



NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
101 COUNTY SEAT DRIVE
MINEOLA, NEW YORK 11501-4821

THOMAS R. SUOZZI
COUNTY EXECUTIVE

ROBERT SHERMAN
COMMISSIONER

November 23, 2004

Ms. Maureen Kennedy-Ragule
Central Team Leader
Division of Temporary Assistance
New York State Office of Temporary and Disability Assistance
40 North Pearl Street, 11th Floor
Albany, New York 12243

Dear Ms. Kennedy-Ragule:

In response to your request, attached you will find the completed "Americans With Disabilities Act (ADA)/Limited English Proficiency (LEP) Self-Evaluation Form" from the Nassau County Department of Social Services.

If I can be of further assistance, please do not hesitate to call.

Sincerely,

Robert Sherman
Commissioner

A handwritten signature in black ink, appearing to read "Peter Clement".

Peter Clement Ph.D.

Assistant to the Commissioner
for Finance and Development

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

District N95540 Form completed by: Harry W. Garrison Phone #: 571-9531

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 VERONICA BOLAND - PROGRAM COMPLAINTS
HARRY W. GARRISON - BUILDING COMPLAINTS

2. If yes to #1, who is your ADA contact? _____

Please provide the ADA contact's telephone # 571-4451 or 571-4531

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. 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)
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?
If the individual calls before coming in / if they check the website for Nassau County DSS. (Go to #8)
8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? Supervisory Instruction / Verbally

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 checked="" type="checkbox"/>	Room Numbers
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Exits
Yes <input type="checkbox"/>	No <input checked="" 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?

SECURITY PERSONNEL WILL ESCORT THEM.

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
(No written policy)

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: TTY) 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 <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	
Posters	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Pamphlets	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Other client handouts:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	(Describe: <u>Palm Cards, APPLICATIONS, FARMIST INFORMATION</u>)

3. a. Is the "Language Poster" displayed in the waiting area? Yes No

b. Are the Language palm cards used? Yes No

What You Should Know About Your Rights If You Have a Disability

If you have a physical or mental health impairment that substantially limits one or more major life activities, have a record of an impairment or are regarded as having an impairment, you may have rights under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990. These are laws that protect qualified individuals with disabilities. Physical or mental health impairments include, for example, learning disabilities, mental retardation, depression, mobility impairments, and hearing or vision impairments. A qualified individual is a person with a disability who meets the eligibility requirements for receipt of services or participation in programs or activities. If you are a qualified person with a disability:

- Having a disability will not disqualify you from receiving Temporary Assistance;
- You are not required to tell the social services official about your disability and you cannot be required to participate in an evaluation of your disability if you can successfully participate in work activities. However, if it becomes apparent that your disability is a barrier to successful participation, you can be required to cooperate with an evaluation of your disability;
- Any health information you provide to the social services worker will be kept confidential and will be used to determine if you need services and reasonable accommodations to help you participate in work activities;
- You are entitled to individualized treatment and effective and meaningful opportunities to participate in employment programs; and
- You may be required to apply for Supplemental Security Income (SSI).

The social services district will ask you if there is anything, including a physical or mental health impairment that might affect your ability to participate in work activities. If you think you may have a disability and need reasonable accommodations or services to help you participate in work activities, you may let your worker know. Reasonable accommodations may include, for example, reduced or changed work hours, accessible work sites, auxiliary aids, and specialized programs, including rehabilitation.

If you have a disability and you believe that the social services district did not adequately accommodate your disability when it assigned you to a work activity, you may request a conciliation conference with the social services district. You also have the right to request a fair hearing before an administrative law judge if you are not satisfied with the conciliation decision.

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NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
101 COUNTY SEAT DRIVE • MINEOLA, NEW YORK 11501

DEPARTMENTAL MEMO

TO: All Directors

FROM: Stephen Fisher
Management Analyst III

DATE: March 18, 2003

SUBJECT: ADA Complaint Procedure

SF

1-4819

Effective immediately, IRRS is responsible for the receipt of complaints regarding the Americans with Disabilities Act. ADA complaints received will be forwarded to program area directors for review.

A copy of a written response to the complaint should be forwarded to IRRS within 10 days. The initial response to the complainant does not have to be a resolution of the issue, but should indicate what action is being taken. (See attached Referral form.)

The complaint and response will be forwarded to the Legal Department who will retain custody of acknowledged complaints.

