

(Rev. 03/05)

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

Self-Evaluation Form

District ONEIDA

Form completed by: C. Sweet & S. Wagner Phone #: 315-798-5097

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? CAROL SWEET

Please provide the ADA contact's telephone # 315-798-5097

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)

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?

verbally - on case by case basis

(Go to #8)

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

verbally in training

Access – Visually/sight Impaired

"providing temporary assistance for permanent change"

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 directed by STAFF

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: _____) 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 be returned to the Division of Employment and Transitional Supports (DETS).

"providing temporary assistance for permanent change"

Rev. 08/04)

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

District ONEIDA Form completed by: ARLINE DEARY Phone #: 315-798-5436

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? CAROL SWEET

Please provide the ADA contact's telephone # (315) 798-5097

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 for food stamps only

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 IN COMMON APPLICATION & RECENT

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 ALL BUILDING ARE HANDICAPPED ACCESSIBLE

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?

EVALUATE CASE BY CASE - For food stamps in (Go to #8)
WRITING

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

Access – Visually/sight Impaired

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

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

ASK for directions

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

utilize OFFICE for Aging & Community action agency

Access – Mental Impairment

1. Do you have procedures in place to assist a mentally impaired A/R?

Yes (Please provide copy) No

↑ SAME

Access – Hearing Impaired

1. Do you have procedures in place to assist hearing impaired A/Rs?

Yes (Please provide copy) No

AGENCY has contract.

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 *bi-lingual examiners*

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

Signs Yes No

Posters Yes No

Pamphlets Yes No

Other client handouts: Yes (Describe: as provided by NYS) No

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

b. Are the Language palm cards used? Yes No

Complaint Procedures

This information is taken from the Food Stamp Source Book, Section VIII-B and 03LCM3 (Complete Food Stamp Program Civil Rights Violation and Complaint form-Attachment I)

1. **Civil Complaints.** Local districts shall not discriminate against any applicant or recipient in any aspect of program administration including, but not limited to, program access and delivery of services based on race, color, national origin, gender, religion, age or disability that is made by applicants/recipients of the Food Stamp program.

A. **Complainant Responsibilities.** Persons who believe they have been subject to discrimination as specified above may file their complaint within 180 days of the alleged discrimination.

B. **Local District Responsibility.**

1. **Accepting Complaints.** If an individual alleges discrimination the employee receiving the complaint must record it. If possible, the following information should be obtained:

- a. The complainant's name, address, and phone number (or other means of contacting)
- b. The name and location of the organization or office accused of discriminatory practices
- c. The circumstances which prompted the allegation
- d. The nature of the alleged discrimination (i.e. race, color, national origin, gender, religion, age or disability)
- e. Names, titles (if appropriate), and addresses of individuals (witnesses) who may know of the discriminatory act
- f. The date(s) on which the alleged discrimination occurred
- g. A preliminary review or investigation to determine merit

2. **Forwarding Complaint.** A complaint filed with the local district should be forwarded promptly to Division of Temporary Assistance (OTA).

Patricia Stevens, Deputy Commissioner
Division of Temporary Assistance
New York State Department of Social Services
Food Stamp Bureau
40 Pearl Street – Room 11C
Albany NY 12243

3. **Publicity.** Local districts must publicize the complaint procedures described in this section. The following non-discrimination posters must be displayed at all local FS offices:

- a. Food Stamp Complaint Procedures(LDSS-8036)

4. Information about non-discrimination laws, complaints, and participant rights must be provided to households within ten days of request. Client informational books DSS-4148-A and DSS-4148-B fulfill these requirements.
5. Obtain Racial/Ethnic Data On Complainants. Local districts must obtain data on households by racial/ethnic category. Applicants should be requested to voluntarily identify race or ethnicity on the application form. If the applicant does not volunteer the information requested, then alternate means of providing the data, such as observations during the interview, should be used. NYSDSS must report this racial/ethnic data on participating households to FNS. The ethnic categories are:
 - a. American Indian or Alaskan Native
 - b. Asian or Pacific Islander
 - c. Black (not of Hispanic origin)
 - d. Hispanic
 - e. White (not of Hispanic origin)

