

(Attachment 1)

(Rev. 03/05)

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

Self-Evaluation Form

District Niagara

Form completed by: Anthony J. Restaino Phone #: 716-439-7604

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 X 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 X (*)

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 X (*)

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 X

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 X (*)

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 X (*)

Access - General Disabilities

1. a. Are your facilities accessible to, and usable by, individuals with disabilities?

Yes X No ___

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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)

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?

see attached

(Go to #8)

8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff?

see attached

Access - Visually/sight Impaired

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1. a. Are there signs in Braille for the visually/sight impaired?

- Yes No Men's and Women's rooms
- Yes No Room Numbers
- Yes No Exits
- Yes No Permanent Rooms and Spaces
- Yes No Elevators

b. If NO to any of the above, how does the visually impaired person find a necessary location?

THEY ARE ASSISTED BY SECURITY PERSONNEL

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: STATE INFORMATION) No

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

Yes 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 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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