Please share this information with your Staff immediately.

cc: Commissioner Sherman
Dr. Peter Clement
Rev. Earl Mitchell
Dr. Louise Skolnik

SF/ret



NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
101 COUNTY SEAT DRIVE
MINEOLA, NEW YORK 11501-4821

DISCRIMINATION COMPLAINT

DATE _____

COMPLAINANT'S NAME: _____ PHONE # _____

PHONE # _____

REFERRAL SOURCE - (IF NOT COMPLAINANT)

SS# _____ CASE # _____

UNIT/WORKER # _____

TYPE OF DISABILITY _____

NATURE OF COMPLAINT: _____

REFERRED TO: _____ RESPONSE DUE: _____

DISPOSITION _____

CONSUMER CONTACTED BY _____ ON _____
Print Name Date

IRRS Staff (Print Name)


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NOTICE OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY

The Nassau County Department of Social Services ("NCDSS") does not discriminate on the basis of disability. No individual who qualifies for benefits through NCDSS shall be excluded from participation in or be denied the benefits of the services, programs or activities of NCDSS, including but not limited to the provision of temporary housing assistance.

If you think that you have been discriminated against on the basis of your disability or that your case has been handled improperly because of your disability, please contact:

Nassau County Department of Social Services
101 County Seat Drive
Mineola, NY 11501
(516) 571-4531



NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
101 COUNTY SEAT DRIVE • MINEOLA, NEW YORK 11501

DEPARTMENTAL MEMO

TO: ALL DIRECTORS

FROM: Harry W. Garrison
Office Services Supervisor *HWG*

DATE: September 20, 2002

SUBJECT: ASSISTING CLIENTS TO GAIN ACCESS TO OUR BUILDING

The attached notice is inserted in each application and also posted.

The motorized patrol has been instructed to be proactive and offer assistance when appropriate.

The Office for the Physically Challenged working in conjunction with the Division of Buildings, are going to install an outside intercom. This unit will be mounted on a pole with an instruction sign and placed in the NW Handicap parking lot. Other locations are being considered. This intercom will communicate with security at the front desk.

HWG/cg

THOMAS R. SUOZZI
COUNTY EXECUTIVE



ROBERT SHERMAN
COMMISSIONER

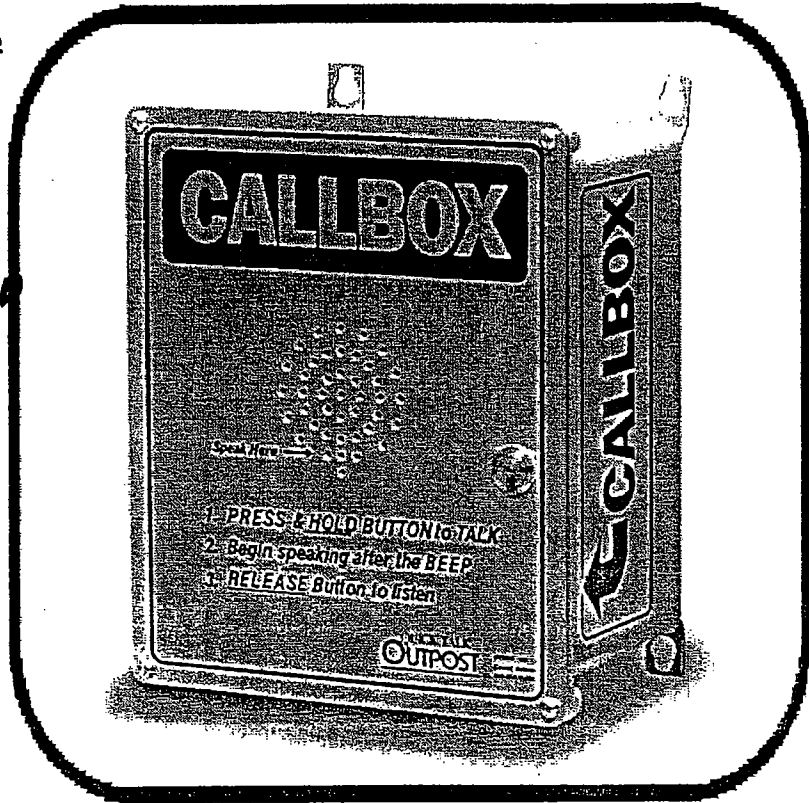
NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
101 COUNTY SEAT DRIVE
MINEOLA, NEW YORK 11501-4821

If you have a problem accessing the
Department of Social Services
building at
101 County Seat Drive, Mineola,
come to the main parking lot, north
of the building (Field 17) and look
for the motorized Security Patrol.
The security guard will assist
you with parking and gaining
entrance to the building.

