



COUNTY OF ONONDAGA  
**DEPARTMENT OF SOCIAL SERVICES**  
**LEGAL DIVISION**

JOHN H. MULROY CIVIC CENTER  
421 MONTGOMERY STREET – 12<sup>TH</sup> FLOOR  
SYRACUSE, NY 13202  
315-435-2585  
FAX: 315-435-2113

DAVID SUTKOWY  
COMMISSIONER

JULIE A. CECILE  
ASST. WELFARE ATTORNEY

ZACHARY L. KARMEN  
CHIEF WELFARE ATTORNEY

MORGAN R. THURSTON  
ASST. WELFARE ATTORNEY

June 28, 2007

Patricia Augle  
Temporary Assistance Bureau  
Employment & Transitional Supports  
40 North Pearl Street, 11C  
Albany, NY 12243

**Re: ADA/LEP Self-Evaluation Form**


Dear Ms. Augle:

Enclosed please find Onondaga County's ADA/LEP self-evaluation form including the following attachments:

- 1) ADA/LEP Self-Evaluation dated November 13, 2002
- 2) ADA/LEP Policy Statement
- 3) ADA Grievance Procedure
- 4) Policy Notice (to social services clients)
- 5) ADA/LEP Grievance Form
- 6) Procedures in lieu of face-to-face interviews

Please advise if you have any questions in this regard.

Very truly yours,

  
ZACHARY L. KARMEN  
Chief Welfare Attorney

c: David Sutkowy  
Steve Seifritz  
Marie Grace  
Chuck McGowen  
Vicki Powers

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

District 31 Form completed by: ZACHARY L. KARMEN Phone #: 315-435-2585 x133

**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)?

X Yes \_\_\_\_\_ No (\*)

2. If yes to #1, who is your ADA contact? ZACHARY L. KARMEN

Please provide the ADA contact's telephone # (315) 435-2585 x133

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 X (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  (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 1<sup>st</sup> floor, are there elevators?

Yes  No  1<sup>st</sup> 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 (\*) n/a

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?

x 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?

x 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  
 \_\_\_\_\_  
 (Go to #8)

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

verbally  
 \_\_\_\_\_

**Access - Visually/sight Impaired**

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

Yes ___	No <u>x</u>	Men's and Women's rooms
Yes ___	No <u>x</u>	Room Numbers
Yes ___	No <u>x</u>	Exits
Yes ___	No <u>x</u>	Permanent Rooms and Spaces
Yes <u>x</u>	No ___	Elevators

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

assistance from 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 x (Please provide copy) No \_\_\_\_\_ (\*)

**Access – Mental Impairment**

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

Yes x (Please provide copy) No \_\_\_\_\_ (\*)

**Access – Hearing Impaired**

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

Yes x (Please provide copy) No \_\_\_\_\_ (\*)

2. Is a sign-language interpreter provided?

Yes x No \_\_\_\_\_ (\*)

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

Yes x (Type of Service: TTY) No \_\_\_\_\_

**Access – Limited English Proficiency**

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

Yes x (Please provide copy) No \_\_\_\_\_ (\*)

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 x (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 the returned to the Division of Employment and Transitional Supports (DETS).



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ASST. WELFARE ATTORNEY

ZACHARY L. KARMEN  
CHIEF WELFARE ATTORNEY

LAWRENCE R. WILLIAMS  
DEPUTY COUNTY ATTORNEY

**TO:** ZACHARY KARMEN, ESQ.  
Chief Welfare Attorney

**FROM:** LAWRENCE R. WILLIAMS,   
Deputy County Attorney

**DATE:** November 13, 2002

**ADA/LEP SELF-EVALUATION**

An evaluation of the operations of the Temporary Assistance (TA) Unit of the Onondaga County Department of Social Services for compliance with the requirements of the Americans with Disabilities Act (ADA) has been conducted by the undersigned. As a part of this evaluation accessibility of TA to individuals with Limited English Proficiency (LEP) was also reviewed. The following constitutes the report of this self-evaluation.

**I. ADMINISTRATION**

A. The ADA Compliance Officer is fire inspector James Stever at the Fire, Mutual Aid and Training Office, 435-3162.

B. Structural issues are managed by the Division of Facilities Management and Rex Giardine is the individual designated to respond to inquiries concerning physical barriers. Mr. Giardine's phone is 435-3451

C. A Grievance procedure for clients is in place and copies of the procedure and grievance form are attached.

D. The District has a policy informing applicants/recipients of the ADA's prohibitions against discrimination. A copy is attached.

E. All contractors and service providers are required to comply with all Federal, State and Local laws, which includes compliance with ADA.

