expectations as non-disabled clients. If this leads to a negative action on the Applicant/Recipient's case, and it is brought to the worker's attention after the fact that a disability or limitation existed, *the worker must evaluate whether an accommodation would have been granted had the disability been disclosed.*

If it is determined that an accommodation would have been made, the worker must:

1. Withdraw the negative action
2. Complete the **Reasonable Accommodation Worksheet-B (B-5374-B)**(attachment E)
3. Redetermine eligibility

**\*\*** Workers must complete a **Reasonable Accommodation Worksheet-B** whenever a disability is brought to the Agency's attention after a negative action has been taken. The original worksheet must be signed by the client, worker, and supervisor and imaged under the client's CIN. A copy should be given to the Applicant/Recipient. Onbase should be checked to see if an accommodation was given in the past.

#### 4. INFORMING APPLICANTS/RECIPIENTS OF THEIR RIGHTS UNDER ADA

It is the responsibility of the Agency to provide our clients with information regarding their rights under the Americans with Disabilities Act (ADA).

- A. LDSS 4148-A "What You Should Know About Your Rights and Responsibilities" (Book 1)
- B. Posting a "Did You Know?" poster (B-5373) (attachment F) in all intake/ reception areas informing clients in easy-to-understand language what their rights are under the ADA.

#### 5. CONFLICT RESOLUTION/ COMPLAINT PROCEDURE

The Agency will designate an ADA contact person that will be responsible for receiving and investigating complaints from clients re: the agency's handling of their disability and need for reasonable accommodation. (Current contact: **Al Lowman, Legal Advocacy for the Disabled - x1702**). This person's name and contact information will be posted on the "Did You Know?" poster, is listed on the new revised B-5260 form that will be part of all new application packets, and will be provided to Applicants/Recipients upon request.

**A NOTE ABOUT ORDERING FORMS:** This memo introduces several new forms:

- 1. Revised B-5260 (3/10)
- 2. Reasonable Accommodation Worksheet-A (B-5374-A)
- 3. Reasonable Accommodation Worksheet-B (B-5374-B)

These forms can be ordered through the normal form ordering process. In the interim, the attachments can be copied and used as needed. An initial supply of the B-5260 forms and Reasonable Accommodation Worksheet-A forms will be ordered and sent to the Erie Co. Works Center.

Re: 06-ADM-05

Questions about this memo can be directed to Judie Kolmetz, Program Support Specialist at extension x7932.



# REQUEST FOR ASSISTANCE

## NOTICE FOR INDIVIDUALS WITH DISABILITIES OR COMMUNICATION BARRIERS

In an effort to better serve our customers with disabilities and/or communication barriers, the Department of Social Services may be able to assist you with the interview process.

Do you have a **disability**? [ ] YES [ ] NO

Do you have a **communications barrier**? [ ] YES [ ] NO

Do you require **special assistance** to complete your interview/application process? [ ] YES [ ] NO

I am requesting the following service: (Please check the type of service requested).

- The services of a deaf interpreter
- The services of a foreign language interpreter

Language requested: \_\_\_\_\_

Other : \_\_\_\_\_

I am requesting assistance in completing an application for assistance or other services from the Erie County Department of Social Services. I understand that the assistance requested will be provided free of charge.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PROGRAM AREA:  Temporary Assistance  Food Stamps  Medicaid  HEAP  Other

\* If you feel that your rights under the Americans With Disabilities Act have not been adequately addressed, please contact our ADA Coordinator, Mr. Albert Lowman, 43 Court St., 4<sup>th</sup> floor, Buffalo, NY 14202 Phone: 858-1702.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Reasonable Accommodation Worksheet – A

To be used BEFORE a negative action

The sole purpose of this worksheet is to determine whether or not an Applicant/Recipient for assistance requires an accommodation, and to provide a record of such accommodation(s). The granting of an accommodation does NOT relieve the responsibility of fulfilling core eligibility requirements.

**KNOWN DISABILITY: Disability apparent to worker through disclosure or observation:**

Applicant/Recipient suffers from a potential disability which they disclose to the worker or is apparent upon observation or historical data in the case record.

- For instance, an Applicant/Recipient appears to be having a conversation with someone other than the worker, but fails to disclose a mental illness
- For instance, an Applicant/Recipient has no apparent disability, but alerts the worker to the fact that they have lupus, which causes them chronic pain and fatigue.

**Documentation Required:**

Documentation cannot be required when the disability is apparent through observation, historical data, or other means.

Documentation can be required by the Department when the disability is not apparent, but is disclosed by the Applicant/Recipient or a third party.