RITRON

Quick Talk OutPost Radio CallBox

OUTSIDE
CALL BOX To
ASSIST A/R'S
Two installed
1/03'



THE QUICK TALK OUTPOST XT RADIO CALLBOX.

Finally, there is a low-cost wireless communication solution fixed locations. The Quick Talk OutPost callbox provides two-way communications over your existing two-way, simplex, repeater, LTR, or PassPort radio system without costly upgrades or capital expenditures. Simply deploy the callboxes in areas where you need them the most; such as late night dorms, schools, hospitals, delivery/receiving docks, agribusiness, golf courses, gates, amusement parks, help boxes in parking lots and structures.

There is no need for extensive wiring, remodeling, or dedicated phone lines since the Quick Talk OutPost is completely wireless. Install the callbox on any light standard or utility pole, parking deck, entry area or any flat surface. Relocation of the callbox is just as simple. Optional magnetic mount antenna is available for increased coverage and range.

- Affordable 2-way communication callbox
- Easy add-on to existing radio systems
- Reinforced Fiberglass Enclosure
- Stainless Steel Faceplate with Tamper Resistant Fasteners



NASSAU COUNTY

ADA

POLICY STATEMENT

**THE COUNTY OF NASSAU IS COMMITTED TO COMPLYING
WITH THE AMERICANS WITH DISABILITIES ACT (ADA)
AND THE FOLLOWING POLICY:**

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the County, or be subjected to discrimination by the County in its public services including, but not limited to legislative meetings, informational materials, health and social services, employment, transportation, recreation and special events.

COUNTY OF NASSAU

ADA COMPLAINT AND GRIEVANCE RESOLUTION PROCEDURE

OBJECTIVE

The County of Nassau is committed to ensuring that all members of the public are able to participate in and receive the benefits of its services, programs and activities. The County is particularly concerned with making services, programs and activities available and accessible to people with disabilities. As part of our strategy to meet this goal, the County has conducted ongoing self-evaluations of each service, program and activity. For example, with the assistance of the Eastern Paralyzed Veterans Association, the County has reviewed all facilities open to the public to assess their physical accessibility. Where structural changes are found to be necessary and feasible to provide full and equal participation in programs conducted at County facilities, a Transition Plan has been prepared to identify a timetable and steps required to make such inaccessible facilities accessible to and usable by individuals with disabilities in accordance with ADA Title II regulations.

Nassau County will not discriminate in employment against qualified individuals with a disability.

As a practical matter, situations will arise where a particular change or accommodation may be needed to ensure full and equal participation in County services, programs or activities. If you learn of such a situation, we urge you to work with us to address it. In most cases, making a service, program or activity available or accessible will require the prompt exercise of common sense, creativity and an interactive dialogue between a County representative and the person with the disability and/or his representative.

The following procedures are designed to promote prompt and equitable resolution to complaints of unequal or inaccessible services, programs or activities. The County urges all individuals with disabilities, including County employees with disabilities, to use this procedure to resolve any actual or potential problems or complaints.

PROCESS

An person believing that a member of the public is being denied, by reason of disability, full and equal participation in any service, program or activity of the County may file a written complaint describing the problem. In situations where a person is about to be denied participation in a service, program or activity by reason of disability, complaints initially may be made orally to permit prompt action. (If the situation is not resolved following an oral complaint, a written complaint should be filed to help us take further action.) While written complaints need not be on any specific form, complaint forms may be obtained from the Nassau County Office for the Physically Challenged (hereinafter referred to as OPC). All complaints, in whatever form, must specifically identify the following:

- Name of person filing complaint
- Name of person(s) being denied equal participation in the service, program or activity
- The service, program or activity which is not fully available or accessible
- The manner in which the service, program or activity is not available or accessible
- The type of action believed to be necessary to make the service, program or activity available or accessible (Examples: removal of physical barriers, change in program policies or procedures, provision of auxiliary aides or services, discussion with County employees responsible for delivering services or other possible accommodations).