***A copy of referral along with any other material related to the resolution of the complaint must be retained for 7 years**

2. Non-Civil Complaints (Complete FSP Non- Civil Rights Complaint Form – Attachment II)

- A. **Criteria.** A non-civil complaint is any written or oral communication made to a local district or to the Department by or on behalf of an applicant or recipient of FS benefits (other than a complaint for which there is a right for a Fair Hearing) alleging dissatisfaction with:
 1. The Action or failure to act in a particular case
 2. The manner in which a local district generally handles its cases
 3. The local district's activities and/or services, or the manner in which it generally conducts business
 4. Other facilities or services used by the local district for providing care and services for its clients
 5. Any other aspect of local district administration not mentioned above
- B. **Complainant Responsibilities.**
 1. Complainant's name
 2. Complainant's address
 3. Phone number (or other method of contacting complainant)
 4. The County involved
 5. Complainant's case number (if applicable)
 6. All pertinent information concerning the allegation
- C. **Local District Responsibilities.**
 1. Every complaint received must be promptly acknowledged
 2. The basis of the complaint must be reviewed and investigated to determine the validity of the complaint

2. The basis of the complaint must be reviewed and investigated to determine the validity of the complaint
3. The local district is responsible for reviewing its own activity in order to determine what appropriate action is required
4. When a complaint has been referred to the local district by the Department, a response must be submitted to the Department within 20 days covering all matters pertaining to the complaint, including:
 - a. Facts gathered by the local district concerning the complaint
 - b. Any action taken by the local district to resolve the issue and whether the complainant is satisfied with the explanation/action provided
5. The NYSDSS Food Stamp Bureau will follow up on all complaints received by the Department. Corrective action will be taken where warranted in addition to responding to the complainant on the State agency's disposition of the complaint. To help accommodate civil complaint reporting requirements, local districts are encouraged to develop and maintain a "complaint tracking system" that would identify:
 - a. Complainant's case number, name, address, and phone number
 - b. Date received
 - c. Type of complaint (i.e. Civil or Non-Civil)
 - d. Reason for complaint
 - e. Who/where the complaint was referred for action (office/unit/worker)
 - f. Resolution due date
 - g. Date resolved
6. Local districts must publicize the complaint procedures above. The poster issued from NYSDSS with the 90 INF-53 must be displayed in all local Food Stamp Offices. Information on these procedures must be given upon request. Client informational book DSS-4148-A fulfills this requirement.

***A copy of referral along with any other material related to the resolution of the complaint must be retained for 7 years**

BUREAU OF EQUAL OPPORTUNITY DEVELOPMENT
FOOD STAMP PROGRAM CIVIL RIGHTS VIOLATION COMPLAINT FORM

Client Name: _____ Food Stamp Case No: _____

DSS Location/address: _____

Telephone: _____

Basis for complaint: _____

Date of Complaint: _____ Acknowledged (date): _____

File opened on (date) _____

If necessary, inactive period, from (date) _____ to (date) _____

Reason: _____

Written complaint and all documentation received (date) _____

LSSD Investigation began (date) _____

Staff assigned: _____ Telephone: _____

Determination:

Complaint Unsubstantiated/Dismissed _____ Client notified _____ Date _____

Complaint Substantiated/Resolution Reached _____ Client notified _____ Date _____

Complaint Referred to NYS DTA & EOD for Investigation:

Client notified _____ Date _____

Complaint referred _____ Date _____

Food Stamp Program Non-Civil Complaint Form

Today's Date

Client's Name

Case Number

Phone Number

Social Security Number

Ethnic origin of complainant:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White (not of Hispanic origin) | |

Office Where Complain Occurred

Date of Incident

Witness Name

Witness Name

Witness Title

Witness Title

Witness Address

Witness Address

Circumstances: _____

Referred to Office/Unit/Worker

Resolution Due Date

Description of Action Taken: _____

Complaint Unsubstantiated / Dismissed _____

Substantiated / Resolution Reached _____

Client notified _____

Date _____

Date Resolved

RCIL SIGN LANGUAGE INTERPRETER SERVICE

Reservation policy: To make a reservation for an interpreter, call the RCIL liaison (see list below), who will call RCIL at 797-4642 ext. 277.

