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

### **Self-Evaluation Form**

District <u>Jefferson</u> Form completed by: <u>Nancy Hansen</u> Phone #: <u>(315)-785-3227</u>
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)?
<u>X</u> Yes No (*)
2. If yes to #1, who is your ADA contact? <u>Deborah Burdick, Staff Developer</u> .
Please provide the ADA contact's telephone # (315)-785-3227 .
3. a. Has your district done a self-evaluation of program access by A/Rs with disabilities? Yes X (Please attach a copy of the report) No (*)
b. Were deficiencies found in the self-evaluation?
Yes (go to c.) No <u>X</u> (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 X (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 X (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 X (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 X (Please attach copy) No (*)
Access – General Disabilities
1. a. Are your facilities accessible to, and usable by, individuals with disabilities?
Yes <u>X</u> No
b. Are your parking areas and sidewalks accessible to, and usable by, individuals with disabilities?
Yes <u>X</u> No
c. Is the entrance wheelchair accessible?
Yes <u>X</u> No
d. Are bathrooms and drinking fountains wheelchair accessible?  Yes _X No
e. Are areas such as the photo ID/finger imaging areas wheelchair accessible?
Yes <u>X</u> 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 X No 1st floor only There is a wheelchair lift to gain access to the first floor and elevators for 1st, 2nd, and lower level

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3. a. Is the "Interpreter Services Poster" (PUB-4842) displayed in the waiting area?
Yes <u>X</u> 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 <u>X</u> 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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## Jefferson County Department of Social Services (hereinafter referred to as the Department)

# Procedure for Handling Complaints from applicants/recipients who claim to have been denied access to social services programs due to a disability And

#### Procedure for Reasonable Accommodation

The Department will attempt through reasonable means (e.g., posters, client booklets, etc.) to provide sufficient information to applicants/recipients, including persons who fail to self-disclose existing physical or mental impairments, to inform them of their rights under the ADA to reasonable accommodations to access benefits, programs or services provided by the Department. The Department will make reasonable efforts to recognize potential disabilities, based on the applicant/recipient's disclosure or on an indication of an apparent disability. Staff conducts an initial inquiry to identify an applicant or recipient's disability needs if the applicant or recipient agrees to take part in such inquiry. If there is an initial indication that the person has a disability that may impact his/her ability to successfully complete or benefit from the Department's benefits, programs or services, based on the applicant's/recipient's disclosure or other information or indication that an apparent disability may exist, the Department will offer the person an opportunity for a more comprehensive evaluation or assessment to determine whether an accommodation is necessary. However, the Department may not inquire into the nature of the disability beyond what is necessary to provide reasonable accommodation to access benefits, programs or services. The Department will take appropriate steps to ensure the confidentiality of information concerning a person's disability.

In addition, the Department will use behavioral observations, historical data known to the agency or other means to help identify those persons who may not be able to self-disclose existing physical or mental conditions to Department staff, and may then offer reasonable modifications in policies, practices, and procedures to make benefits, programs or services accessible for those persons. For example, Department staff may observe an applicant/recipient acting in a disruptive or hostile manner toward other applicants/recipients in the waiting area. As a result of such observation, the Department will consider making reasonable modifications to policies, practices, and procedures for such person, and may use staff with experience assisting hard-to-serve persons, or mental health professionals, as may be determined appropriate by the Department, to speak with the applicant/recipient to assess whether he/she has disability-related needs and what reasonable accommodations are needed. Such staff should possess good communication, listening and assessment skills and the ability to work positively in a team setting. Then, if necessary, the Department may re-direct the applicant/recipient to a modified process where the applicant/recipient may be able to effectively articulate his/her needs and adequately complete the application, recertification or other process, or the Department may provide someone to assist a person with a physical or mental disability to complete the application or other required form.

Applicants for and recipients of TA may establish good cause for not complying with eligibility requirements. Good cause may include instances when the applicant or recipient has a physical or mental impairment that prevents compliance, pursuant to 18 NYCRR 351.26(a) (1). In these instances, the Department must offer to make alternative arrangements to conduct the recipient's recertification.

The use of a modification or accommodation offered by the Department to provide meaningful program access under the ADA is the choice of a person with a disability and not an essential eligibility requirement for the program(s) administered by the Department. In some circumstances, an applicant/recipient may fail to complete an essential program eligibility requirement by intentionally declining to make use of a

reasonable accommodation. In cases where the refusal to accept reasonable accommodations may result from the person's inability to recognize or acknowledge the existence of his/her disability, the Department may need to seek involvement from a mental health professional or other qualified staff if the applicant/recipient does not appear to understand the consequences (such as denial of benefits or sanction) of his/her action when he/she refuses to make use of the reasonable accommodation to facilitate compliance with essential program eligibility requirements. In such cases, the refusal of the accommodation and/or any intervention attempt(s) must be documented before the Department takes the appropriate negative case action. The Department will consider referral to adult protective services or other resources or services that may be of assistance to such persons.