I. COUNTY PROGRAMS, SERVICES OR ACTIVITIES

Complaints concerning access to County programs, services or activities should be addressed to the ADA Liaison for the department responsible for the program, service or activity at issue. (A list of ADA Liaisons for all County departments is attached to this policy.) If the complainant cannot identify or contact the appropriate department or the designated ADA Liaison for that department, he/she should contact:

Don Dreyer, Director
Nassau County Office for the Physically Challenged
1550 Franklin Avenue, Room 112
Mineola, NY 11501
516/571-4053 (Voice), 571-3108 (TDD), 571-6150 (Fax)

NASSAU COUNTY ADA COMPLAINT AND GRIEVANCE RESOLUTION PROCEDURES

- A. A complaint should be filed in writing or, when necessary in another format that accommodates the complainant's disability. The complaint should contain the complainant's name, address and phone number, a detailed description of the incident, and the names of any witnesses to the incident or condition.
- B. A complaint should be filed within 45 days after the complainant becomes aware of the alleged violation.
- C. Upon receipt of a complaint, the departmental ADA Liaison will forward a copy to the Commission or agency Director or his/her designee for review. Copies of the complaint shall be forwarded to the Director of OPC and to the County Attorney's Office. The departmental ADA Liaison will then conduct an investigation. The departmental ADA Liaison may seek the assistance of the Director of OPC and/or the County Attorney in investigating and responding to the complaint. These procedures contemplate informal but thorough investigations that afford all interested persons and their representatives, if any, an opportunity to submit materials relevant to a complaint.
- D. Within 45 days of the filing of the complaint, the departmental ADA Liaison will provide a final written response to the complainant. That response must be reviewed and approved by the Commission or agency Director, or his/her designee before it is sent to the complainant. Upon request, the response will be in an alternative format accessible to the complainant. A copy of the approved response will also be forwarded to the Director of the OPC and to the County Attorney.
- E. If the departmental ADA Liaison cannot complete the investigation (to the complainant) within 45 days, he/she shall notify the complainant as to when the response will be completed. The departmental ADA Liaison will forward copies of such notice to the Director of the OPC, and the County Attorney.
- F. The ADA Liaison shall maintain a file relating to each complaint and the response thereto. Such file shall be maintained for no less than six years, and the department's records officer must be notified and permission sought to destroy such files. The Director of Records Management for Nassau County must also grant permission to destroy such records.
- G. The complainant can request re-consideration for the original complaint if he or she is dissatisfied with the resolution. The request for reconsideration should be addressed to the departmental ADA Liaison, in writing. An alternative format accessible to the complainant may also be used. The complainant must seek reconsideration within thirty (30) days of receipt of the County's response to the original complaint.

- H. The departmental ADA Liaison will respond to any request for reconsideration within 15 business days of receiving the request. The ADA Liaison's response must be approved by the Commission or agency Director, or his/her designee. The ADA Liaison will forward a copy of the response to the Director of the OPC and to the County Attorney.
- I. This Administrative Policy will be construed to protect the substantive rights of all interested persons, and to assure Nassau County's compliance with the ADA and Section 504 or the Rehabilitation Act of 1973 and the implementing regulations.

RESOLUTION OF RECONSIDERATION GRIEVANCES

If the complainant is dissatisfied with the reconsideration response, either because of a negative finding or disagreement over what constitutes appropriate redress, the complainant may file a formal charge of Alleged Discrimination with the appropriate local, state or federal agency, or utilize their appropriate Collective Bargaining Agreement process. The agency's ADA Liaison will provide information on local, state and/or federal guidelines and names and addresses of enforcement agencies.

NOTHING CONTAINED IN THIS ADA COMPLAINT AND GRIEVANCE RESOLUTIONS PROCEDURES SHALL LIMIT OR PRECLUDE AN INDIVIDUAL FROM SEEKING APPROPRIATE LEGAL OR ADMINISTRATIVE REDRESS FROM APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES, ENFORCEMENT AGENCIES OR COURTS.

II. EMPLOYMENT

NASSAU COUNTY ADA COMPLAINT AND GRIEVANCE RESOLUTION PROCEDURES

- A. A complaint should be filed in writing or, when necessary, in another format that accommodates the complainant's disability. The complaint should contain the complainant's name, address, and phone number. Complaint based on employment should be filed first with the department ADA Liaison. Complaint should include a statement of the accommodation being sought and medical documentation supporting necessity of the accommodation.
- B. Upon receipt of a complaint, the departmental ADA Liaison will forward a copy to the Commission or agency Director or his/her designee for review. Copies for the complaint shall be forwarded to the Director of OPC and to the County Attorney's Office. The departmental ADA Liaison will then conduct an investigation. The departmental ADA Liaison may seek the assistance of the Director of OPC and/or the County Attorney in investigating and responding to the complaint. These procedures contemplate informal but thorough investigations that afford all interested persons an opportunity to submit materials relevant to a complaint.