Please make your reservation at least 3 days in advance of assignment date.

Please provide the following information: your name and phone number, date, time and location of the assignment; type and nature of assignment (i.e. public assistance interview, housing); names of deaf and non-deaf parties.

Cancellation Policy: Must be cancelled 24 hours in advance. Assignments canceled with less than 24 hours notice will be billed for the original hours reserved.

RESOURCE CENTER FOR INDEPENDENT LIVING SIGN LANGUAGE
INTERPRETER SERVICES

DSS LIAISON

Carol LaGoy at 798-5840. Carol will set up appointment. Any rescheduling or cancellations must be handled by the staff involved.

06/09/06

INTERPRETERS AVAILABLE IN THE DEPT. OF SOCIAL SERVICES

<u>NAME</u>	<u>DEPT</u>	<u>EXT</u>	<u>LANGUAGE</u>
Antonina Parhomchuck Supr. Elton Smith	MA	5457 5076	Russian
Mirna Hasanbegovic Supr. Brian Kirley	IM	5031 5028	Bosnian
Joe Tran Supr. Brian Kirley	IM	5031 5028	Vietnamese
Hilda Mateo Supr. Brian Kirley	IM	5994 5028	Spanish
Paw Baund Supr. John Julian	FS	5506 5935	Burmese
Edina Miljkovic-Causevic Supr. Sue Franklin	IM	5205 5061	Bosnian

** If no other Spanish interpreter is available, you may contact Mary Ellen Evans 5659 to request Hilda Santiago.

Complaint Procedures

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 - A. **Complainant Responsibilities.** Persons who believe they have been subject to discrimination as specified above may file their complaint within 180 days of the alleged discrimination.
 - B. **Local District Responsibility.**
 1. **Accepting Complaints.** If an individual alleges discrimination the employee receiving the complaint must record it. If possible, the following information should be obtained:
 - a. The complainant's name, address, and phone number (or other means of contacting)
 - b. The name and location of the organization or office accused of discriminatory practices
 - c. The circumstances which prompted the allegation
 - d. The nature of the alleged discrimination (i.e. race, color, national origin, gender, religion, age or disability)
 - e. Names, titles (if appropriate), and addresses of individuals (witnesses) who may know of the discriminatory act
 - f. The date(s) on which the alleged discrimination occurred
 - g. A preliminary review or investigation to determine merit
 2. **Forwarding Complaint.** A complaint filed with the local district should be forwarded promptly to Division of Temporary & Disability Assistance (OTDA).

Russell Sykes, Deputy Commissioner
Division of Temporary Assistance
New York State Department of Social Services
Food Stamp Bureau
40 Pearl Street – Room 11C
Albany NY 12243
3. **Publicity.** Local districts must publicize the complaint procedures described in this section. The following non-discrimination posters must be displayed at all local FS offices:
 - a. Food Stamp Complaint Procedures(LDSS-8036)

4. Information about non-discrimination laws, complaints, and participant rights must be provided to households within ten days of request. Client informational books DSS-4148-A and DSS-4148-B fulfill these requirements.
5. Obtain Racial/Ethnic Data On Complainants. Local districts must obtain data on households by racial/ethnic category. Applicants should be requested to voluntarily identify race or ethnicity on the application form. If the applicant does not volunteer the information requested, then alternate means of providing the data, such as observations during the interview, should be used. NYSDSS must report this racial/ethnic data on participating households to FNS. The ethnic categories are:
 - a. American Indian or Alaskan Native
 - b. Asian or Pacific Islander
 - c. Black (not of Hispanic origin)
 - d. Hispanic
 - e. White (not of Hispanic origin)

***A copy of referral along with any other material related to the resolution of the complaint must be retained for 7 years**

