

Hamilton County Department of Social Services

P.O. Box 725 White Birch Lane

Indian Lake, NY 12842

Telephone: (518) 648-6131

Fax: (518) 648-5257

Date: 3/28/05

To: KIM HEROTH

Location: NYSOTDA/ALBANY

From: JANE OSBORNE

Fax#:

Remarks: Urgent

For your Review

Reply ASAP

Please comment

As requested

5

pages including cover sheet

Confidentiality Notice - General Fax

"This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure."

If you are not the intended recipient, immediately notify this department by telephone or facsimile and destroy the protected information.

Message:

(Attachment 1)

(Rev. 06/04)

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

District HAMILTON Form completed by JANE OSBORNE Phone #: (515) 648-6131

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? COMMISSIONER C. GUNDA

Please provide the ADA contact's telephone # (515) 648-6131

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

HAS NEVER OCCURRED IN THIS DISTRICT

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

LO55-2931 / PG 14

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

PRIVACY ACT STATEMENT - COLLECTION AND USE OF SOCIAL SECURITY NUMBERS (SSNs) - The collection of SSNs is authorized for each household member with respect to Food Stamp Benefits pursuant to the Food Stamp Act of 1977 (as amended, 7 U.S. Code 2011-2036).

With respect to all other programs for which this application form requires a SSN, the collection of SSNs is also mandatory and is authorized under one or more of the following sections of law: 205(c) of the Social Security Act (42 U.S. Code 405), Section 1137 of the Social Security Act (42 U.S. Code 1320b-7) and Section 7(a)(2) of the Privacy Act of 1974. See the "How To Complete" instruction book Sections 6 and 23 or talk to your worker.

The information we collect will be used to determine whether your household is eligible or continues to be eligible for assistance or benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

This information may be disclosed to other State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

The information will be used to check identity, ~~to~~ ^{to} verify earned and unearned income, to determine if absent parents can receive health insurance coverage for applicants or recipients, to determine if applicants or recipients can obtain child or spousal support and to determine if applicants or recipients can receive money or other help.

Information collected with respect to applicants for and recipients of Family Assistance and Safety Net Assistance, including SSNs, may be used to assist in the formation of jury pools.

If a FS claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Providing the requested information, including the SSN of each household member, is voluntary for Food Stamp Benefits. However, anyone applying who fails to give a SSN will be denied FS. SSNs of ineligible members will also be used and disclosed in the manner above.

REIMBURSEMENT OF MEDICAL EXPENSES

MEDICAID - You have a right as part of your Medical Assistance application, or within two years from the date of your application, to request reimbursement of expenses you paid for covered medical care, services and supplies received during the three month period prior to the month of your application. After the date of your application, reimbursement of covered medical care, services and supplies will only be available if obtained from Medicaid-enrolled providers.

FAMILY HEALTH PLUS - If you are determined eligible for Family Health Plus, your enrollment will be effective no later than 90 days from the date of submission of your completed application. If there is an error or delay in enrollment, reimbursement may be available for expenses you pay as a result of the error or delay. Unpaid expenses can be paid only if the provider is a Medicaid enrolled provider.

SUPPORT - Applying for or receiving Family Assistance (FA), Safety Net Assistance (SNA) or foster care services operates as an assignment to the State and the social services district of any rights to support from any other person that the applicant or recipient may have in his or her own right or on behalf of any other family member for

whom the applicant or recipient is applying or receiving assistance (Social Services Law, 158 and 348). Other sections of this application contain additional assignments.

NON-DISCRIMINATION NOTICE - In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

FOOD STAMPS AUTHORIZED REPRESENTATIVE - You can authorize someone who knows your household circumstances to apply for FS for you. If you do, have them sign in the Signature section at the bottom of page 16. You can also authorize someone outside your household to get FS for you or to use them to buy food for you. If you would like to authorize someone, print the person's name, address and phone number directly below.

NAME, ADDRESS AND PHONE NUMBER OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT)

PENALTIES - Your application may be investigated. By signing this agreement you are consenting to cooperate in such an investigation. Federal and State laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services or Child Care Assistance (Assistance, Benefits or Services) or at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application or your continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial and continuing eligibility for Assistance, Benefits or Services, or if you conceal or fail to disclose facts that would affect the right of someone for whom you have applied to obtain or continue to receive Assistance, Benefits or Services; and such Assistance, Benefits or Services must be used for the other person and not for yourself. Federal and State laws provide that any transfer of assets for less than fair market value made by an individual or an individual's spouse, within 36 months (or 60 months in the case of trust-related transfers) prior to the first of the month in which the individual is both in receipt of nursing facility services and has submitted an application for Medical Assistance, may render the individual ineligible for nursing facility services or home and community based waiver services for a period of time. It is unlawful to obtain Assistance, Benefits or Services by concealing information or providing false information.

- 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 *N/A* ONE FLOOR BLDG 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) *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 #6)
- 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? _____ (Go to #6)
- 8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? _____

*Re / To
CASE
WORKERS
FOR
HOME
VISITS -
HAVE NEVER
HAD ONE!*

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 type="checkbox"/>	No <input type="checkbox"/>	Room Numbers
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Exits
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Permanent Rooms and Spaces
Yes <input 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

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

This has never been an issue in this COLD, REMOTE DISTRICT