- C. Within fourteen (14) days of the filing of the complaint, the departmental ADA Liaison will provide a final written response to the complainant. That response must be reviewed and approved by the Commission or agency Director, or his/her designee before it is sent to the complainant. Upon request, the response will be in an alternative format accessible to the complainant. A copy of the approved response will also be forwarded to the Director of the OPC and to the County Attorney.
- D. If the departmental ADA Liaison cannot complete the investigation (to the complainant) within fourteen (14) days, he/she shall notify the complainant as to when the response will be completed. The departmental ADA Liaison will forward copies of such notice to the Director of the OPC, and the County Attorney.
- E. The ADA Liaison shall maintain a file relating to each complaint and the response thereto. Such file shall be maintained for no less than six years, and the department's records officer must be notified and permission sought to destroy such files. The Director of Records and Management for Nassau County must also grant permission to destroy such records.
- F. The complainant can request re-consideration of the original complaint if he or she is dissatisfied with the resolution. The request for reconsideration should be addressed to the departmental ADA/Liaison and the Nassau County Civil Service Commission, in writing, at 140 Old Country Road, Mineola, New York 11501. An alternative format accessible to the complainant may also be used. The complainant must seek reconsideration within thirty (30) days of receipt of the County's response to the original complaint.
- G. The Nassau County Civil Service Commission will respond to any request for reconsideration within fifteen (15) business days of receiving the request. The Civil Service Commission will forward a copy of the response to the Director of the OPC and to the County Attorney and complainant. Decision of the Nassau County Civil Service Commission shall be binding upon the County Department Head.
- H. This policy shall be distributed on an annual basis to all current employees. This policy shall also be given to all new employees at orientation.

This procedure/document does not preclude an individual from filing an allegation or discrimination with a federal, state or local authorized body.

NASSAU COUNTY ADA COMPLAINT AND GRIEVANCE RESOLUTION PROCEDURES

- A. A complaint should be filed in writing or, when necessary in another format that accommodates the complainant's disability. The complaint should contain the complainant's name, address and phone number, a detailed description of the incident, and the names of any witnesses to the incident or condition.
- B. A complaint should be filed within 45 days after the complainant becomes aware of the alleged violation.
- C. Upon receipt of a complaint, the departmental ADA Liaison will forward a copy to the Commission or agency Director or his/her designee for review. Copies of the complaint shall be forwarded to the Director of OPC and to the County Attorney's Office. The departmental ADA Liaison will then conduct an investigation. The departmental ADA Liaison may seek the assistance of the Director of OPC and/or the County Attorney in investigating and responding to the complaint. These procedures contemplate informal but thorough investigations that afford all interested persons and their representatives, if any, an opportunity to submit materials relevant to a complaint.
- D. Within 45 days of the filing of the complaint, the departmental ADA Liaison will provide a final written response to the complainant. That response must be reviewed and approved by the Commission or agency Director, or his/her designee before it is sent to the complainant. Upon request, the response will be in an alternative format accessible to the complainant. A copy of the approved response will also be forwarded to the Director of the OPC and to the County Attorney.
- E. If the departmental ADA Liaison cannot complete the investigation (to the complainant) within 45 days, he/she shall notify the complainant as to when the response will be completed. The departmental ADA Liaison will forward copies of such notice to the Director of the OPC, and the County Attorney.
- F. The ADA Liaison shall maintain a file relating to each complaint and the response thereto. Such file shall be maintained for no less than six years, and the department's records officer must be notified and permission sought to destroy such files. The Director of Records Management for Nassau County must also grant permission to destroy such records.
- G. The complainant can request re-consideration for the original complaint if he or she is dissatisfied with the resolution. The request for reconsideration should be addressed to the departmental ADA Liaison, in writing. An alternative format accessible to the complainant may also be used. The complainant must seek reconsideration within thirty (30) days of receipt of the County's response to the original complaint.