Complaints that are not resolved at the supervisory level will be documented and will be resolved by division heads within the Department. These complaints will be documented with the ADA contact person who will maintain a record of these claims. When such complaints are founded, the Department will take appropriate remedial action both to resolve the complaint and to retrain staff regarding their responsibilities. The Department will take appropriate corrective action when staff discriminates against applicants/ recipients of TA, FS and HEAP.

#### Jefferson County Policy for a Social Welfare Examiner to Perform Outreach Visits

Circumstances arise that an individual is unable to come into the office to complete an application or recertification. This may be caused by a disability, hospitalization, or other reason. In the event it is determined that a family member or friend is unable to come in the office on the individual's behalf or that a phone interview is not allowed or inappropriate the case will be referred to the Outreach Social Welfare Examiner.

#### Duties of the Outreach Social Welfare Examiner:

- To take referrals from Department staff and Community Agencies
- To arrange a time to visit the location where the applicant or recipient (A/R) may complete the interview process.
- To assist the A/R in the completion of the application. This may require reading the application to the individual in the event that they can not see well enough to read on their own.
- Assist the A/R in obtaining the necessary documentation to determine eligibility. In the event the documentation must be copied the worker will bring the documentation to the Department and return the information to the individual either by mail or in person.
- Will make appropriate referrals as necessary
- Work as a liaison and complete courtesy applications as needed for those in treatment.
- Will identify in the case record that an individual needs special accommodations when based on need.

#### Jefferson County Department of Social Services Procedures for Agency Access

#### **Visual Impairment:**

When clients present to the agency that they are unable to read an application or other information sent by the agency the following procedures will apply:

- Clerical staff on a rotating basis (A list has been provided to reception) will call in the client and assist the individual in completing the application or form required.
- During the interview staff will explain any portion of our forms that a client does not understand and will read the document for those unable to complete this task on their own before requiring any signatures.
- All clients entering the building are to be escorted and the worker is to assist if the client has a visual impairment.

#### **Mental Impairment:**

When a client presents to the agency or is observed to have a mental impairment the Department will make all reasonable attempts to accommodate the individual.

- If the client is unable to remain in the lobby due to their disability arrangements will be made for the individual to be seen quickly or an alternative to the waiting area will be provided.
- When an individual presents and it is observed that they have a disability that would prevent them form complying, a referral will be made to Adult Services for them to assist the individual.
- When necessary a specially trained worker will be assigned a case so that they can further assist the mentally impaired individual.
- If the client is unable to appear at the office due to their illness, the Outreach examiner may be utilized.

#### **Hearing Impairment:**

When a person presents to the agency that they are hearing impaired the Department will make every possible attempt to work with the individual.

- The client may bring a family member or friend with them to interpret. If they do not have someone or request further assistance the department will comply
- The Department may correspond by writing notes or allowing the client to lip read.
- The Department will furnish interpreters as needed and pay the cost when necessary for this service. Interpreters will also be provided as needed for Medicaid related medical appointments.
- The Department will correspond with the client using the New York Relay Services system.

#### **Limited English Proficiency:**

When a client presents to Department and it is established that the client is unable to communicate or understand English all reasonable attempts will be made to assist the individual The Staff Developer is responsible for serving as the LEP contact and will be responsible for monitoring investigation and resolution of complaints and for overseeing procedures that ensure access to benefits , programs and services :

- Client may bring a family member or friend to act as an interpreter.
- Use the Interpreter Services Desk Guide to establish the language of the individual. The Department would then copy the appropriate application for the State intranet system for the client to complete.
- The Department would contact Fort Drum Army Installation to access their bank of Interpreters.
- The Department would access Interpreters within the community to provide assistance and pay for this service as needed.
- For employable recipients who are non-English speaking, English as a second language would be offered as an activity when appropriate.
- Ask the person what language he/she speaks (many persons know English well enough to answer the question);
- If the person is unable to answer the question, attempt to identify the applicant's/recipient's language by having him/her point to the language on a poster or Interpreter Services Desk Guide;
- Once the language is identified, solicit (if available) the aid of an on-site bilingual staff person to assist as an interpreter. The Department should not seek the aid of a bilingual applicant or recipient. Relatives or friends of the applicant/recipient may be used if the applicant/recipient requests and the Department determines that the relative or friend is capable of interpreting;
- Refer to the district's specific procedure for providing access to LEP persons if no qualified interpreter is available on-site;
- Be sure that the applicant/recipient understands the date, time and location of the new appointment if a return appointment is required;
- Address any emergency/immediate needs prior to scheduling a return appointment;
- Document in the case record the language of the LEP person, whether the LEP person chose to use his/her own interpreter, and/or whether a request for an interpreter was made, so that an interpreter can be scheduled, if necessary, for any future appointments;
- Document each attempt to contact an interpreter and if the interpreter appeared in person or by telephone.