

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

District LEWIS

Form completed by: Claire Henderson and Phone #: (315) 376-5400
Caroline Virkler

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? _____

Please provide the ADA contact's telephone # _____

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
- 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) HAVE ONLY ONE OFFICE
3. When one or more district office is not handicap accessible, is reasonable accommodation offered? NA
 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) X No (*) (go to #7)
7. How is the district's policy regarding home visits or alternate accommodations conveyed to A/Rs?
Case by case basis by client request
 (Go to #8)
8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff?
Supervisor's convey policy orally to workers on a case by case basis.

Access – Visually/sight Impaired

1. a. Are there signs in Braille for the visually/sight impaired?
 Yes X No ___ Men's and Women's rooms
 Yes ___ No X Room Numbers
 Yes ___ No X Exits
 Yes ___ No ___ Permanent Rooms and Spaces
 Yes ___ No ___ Elevators - NA
- b. If NO to any of the above, how does the visually impaired person find a necessary location?
Helpful DSS staff and friends who accompany the sight impaired person
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 X (*)

Access – Mental Impairment

1. Do you have procedures in place to assist a mentally impaired A/R?
 Yes ___ (Please provide copy) No X (*)

Access – Hearing Impaired

1. Do you have procedures in place to assist hearing impaired A/Rs?
 Yes ___ (Please provide copy) No X (*)
2. Is a sign-language interpreter provided?
 Yes ___ No X (*)

3. Does the office/agency have TTY/TTD equipment or New York Relay Services available?

Yes ____ (Type of Service: _____) No X

Access – Limited English Proficiency

1. Do you have procedures to assist limited or non-English speaking A/Rs?

Yes ____ (Please provide copy) No X (*)

2. Are the following available in other than English language?

Signs Yes X No ____

Posters Yes X No ____

Pamphlets Yes X No ____

Other client handouts: Yes ____ (Describe: _____) No X

3. a. Is the "Interpreter Services Poster" (PUB-4842) displayed in the waiting area?

Yes X 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 X 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).