Nassau County
Department of Recreation, Parks
and Support Services
SERVICE REQUEST

Date Rec'd. _____
Do not fill in

Request No. _____
To: Rec., Pks. & Supp. Svcs.
Div. of Bldg. Operations

*CALL TO
MAY 16 14*

Job #: _____
Do not fill in

Dept: <u>Social Services</u>	Ext. <u>1-4531</u>	Location of Work: Building <u>DSS</u>				
Date: <u>7/8/02</u>	Dept. Code:	Floor _____				
Originator: <u>S.A. Siedlaczki</u>	<table border="1"> <tr> <td>S</td> <td>S</td> <td>1</td> <td>0</td> </tr> </table>	S	S	1	0	Rm. Number _____
S	S	1	0			
Auth. Signature _____						

Description of Request: Please indicate special conditions, sketches and explanations as necessary. Attach additional sheets as requested.

Please make one sign to be placed underneath the building sign at the top of the stairs.

To read:

WHEELCHAIRS, CARRIAGES, ETC.
USE RAMPS AT END
OF PARKING LOT



Thank you.

9/28/02 Max will TRY to GET THIS AWARD FOR US

Do not fill below this line

Investigate & Report _____ Authorized _____

ROUTING

Bldg. Operations	<input type="checkbox"/>	Property Mgmt.	<input type="checkbox"/>	Priority	<input type="checkbox"/>
Repair	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	1	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Custodial	<input type="checkbox"/>	2	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Security	<input type="checkbox"/>	3	<input type="checkbox"/>

Trades: Carpenter Painter Electrical Locksmith Plumber
Services Mason Signs Welding Upholst. Other

Communication: D.M.I. Cables Telephones
Date work started _____ P.M. _____ Date work completed _____

ACCESS

LIMITED ENGLISH PROFICIENCY PROCESS

This Department has developed a process to better assist applicants or clients who come to us with a limited ability to communicate in English.

All employees, especially those in our Reception Areas, will need to become familiar with the process described below.

Posters have been placed in the building, and palm cards are available in all reception areas. These tools will assist reception staff to ascertain that an individual has a problem communicating in English, and identify what language must be used.

- ◆ First ascertain if the individual is hearing impaired. If so, contact Personnel to see if a staff member who is proficient in American Sign Language is available. If not, contact IRRS who will arrange for an outside provider of Sign Language services to be available. This service can be available in as little as two hours.
- ◆ If hearing impairment is not a problem, then the posters and palm cards will help establish the language in which the individual can communicate. Once established, contact Personnel to see if a staff member who is proficient in that language is available. If so, the interview can continue.
- ◆ If no staff member is available, then the individual is to be brought to IRRS, where a conference call will be made to a telephone language service. The receptionist, client and interpreter will have a conversation to establish the nature of the client's business, and appropriate action to be taken.
- ◆ If it becomes apparent that the applicant is here for a specific program, i.e. Food Stamps, Medicaid, etc., and the process must continue, the receptionist will contact the appropriate staff in the specific program area. The worker will come to IRRS who will recontact the telephone language service and the interview will continue. Applications will be completed, and any emergent needs will be met
- ◆ If it is determined at this point that a full eligibility interview is required, then IRRS will contact a provider of translation services and arrange an appointment for a mutually agreeable time.
- ◆ The application is to be annotated to reflect the chosen language. This will insure that any future case contact will have language translation service available.
- ◆ A similar process has been developed for the Freeport Office.

Access

The Nassau County Department is required to keep statistics regarding our providers of services to those applicants/recipients (A/R) who have limited English proficiency. This includes the need for sign language for the hearing impaired.

This form is to be completed at first contact when the A/R is in need of such assistance. The completed form is to be submitted to your Director. Take the bottom copy and place with the case record.

CLIENT NAME _____ AP REG# _____ CASE NO. _____

Language or assistance needed. _____

Nature of services requested.

Requested assistance from DSS.

Provided own interpreter.

DIRECTOR: Your signature verifies that this individual has an application or a case in your program. Please sign and forward to Office Services.

SIGNED _____

Do you require the services of a sign language interpreter? If so, please complete only the top section of this form and return it to the receptionist.

