

FAX COVER SHEET



HERKIMER COUNTY
 DEPARTMENT OF SOCIAL SERVICES
 301 North Washington Street
 Suite 2110
 Herkimer, New York 13350

Ervin J. Fuller,
 Commissioner
 Fax (315) 867-1238

To: Kim Heroth, OTDA

Urgent

Company: _____

For review

Department: FAX: 518-473-0511

Please Comment

From: Commissioner Fuller

Phone: (315)867-1222

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Remarks: Americans With Disabilities Survey

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

District HERKIMER Form completed by: ERVIN J. FULLER Phone #: (315) 867-1222

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? ERVIN J. FULLER *Complaints should be sent to the Commissioner in writing.*
 Please provide the ADA contact's telephone # (315) 867-1222
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 *We ARE in A New Building (5 yrs. old) which was built to accommodate American's with Disabilities*
- 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 *Not in writing* (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 *we have accommodations*
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. N/A
 Yes No (go to #3)
- 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 N/A
- 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?
(Go to #8) Speak directly to Director or PWE
- 8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? None, question answered

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) STAFF would help or the A/R brings someone with them. 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 *upon Request* 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

Fax: (518) 473-0511

40 N Pearl St
11th floor
Albany, NY 12243

New York State Office of Temporary
and Disability Assistance

Division of Employment and
Transitional Supports

Temporary Assistance Bureau

Fax

To: <i>Pat Wright</i>	From: <i>Robert Mullooly</i>
Agency: <i>Herkimer</i>	Phone: <i>518-474-5396</i>
Phone: <i>315-867-1239</i>	Cover plus <u>3</u> pages
Fax: <i>315-867-1527</i>	Date: <i>5/15/06</i>
Re: <i>As discussed</i> <i>RD</i>	