\*\*\*\*\*

Does the Applicant/Recipient need an accommodation?  Yes  No

Accommodation(s) Requested by Applicant/Recipient: \_\_\_\_\_  
\_\_\_\_\_

Date of Request: \_\_\_\_\_

Approved  Denied Date of Approval/ Denial: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Accommodation(s) Offered by Department: \_\_\_\_\_  
\_\_\_\_\_

Accepted  Rejected Date of Offer: \_\_\_\_\_

Reason for Rejection: \_\_\_\_\_

**CLIENT SHOULD BE PROVIDED A COPY OF THIS WORKSHEET: ORIGINAL STAYS WITH CASE UNTIL PROCESSING, AND THEN IS IMAGED UNDER CLIENT'S CIN.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Supervisor's Signature (if negative action)  
B-5374-A

# LANGUAGE/REFUGEE ALERT

Applicant Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

Will ECDSS need to provide interpreter for interview?  YES  NO

If Yes, what language?  Spanish  Other: \_\_\_\_\_

If Yes, complete "Request for Assistance" form (B-5260 Rev. 5/07) and submit with application.

\*\*\*\*\*

## REFUGEE INFORMATION

Resettlement Agency: \_\_\_\_\_

Address of Resettlement Agency: \_\_\_\_\_

Name of Case Manager/ Agency Representative: \_\_\_\_\_

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

B-5271 (Rev. 12/07)

ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES (ECDSS)

FOREIGN LANGUAGE/SIGN LANGUAGE  
COMPREHENSION CONFIRMATION

I. CUSTOMER INFORMATION

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

Social Security Number: \_\_\_\_\_

I have been told that an interpreter is available but I do not require one.  
(Sign bottom- Section IV)

\*\*\*\*\*

II. AUTHORIZED REPRESENTATIVE (if applicable)

I, \_\_\_\_\_, hereby authorize  
(customer's name)  
\_\_\_\_\_ of \_\_\_\_\_  
(authorized representative's name) (agency's name)

to act on behalf of myself with the ECDSS in regards to any business regarding benefits I and/or my family may be eligible for.

\*\*\*\*\*

III. INTERPRETER INFORMATION (if applicable):

Name of Interpreter: \_\_\_\_\_

Institute Name or Relationship to Customer: \_\_\_\_\_

Interpreter's Address: \_\_\_\_\_

Interpreter's Phone Number: \_\_\_\_\_

\*\*\*\*\*

IV. CONFIRMATION

I, \_\_\_\_\_, affirm that I have truly and accurately interpreted  
(Interpreter)  
all communication and written material between the above named customer and the Examiner.

Date: \_\_\_\_\_ Signature of Interpreter: \_\_\_\_\_

I, \_\_\_\_\_, affirm that I understand the benefit material as  
(Customer)  
it has been presented and explained to me.

Date: \_\_\_\_\_ Signature of Customer: \_\_\_\_\_

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FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS-A MISDEMEANOR  
UNDER THE PROVISIONS OF PENAL LAW SECTION 210.45

# Reasonable Accommodation Worksheet – B

To be used AFTER a negative action

USE THIS WORKSHEET IF: an Applicant/Recipient's case has been denied, closed, or sanctioned, and the worker learns from the A/R, a third party, or by observation that the A/R is disabled. The worker must evaluate whether the negative action was related to the individual's disability, and if an accommodation *should have been* granted.

**UNKNOWN DISABILITY: Disability discovered after negative action taken:**

Applicant/Recipient suffers from a potential disability that is not apparent and which the A/R did not disclose to the Agency. Worker learns of disability only after negative action has been taken on the case.

Date of Negative Action: \_\_\_\_\_

Nature of Negative Action: \_\_\_\_\_

Does the Applicant/Recipient need an accommodation?  Yes  No

**Accommodation(s) Requested by Applicant/Recipient:**

\_\_\_\_\_  
\_\_\_\_\_

Date of Request: \_\_\_\_\_

Approved  Denied Date of Approval/ Denial: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

**Accommodation(s) Offered by Department:**

\_\_\_\_\_  
\_\_\_\_\_

Accepted  Rejected Date of Offer: \_\_\_\_\_

Reason for Rejection: \_\_\_\_\_

CLIENT SHOULD BE PROVIDED A COPY OF THIS WORKSHEET

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Supervisor Signature

# Did you know?



## The Americans with Disabilities Act (ADA) protects people who have:

- Problems walking, standing, or sitting
- Problems seeing, hearing, or talking
- Mental Health problems (such as depression, anxiety, bipolar disorder, etc.)
- Medical problems (such as respiratory, heart, asthma, HIV/AIDS, etc.)
- Learning problems
- Mental retardation
- Other health conditions

## If you have one or more of these conditions, you may have a right to:

- Help with applications and program rules
- Home visits
- More time to do things
- Fewer office visits
- Be excused from work activities
- Help asking for a grievance or fair hearing
- Other types of accommodations

If you need one of these things, ask your worker or the person helping you at the window. If you ask for one of these things and you don't get it, you can file an ADA complaint. To do this, contact:

**Mr. Albert Lowman**  
**43 Court Street, 4<sup>th</sup> floor**  
**Buffalo, NY 14202**  
**858-1702 FAX: 858-1727**