## **II. PHYSICAL PLANT**

A. Both the Mulroy Civic Center and the Onondaga County Office Building are accessible to handicapped individuals through automatic doors marked for handicapped access. Each building has elevators to all floors and the elevators have Braille designations for each floor. The elevators are of sufficient size to accommodate wheelchairs and motorized scooters.

B. Facilities Management has conducted an inspection of the client areas and has indicated that there are no identifiable physical barriers that should negatively impact the ability of handicapped individuals to apply for assistance in the same manner as non-handicapped persons.

C. There are handicapped accessible bathrooms in both buildings and their locations are listed at various locations.

## **III. ALTERNATE APPLICATION PROCEDURES**

A. The Department facilitates the applications of handicapped or impaired individuals in numerous ways including accepting applications form representatives if the law does not require a "face to face" interview. The Food Stamp Program will take telephone applications. If the individual requires more than one session to complete the application process due to some physical or mental limitation, that need is accommodated. In the case of applicants/recipients who have mental disorders that make it difficult or impossible for them to participate in group applications or re-certifications, individual sessions will be scheduled.

## **IV. SPECIFIC ASSISTANCE PROGRAMS**

A. For LEP applicants/recipients the Department utilizes Language Line Services of Monterey, California which is available 24 hours per day 7 days per week. A copy of the Director's 9/10/02 memo outlining the availability of this service is attached.



11/13/02

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B. For hearing impaired individuals the Department utilizes the services of AURORA of Central New York, Inc. A copy of the Director's 6/6/97 memo outlining the availability of this service is attached. A TDD/TTY telephone number is listed in the phone book "blue pages" under Onondaga County DSS. That listing is being changed in the next telephone directory to move the TDD/TTY number to a more prominent location under the DSS heading.

C. There has been virtually no need for special assistance for visually impaired clients since those whose impairment rises to the level of blindness are eligible for federal SSI benefits and therefore automatically qualify for Medicaid, Temporary Assistance and Food Stamps.

The Department has shown a willingness to assist individuals with disabilities on an ad hoc basis if the mechanisms in place do not meet their needs. The Department is working collaboratively with attorney Maureen Kieffer from Legal Services of Central New York to identify any significant barriers in either the application processes or in the delivery of services to clients with disabilities and to insure that all aspects of the Department's programs comply with all applicable Federal and State laws.

If you require any additional information at this time please contact me.

Enc.

Cc: Commissioner Sutkow  
K. Hart  
S. Seifritz  
M. Grace

# AMERICANS WITH DISABILITIES ACT

## Limited English Language Proficiency

### I. POLICY

The Department has developed a "POLICY NOTICE" that highlights the rights of clients who are disabled or have limited proficiency in the English language. That Notice should be made readily available to clients. A copy should be prominently posted in all client areas.

### II. GRIEVANCES

On November 19, 2002 the Commissioner signed an "ADA/LEP GRIEVANCE PROCEDURE." That procedure should be distributed to employees in all locations where clients are served. Contained in the Procedure is a one page "ADA/LEP GRIEVANCE FORM." This Form should be copied and made available to all workers who have client contact. In the event that a client complains that he/she has been discriminated against based upon a disability or limited proficiency in the English language, the client should be provided with a copy of the Grievance Form. The workers' only responsibility in relation to this form is to distribute it to a complaining client and forward the completed form to the DSS Legal Division if the client returns it to the worker.

### III. NOTIFICATION TO STAFF

All staff must be provided copies of the policy notice, ADA/LEP Grievance form and the ADA/LEP Grievance Procedure.

The policy and the grievance procedures should be discussed at staff meetings with the goal that all staff understand the procedures and can effectively work with clients who have ADA or LEP claims.



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**ADA GRIEVANCE PROCEDURE**

This procedure shall be utilized anytime an applicant for or recipient of benefits or services offered or administered by the Department of Social Services requests to file a grievance concerning a disability or problem due to their limited proficiency in the English language (LEP).

1. All caseworkers and any employee who has routine contact with applicants or recipients of benefits or services offered or administered by DSS shall be familiar with the "AEP/LEP GRIEVANCE FORM" (Form) and shall provide a copy of such form to any applicant or recipient who requests to file a grievance based upon a disability or LEP.

2. Anyone receiving a completed Form shall immediately forward the Form to the Chief Welfare Attorney who shall act as the ADA/LEP compliance officer.

3. Within five (5) business days of receipt of a completed Form the ADA/LEP compliance officer, or his/her designee,

shall send a written acknowledgement of receipt of the Form to the person who has submitted the grievance. At this time, if the compliance officer believes that additional information is required from the grievant in order to properly review the grievance, he/she shall request such additional information from the grievant. Such request should be as specific as possible in identifying what additional information is needed.