2. **Non-Civil Complaints** (Complete FSP Non- Civil Rights Complaint Form – Attachment II)
 - A. **Criteria.** A non-civil complaint is any written or oral communication made to a local district or to the Department by or on behalf of an applicant or recipient of FS benefits (other than a complaint for which there is a right for a Fair Hearing) alleging dissatisfaction with:
 1. The Action or failure to act in a particular case
 2. The manner in which a local district generally handles its cases
 3. The local district's activities and/or services, or the manner in which it generally conducts business
 4. Other facilities or services used by the local district for providing care and services for its clients
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 - B. **Complainant Responsibilities.**
 1. Complainant's name
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 3. Phone number (or other method of contacting complainant)
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 5. Complainant's case number (if applicable)
 6. All pertinent information concerning the allegation
 - C. **Local District Responsibilities.**
 1. Every complaint received must be promptly acknowledged
 2. The basis of the complaint must be reviewed and investigated to determine the validity of the complaint

3. The local district is responsible for reviewing its own activity in order to determine what appropriate action is required
4. When a complaint has been referred to the local district by the Department, a response must be submitted to the Department within 20 days covering all matters pertaining to the complaint, including:
 - a. Facts gathered by the local district concerning the complaint
 - b. Any action taken by the local district to resolve the issue and whether the complainant is satisfied with the explanation/action provided
5. The NYSDSS Food Stamp Bureau will follow up on all complaints received by the Department. Corrective action will be taken where warranted in addition to responding to the complainant on the State agency's disposition of the complaint. To help accommodate civil complaint reporting requirements, local districts are encouraged to develop and maintain a "complaint tracking system" that would identify:
 - a. Complainant's case number, name, address, and phone number
 - b. Date received
 - c. Type of complaint (i.e. Civil or Non-Civil)
 - d. Reason for complaint
 - e. Who/where the complaint was referred for action (office/unit/worker)
 - f. Resolution due date
 - g. Date resolved
6. Local districts must publicize the complaint procedures above. The poster issued from NYSDSS with the 90 INF-53 must be displayed in all local Food Stamp Offices. Information on these procedures must be given upon request. Client informational book DSS-4148-A fulfills this requirement.

***A copy of referral along with any other material related to the resolution of the complaint must be retained for 7 years**

Rev 12/04

Access-ADA question #4 also used TA

ONEIDA

04-LCM-07

Attachment I

BUREAU OF EQUAL OPPORTUNITY DEVELOPMENT
FOOD STAMP PROGRAM CIVIL RIGHTS VIOLATION COMPLAINT FORM

Client Name: _____ Food Stamp Case No: _____

LDSS Location/address: _____

Telephone: _____

Basis for complaint: _____

Date of Complaint: _____ Acknowledged (date): _____

File opened on (date) _____

If necessary, inactive period, from (date) _____ to (date) _____

Reason: _____

Written complaint and all documentation received (date) _____

LSSD Investigation began (date) _____

Staff assigned: _____ Telephone: _____

Determination:

Complaint Unsubstantiated/Dismissed _____ Client notified _____ Date _____

Complaint Substantiated/Resolution Reached _____ Client notified _____ Date _____

Complaint Referred to NYSOTDA & EOD for Investigation:

Client notified _____ Date _____

Complaint referred _____ Date _____

Access- ADA question #4 . also used for DA Oneida

Attachment II

Food Stamp Program Non-Civil Complaint Form

Today's Date

Client's Name

Case Number

Phone Number

Social Security Number

Ethnic origin of complainant:

- American Indian or Alaskan Native
- Black (not of Hispanic origin)
- White (not of Hispanic origin)

- Asian or Pacific Islander
- Hispanic

Office Where Complain Occurred

Date of Incident

Witness Name

Witness Name

Witness Title

Witness Title

Witness Address

Witness Address

Circumstances: _____

Referred to Office/Unit/Worker

Resolution Due Date

Description of Action Taken: _____

Complaint Unsubstantiated / Dismissed _____

Substantiated / Resolution Reached _____

Client notified _____

Date _____

Date Resolved

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.

NOTE: If your application for Temporary Assistance is approved and you are an adult with no children, your category of Temporary Assistance will generally be Safety Net Assistance.

People in Safety Net Assistance cases will not get recurring Temporary Assistance for any period prior to 45 days from the date of application. People in the Safety Net Assistance Category may be able to get help to meet emergencies during the 45 day period that they cannot get recurring benefits. (See DSS-4148C: "What You Should Know If You Have An Emergency".)

People in the Safety Net Assistance category who are eligible for Food Stamp Benefits do not have to wait any longer for those benefits than any other applicant.

