



Department of Social Services

7551 Court Street
P.O. Box 217
Elizabethtown, N.Y. 12932

Deputy
John P. O'Neill
Commissioner

Area Code: 518

Temporary Assistance 873-3470 Fax 873-3472	Medicaid Dept. 873-3450 Fax 873-3499	Child Care 873-3445 873-3446 Fax 873-3816	Food Stamps 873-3470 Fax 873-3472	HEAP 873-3445 873-3446 Fax 873-3816	Fraud Unit 873-3498 Fax 873-3816	Child Support 873-3490 Fax 873-3382	Family & Child Svcs 873-3420 Fax 873-3467	Protective Svcs.-Adults 873-3550 Fax 873-3794	Coordinated Care Unit 873-3550 Fax 873-3794	Legal for Family Svcs 873-3497 Fax 873-3499	Fiscal Dept. 873-3460 Fax 873-3462	Staff Development 873-3410 Fax 873-3779
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July 5, 2006

Ms. Patricia Augle
Secretary
Temporary Assistance Bureau
Division on Employment and Transitional Supports
40 North Pearl Street -11th Floor
Albany, N.Y. 12243

Dear Ms. Augle;

Enclosed please find the completed self evaluation form for (ADA/LEP) Essex County Department of Social Services. If you have any questions regarding any of the responses or policies, I can be reached at 518-873-3410.

Sincerely,

Vicky Heussi
Staff Development Coordinator/ADA Liaison
Essex County DSS
7551 Court Street Elizabethtown, N.Y. 12932

(Rev. 03/05)

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

Self-Evaluation Form

District Essex County

Form completed by: Vicky Heussi Phone #: 518-873-3410

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? Vicky Heussi.

Please provide the ADA contact's telephone # 518-873-3410

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

A/R given LDSS 4148A, 4148B, and 4148C

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. 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)N/A

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?
Verbally, followed up in writing
(Go to #8)

"providing temporary assistance for permanent change"

8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff?
_____ during staff meetings, Immediately face to face if situation arises. .

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

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?

___A/R are never unescorted in our building, we are in a secure area so everyone checks in and a (their) worker notified they are here for service. The worker then comes downstairs to meet them in the Reception area.

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 _____ (*)

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: ___Books 1, 2, 3) 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).



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Policy: Protocol for handling complaints related to the ADA

Purpose: To assure access to social services programs to recipients with disabilities

Procedure: Any communication with the agency regarding a claim of inadequate access to services due to a disability will be referred directly to the ADA liaison (currently Vicky Heussi, SDC 873-3410). After assessing the situation, the liaison will contact the staff person in charge of the department involved for further action. Documentation of the complaint and follow findings/actions will be filed with the ADA Liaison.

Policy: Reasonable Accommodation

Purpose: To assure Recipients/Applicants access to Social Services programs

Procedure: If a client/recipient has a disability that hinders their access to programs through routine procedures, reasonable accommodations will be made. Essex County DSS has an interview room located on the ground floor, and they can be seen there. A representative may also complete the required applications for them. If a recipient/client applying for Food Stamps cannot get to the social services office, a home visit will be arranged. If the recipient/client refuses a reasonable accommodation, it is explained to them at the time the result of their actions will be a denial of services.

Policy: Accommodation for Visually Impaired Applicants/Recipients

Purpose: To Provide Services for recipients /clients that cannot follow the regular procedures due to a visual impairment.

Procedure: If a client/recipient cannot read the information, booklets, notices, etc the worker will read the information to the applicant. If coming to the office is an issue, the application process can be completed by phone, or with an authorized representative.

Policy: Hearing Impaired Access

Purpose: To provide service/access to programs for the hearing impaired client

Procedure: Upon notification that an applicant is hearing impaired, the DSS employee will inquire if there is someone they plan on bringing to assist them with the application process. If they do not have someone they want to bring, the Department will arrange for a sign – language interpreter to be present and will absorb any charge incurred related to this service

Policy: Service to non-English Speaking Applicants/Recipients

Purpose: To provide seamless service to those that have limited, or no command of the English language

Procedure: If an applicant presents and cannot speak or understand English, and did not bring an interpreter with them, Essex County DSS will access INTERPRETALK. This is a service that provides interpreters for any language. The staff dials 1-800-305-9673, and requests the language needed. The Desk guides for languages are available at all the agency desks to facilitate this process.

Policy: Service to Mentally Ill Applicants/Recipients

Purpose: To assure that those with mental illnesses are given the assistance they require to receive services that they are eligible for

Procedure: In the event a mentally ill applicant/recipient presents at the Essex County DSS office without a representative to assist them, they are automatically brought to Essex County Mental Health so that they can receive the services of a trained professional in the application process.