4. Within five (5) business days of the receipt of a completed Form the compliance officer shall forward a copy of the completed Form to the director of the program where the grievance originated.

5. Upon receipt of a completed Form from the compliance officer, the program director shall review the grievance and make a report to the compliance officer within fifteen (15) working days. Such report shall confirm or deny any facts alleged in the completed Form and shall contain the recommendation of the director of what corrective action, if any, is recommended. If the director disagrees with the allegations contained in the Form he/she shall inform the compliance officer of the basis for his/her disagreement with the information contained in the completed Form.

6. Upon receipt of the response from the program director the compliance officer shall review the contents of such response and make an independent determination of whether the grievance should be sustained or denied.

7. Within ten (10) working days of the receipt of the response of the program director the compliance officer shall notify the grievant of his/her decision that the grievance is either sustained or denied.

8. In the event the compliance officer shall sustain the grievance he/she shall notify the grievant of what remedial action is being taken.

9. A copy of the determination of the compliance officer shall be forwarded to the program director and shall be included in the program file of the grievant.

Effective date: November 2002

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**DAVID SUTKOWY**  
Commissioner

## POLICY NOTICE

### SPECIAL RIGHTS OF APPLICANTS OR RECIPIENTS OF BENEFITS WHO ARE DISABLED OR HAVE LIMITED PROFICIENCY IN THE ENGLISH LANGUAGE

**THE LAW SAYS:** “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 A PUBLIC ENTITY, OR BE SUBJECTED TO DISCRIMINATION BY ANY SUCH ENTITY.” (Americans with Disabilities Act, 42 U.S.C. § 12101, et seq.).

If you have a disability covered by the Americans with Disabilities Act or you have limited English language proficiency and you are applying for or receiving benefits from the Department of Social Services, you have options available to you. For example:

- ✓ You can tell the worker about any disability you have, if you want to.
- ✓ If you don't want to, you do not have to tell anyone about your disability.
- ✓ You can ask for an individual assessment of your disability or special needs.
- ✓ If you can't speak or read English, you are entitled to help in your own language .
- ✓ You can get assistance in completing the application forms.
- ✓ If you can't read the forms, they will be read to you.
- ✓ If you can't write, someone will write down your answers.
- ✓ If you don't understand the form, ask about it and it will be explained to you.
- ✓ You can get special help so you can fully participate in the TANF programs.
- ✓ If your interviewer believes that you have a disability, he or she has to offer you a special ADA interview.

Please give the worker accurate answers to any questions about your disability.

#### **RIGHT TO FILE GRIEVANCE:**

If you believe you have been treated unfairly because of your disability or because people think you have a disability or because of language problems, you can file grievance at any time. You can get an “ADA /LEP GRIEVANCE FORM” from your caseworker or any worker who reviews applications.

ADA/LEP GRIEVANCE FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

PROGRAM YOU ARE COMPLAINING ABOUT: (Circle One)

TANF      FOOD STAMPS      MEDICAID      OTHER: \_\_\_\_\_

EXPLAIN YOUR GRIEVANCE: (Give any dates and names you can remember. Use extra pages if you need more space.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

RETURN THIS FORM TO YOUR CASEWORKER OR MAIL TO:

CHIEF WELFARE ATTORNEY  
ONONDAGA COUNTY DSS LEGAL DIVISION  
421 MONTGOMERY STREET, 12<sup>th</sup> FLOOR  
SYRACUSE, N Y 13202





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The below procedure will be followed for individuals who contact the agency to apply or recertify for assistance for any Temporary Assistance Division administered program but express an inability to come in for a face-to-face interview.

- Since certain programs do not require a face-to-face interview or it can be waived (e.g., Day Care, Food Stamps) this information will be given to the applicant/recipient.
- If a face-to-face interview is required depending on his or her stated reason for being unable to appear in the agency he or she may be asked to provide verification of that fact.
- The applicant/recipient can designate a representative (a friend or relative or case manager or such) to act on his or her behalf. The representative should have some familiarity with the applicant/recipient's situation and must provide ID and a release/authorization to act on the applicant/recipient's request.
- If no one can act on the applicant/recipient's behalf, the worker will contact his or her supervisor who in discussion with the administrator for the area will review other possibilities such as a Legal investigator or an Adult Protective caseworker or Children's Division caseworker going out and conducting the face-to-face interview.
- In no circumstances will a case be denied or closed because of the inability of an individual to come to the agency to apply or recertify for assistance.