Name: _____

Address: _____

Telephone Number: _____

Services Needed: _____

Times Available for Interview: _____

(for Office use only)

We have arranged for a sign language interpreter to assist you. They will assist you at:

Date: _____

Time: _____

Place: _____

If the appointment is convenient, please return here at the date and time indicated. If not please provide the receptionist with alternative times when you will be available.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Office for Civil Rights

Region II
Federal Building
26 Federal Plaza Room-3312
New York, NY 10278

SEP 30 2004

Robert Sherman
Commissioner
County of Nassau
Department of Social Services
101 County Seat Drive
Mineola, New York 11501

NASSAU COUNTY
DEPT. OF SOCIAL SERVICES

OCT 14 2004

Reference Number: 99-00227

COMMISSIONER'S OFFICE

Dear Commissioner Sherman:

On April 29, 1999 the U.S. Department of Health and Human Services Office for Civil Rights (OCR) received a complaint filed by several advocacy organizations that New York City Human Resources Administration (HRA) discriminates against Hispanic persons seeking to apply or otherwise secure public benefits in HRA Job Centers and other public assistance offices. The complaint alleges that HRA routinely fails to provide Hispanic person of limited English Proficiency qualified interpreters services during the application and eligibility interviews, thus, in effect denying such persons an adequate and effective means to communicate with HRA staff members. The complaint charges among other things, that HRA staff, in many cases require LEP applicants to bring their own interpreters to public assistance interviews and appointments. These practices, the complaint alleges deny LEP persons meaningful access to the Medicaid and Temporary Assistance for Needy Families programs and subjects them to discrimination on the basis of national origin in violation of Title VI.

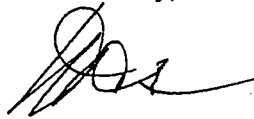
Based upon the above complaint OCR conducted a Title VI investigation on the County of Nassau Department of Social Services (CNDSS) that resulted in an executed Resolution Agreement dated March 19, 2002. This Agreement included reporting requirements to OCR by the CNDSS and monitoring activities to be performed by OCR over a period of time.

After careful review of the matter OCR has determined that the CNDSS has satisfactorily met its reporting requirement obligations and that our monitoring activities has shown that CNDSS is in compliance with its Title VI obligations with respect to the issues identified in the investigation.

Page 2 – Robert Sherman, Commissioner

If you have any questions about this letter or the investigation process, please contact Arnold Loperena, Investigator, at (212) 264-3313.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Carter', with a stylized flourish extending to the right.

Michael R. Carter
Regional Manager
Office for Civil Rights
Region II



Deaf & Hard of Hearing Interpreting Services, Inc.

Mr. William Cunningham
Chief Deputy Nassau County Executive
Office of the County Executive
One West Street
Mineola, NY 11501

**NASSAU COUNTY
DEPT. OF SOCIAL SERVICES**

JUN 02 2003

COMMISSIONER'S OFFICE

May 28, 2003

Dear Mr. Cunningham:

Deaf & Hard of Hearing Interpreting Services, Inc. (DHIS) proudly introduces a sign language interpreter referral agency in New York City, Nassau and Suffolk County.

DHIS is deaf-owned and operated by Irma Azrelyant and Joshua Finkle. Both executives are fluent in American Sign Language and possess personal and professional expertise in the field of deafness. These unique qualities, combined with the knowledge of the rich resources of New York City and surrounding areas pool of interpreters and their skills, are the necessary ingredients for the success of DHIS. The mission of DHIS is to facilitate the communication process by matching each client with the most qualified interpreter.

Public facilities and private entities have used DHIS services for over six years now. Medical centers are required to comply with current laws in order to provide effective communication for individuals who are deaf and hard of hearing. The demand for interpreters has, therefore, increased dramatically. DHIS seeks to meet the challenge by providing the best-qualified interpreters.

Currently, our new website is up and running. Go to www.dhisnyc.com and sign-up as a new customer. You will not believe how easy it is to sign up and do business with DHIS. You will be able to make interpreting requests via the web. DHIS staff administrators will receive your requests. Once a request is confirmed, an automated email will be sent to the interpreter and you with all the information.

We invite you to contact DHIS, at your earliest convenience, for your interpreting needs. If you have any questions please call us at (718) 433-1092 Voice, (718) 392-3372 TTY or visit our website www.dhisnyc.com.

We look forward to working closely with you and thank you for your time and interest.

Sincerely,

Joshua Finkle
President

10-76 Jackson Avenue, Long Island City, NY 11101
Voice (718) 433-1092, TTY (718) 392-3372, FAX (718) 392-3576

<http://www.dhisnyc.com>