2. NONDISCRIMINATION RIGHTS

Discrimination by the New York State Office of Temporary and Disability Assistance (OTDA), by the New York State Department of Health, by the New York State Office of Children and Family Services, by the New York State Department of Labor or by your local department of social services based on race, religion, ethnic background, marital status, disability, sex, national origin, political belief or age is **illegal**.

If you think you have been discriminated against in a Temporary Assistance Program or that your case has been handled improperly due to some type of discrimination, you can complain by calling or writing to the:

**Bureau of Equal Opportunity Development
New York State Office of Minority Program Development
New York State Office of Temporary and Disability Assistance
40 North Pearl Street, 16 D
Albany, New York 12243-0001
(518) 473-8555**

If you think you have been discriminated against in the **Food Stamp Benefits Program**, you can also complain by writing to the:

**USDA
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
(Voice and TDD: (202) 720-5964)**

Your discrimination complaint will be investigated, and you will be told in writing of the findings.

If you think you have been discriminated against on the basis of disability, you can also complain by writing to:

**Disability Rights Section
P.O. Box 66738
Washington, D. C. 20035-6738**

Your discrimination complaint will be investigated, and you will be told in writing of the findings.

If you think you have been discriminated against in the Medical Assistance Program, you can complain by calling or writing to:

**Human Resources Group
New York State Department of Health
2295 Corning Tower
Albany, NY 12237
(518) 473-3394**

If you feel you have been discriminated against in Temporary Assistance, Food Stamp Benefits and their related employment programs, Medical Assistance, Services or Child Care you can contact the Division of Human Rights.

You can also call or write to one of the regional offices of the New York State Division of Human Rights, which can be found in the Government pages of the telephone book.

Some cities and counties in New York State also have human rights commissions that investigate discrimination complaints. Check your telephone book for a listing.

DISABLED APPLICANT/RECIPIENT- REASONABLE ACCOMMODATIONS PROCEDURE

If an applicant/recipient cannot come into the Utica or Rome office and has no one to apply for them, a home visit will be done for TA and a phone interview will be done for Food Stamps. They are usually asked to provide a doctor's statement.

If an applicant/recipient is unable to access the upper floors of the building an interview can be conducted on the first floor. There are large interview rooms, if needed, to accommodate most needs.

If it appears that there are no accommodations for a particular need, staff should contact their supervisor to see if a reasonable alternate arrangements can be made.

If an applicant/recipient is offered reasonable accommodations but refuses, the agency contact person (i.e.; receptionist, examiner) must be sure to inform them of the consequences of their refusal.

HOME VISIT PROCEDURE

If a TA applicant cannot come in to the Utica or Rome office to be interviewed due to a medical issue, nor do they have anyone to apply for them on their behalf, a home visit can be arranged. A doctor's statement should be provided. A TA Examiner will need to be assigned to go to the applicant's home to do the interview. You could also check with Mike Kohl in Resources to see if he has anyone available to do the interview.

If an applicant can come to the building, but cannot use the elevator or stairs, interviewing can be done on the first floor in the Utica office. Large interview rooms are available for those individuals who cannot tolerate one of the small interview rooms.

6/7/06

Access-Visually/Sight Impaired question #2

ONEIDA

Access-Mental Impairment question #1

AGENCIES WHO ASSIST APPLICANT/RECIPIENTS WITH DISABILITIES

Assertive Community Treatment (ACT) team assists clients with the application process when they are being released from Mohawk Valley Psychiatric Center. 738-4056

Catholic Charities has a Community Assistance program available for people with mental disabilities in their Community Support System. 735-1724

Food Bank of Central New York assists clients applying for Food Stamps. 1-866-839-7304

Mobile Crisis Assessment Team (MCAT) available for crisis intervention services for adults and children. They provide intervention services, mental health assessment, and linkage/referral to services and follow up. Psychiatric emergencies 24/7. 732-6228.

Mohawk Valley Refugee Center for interpreting services. If service is no longer provided for free by this agency please refer to our list of interpreters.

Office For Aging – Office of Continuing Aid to assist clients filling out applications/recertifications. Mohawk Valley Action Agency for Rome area.