

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

District Greene Form completed by: Barbara Eacott Phone #: 518-719-3700

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? Barbara Eacott

Please provide the ADA contact's telephone # 719-3701

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

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: _____) 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 "Language Poster" displayed in the waiting area? Yes No ____

b. Are the Language palm cards used? 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) *one office*

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
(Go to #8)

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

Staff meetings, Supervisors
Staff Awareness

Access - Visually/sight Impaired

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

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

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

**GREENE COUNTY
DEPARTMENT OF SOCIAL SERVICES
POLICY AND PROCEDURE MANUAL**

Division Eligibility

**Program Public Assistance/Food
Stamps/Medicaid**

TITLE: Speech/Hearing Impaired Applicants/Recipients

POLICY STATEMENT: Communication Assistance through the use of New York Relay Service will be provided to all speech/hearing impaired clients.

Procedure

Responsibility

Action

Principal Examiner

1. Ensures that the Informational Sheet on how to access New York Relay Service (Attachment I) is posted in the lobby and placed in all applications for PA/FS/MA, Services assistance.

**Receptionist/Community Services
Worker/Eligibility Examiner**

2. Determines that they have a client that is speech/hearing impaired and in need of communication assistance.
3. Provides the client with the Informational Sheet on how to access New York Relay Services (Attachment I).

Approved By: CWW

Date: 10/01

Rev. Date/Initials _____

Communication Assistance for Speech / Hearing Impaired

The New York Telephone Association sponsors the New York Relay Service which allows TTY users and non-TTY users to communicate. The Relay Center operates 24 hours per day, seven days per week. Communication assistants translate and relay conversations confidentially.

You can access New York Relay Service by dialing 711 and an operator will assist you. The service is currently contracted to Sprint. There is no fee for this service. Normal telephone charges apply and are billed by the caller's carrier.

General inquiries about this service can be directed to: **1-800-664-6349**.

**GREENE COUNTY
DEPARTMENT OF SOCIAL SERVICES
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Division Eligibility

**Program Public Assistance/Food
Stamps/Medicaid**



TITLE: Limited or Non-English Speaking Applicants/Recipients

POLICY STATEMENT: Communication Assistance through the use of an interpreter will be provided to all limited or non-English speaking clients that have no other alternate means available.

Procedure

Responsibility

Action

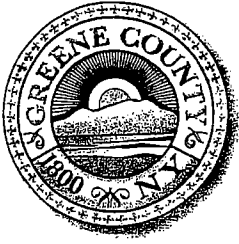
**Receptionist/Community Services
Worker/Eligibility Staff**

1. Informs the Principal Examiner they have a limited or non-English speaking client that requires an interpreter because the client has no other alternate means (English speaking family member, friend, advocate).
2. Informs the Principal Examiner what language translation is needed for the communication.

Eligibility Examiner

3. Using Telephonic Interpreting Service dials 1-800-305-9673 to access a Customer Service Representative.
4. Use Access Code #9186 for OMC and OMM (State Department of Health).
5. Request the language that is needed to be interpreted.
6. All questions regarding using the Service or Technical problems should call 1-800-305-9673 or (215) 657-6571.

Approved By: CWU
Date: 1/03
Rev. Date/Initials _____



**Greene County
Social Services**

411 Main Street
Catskill, New York 12414

Kira Pospesel
Commissioner

Leonard Wahl
Deputy Commissioner

Discrimination in any form, including on the basis of race, gender, age, religion or ethnic background is absolutely illegal. The Greene County Department of Social Services adheres to all Affirmative Action/EEO rules, regulations and laws. If you feel you have been the victim of discrimination, you have the right to complain about such treatment. Any complaints regarding discriminatory behavior should be directed in writing to the Commissioner of Social Services. Any complaint will be handled with promptness and fairness.

Procedures for Filing Discrimination Complaints:

1. All complaints regarding discriminatory behavior will be directed to the Commissioner or a duly appointed designee.
2. Client will submit his/her written complaint to the Commissioner/designee. This requirement is waived for Non-English speaking clients.
3. The Commissioner will inform the worker that under the provisions of the Taylor Law, the worker is entitled to have a Union representative present during all discussions and during all phases of the investigation.
4. The Commissioner will discuss the alleged complaint with the worker, the worker's immediate Supervisor and the Unit's Director.
5. At that time, the worker will give his/her version of the alleged incident.
6. A meeting will be scheduled between all parties involved to resolve the alleged complaint. The client will receive written notice of this meeting.
7. At this time, accurate minutes of such meeting will be taken. One copy will be kept on file in the agency; another copy will be sent to the client.



COMPLAINT REFERRAL

Circle One: Written Phone In Person

Date Received: _____ Date Referred: _____

Name: _____

Status: _____

Unit Involved: _____

Problem: _____

Unit Head Initials: _____

Action Taken: _____

Date Completed: _____

Initials of Worker and Immediate Supervisor: _____
