

(Attachment 1)

(Rev. 03/05)

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

District Orleans Form completed by: Carol Ludwig Phone #: (585) 589-7000

**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? James Pratt

Please provide the ADA contact's telephone # (585) 589-3144

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 X (go to c.) No \_\_\_\_\_ (Go to #4)

c. Were corrective actions taken?

Yes X (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 \_\_\_\_\_ (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 X (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 X (Please attach copy) No      (\*)

**Access – General Disabilities**

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

Yes X No     

b. Are your parking areas and sidewalks accessible to, and usable by, individuals with disabilities?

Yes X No     

c. Is the entrance wheelchair accessible?

Yes X No     

d. Are bathrooms and drinking fountains wheelchair accessible?

Yes X No     

e. Are areas such as the photo ID/finger imaging areas wheelchair accessible?

Yes X No     

f. If No to e., are alternate accessible sites available?

Yes      No      N/A

g. If the client area is above or below the 1<sup>st</sup> floor, are there elevators?

Yes X 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) N/A

3. When one or more district office is not handicap accessible, is reasonable accommodation offered? N/A

\_\_\_ 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?

X Yes (go to #6) \_\_\_ No (\*) (go to #5)

5. If No to #4, what alternate accommodations are provided? N/A

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 you client request.  
(Go to #8)

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

Through supervisory contacts.

**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 ___	No <u>X</u>	Elevators



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).

## **PROGRAM ACCESS BY APPLICANTS/RECIPIENTS WITH DISABILITIES**

### **SELF EVALUATION**

**6/19/06**

Commissioner Carol Ludwig, Deputy Commissioner Marc Natale and Staff Development Coordinator Jim Pratt met to review the District's accessibility to clients with disabilities.

The self evaluation form attached to 06-ADM-05 was used as the basis for the review.

Two areas were found to be out of compliance:

- There are no written policies and procedures describing how disabled clients can access services in the District office. (CORRECTED: 6/26/06 – SEE ATTACHED)
- The agency does not have procedures or staff knowledge of New York Relay Services to enable hearing impaired individuals to access agency services by phone. (CORRECTED: 6/26/06 – SEE ATTACHED INSTRUCTIONS DISTRIBUTED TO ALL STAFF).

**ORLEANS COUNTY DEPARTMENT OF SOCIAL SERVICES**  
**AMERICANS WITH DISABILITIES/LIMITED ENGLISH PROFICIENCY**  
**POLICIES AND PROCEDURES**

**General** — The District will:

- ensure that applicants for and recipients of TA, FS and HEAP have equal access to all benefits, programs and services for which they are eligible, including those offered by other agencies operating on behalf of the district;
- ensure that emergency/immediate needs are addressed as may be appropriate to the case, and protect the filing or application date when an appointment is rescheduled for a person with a disability and/or LEP because reasonable accommodations cannot be made or no interpreter is available on the date the application is filed;
- document any limitations, necessary accommodations and/or LEP requirements to ensure access and coordinate services by making appropriate notations in the case record
- provide information to applicants and recipients of public assistance or care, and not discriminate against anyone making the inquiry based on race, color, religion, national origin, age, sex, handicap (physical or mental impairment), genetic pre-disposition or carrier status, creed, arrest/convictions, marital status, sexual orientation, military status and/or retaliation; and
- assign the Staff Development Coordinator to serve as ADA and LEP contact(s), to investigate any complaints of discrimination or improper case administration, and to inform applicants/recipients with a disability and/or LEP of their complaint procedures.

**Access by Persons with Disabilities** – The District will:

- adopt methods of administration which do not discriminate against and which ensure equal access and opportunity to qualified individuals with disabilities;
- reasonably modify policies, practices and procedures that deny equal access to persons with disabilities;
- assist applicants/recipients to meet eligibility requirements by eliminating non-essential procedures or rules that deny a person with a disability an equal opportunity to participate in the district's programs, services and benefits;

- make reasonable accommodation to the known physical or mental limitations of otherwise qualified applicants/recipients with disabilities
- make reasonable efforts to recognize potential disabilities, based on the applicant/recipient's disclosure or on an indication of an apparent disability;
- provide access to district offices, or provide alternative means of access;
- provide information in a manner that is accessible to persons with visual or hearing disabilities, and provide necessary auxiliary aids and services to ensure effective communication with persons with disabilities;

***Access by Persons with LEP*** — The District will:

- Obtain a qualified interpreter, when clients present themselves who have limited English proficiency;
- Provide applicants/recipients the choice to use a relative or friend as an interpreter, but will not require applicants/recipients to bring their own interpreter; and
- Make interpreter services desk guides available to workers and language posters available in the reception area.

***Complaints***

- Complaints will be directed to the Staff Development Coordinator and may be made either verbally or in writing.
- Complaints will be investigated and resolved or responded to within seven (7) days of receipt.
- A written response will be provided to the complainant with a copy provided to the Unit Director and the Commissioner.

***Accommodation***

- The District office is at a single location. It is fully handicapped accessible with elevator access to the 2<sup>nd</sup> floor, accessible restrooms, water fountains and availability of accessible interview space. Necessary accessible interview space may be scheduled through use of supervisors' office space or conference room space as appropriate.
- The District has bilingual (Spanish speaking) staff in the clerical and intake staff. The clerical person is titled as a bilingual staff person and is the point person for all bilingual agency needs.



- Communication with hearing impaired persons will be made by written materials and the exchange of written notes whenever possible. Phone communications will be handled through a relay operator.
- Communication with visually/sight impaired clients will be provided by direct assistance from either clerical or examiner staff in filling out applications and reading documents out loud which need to be signed.
- Communication with mentally impaired individuals will be provided by identifying and collaborating with their representative and/or service agency to identify and provide necessary accommodation.
- Any client may request and will be offered reasonable accommodations. If appropriately offered but refused by the client, he will be instructed verbally by his worker or a supervisor regarding the consequences of failure to complete necessary eligibility requirements. If the refusal is not resolved, he will receive a written notice of any case action.

#### ***Home Visits***

- Clients or a client representative may request a home visit if there is an undue hardship which prevents the client from coming into the District Office for a required face to face contact.
- The request will be directed to the Unit Supervisor for response.
- Every effort will be made to assist the client in finding alternative procedures to complete their application or recertification requirements. Such efforts will include rescheduling to a better time of day, provision of wheelchair and escort service to and from the parking lot, use of handicapped parking, providing specific appointments for an Intake visit, working with the client to identify a personal representative and making available accessible space for the interview.
- In the event that no reasonable accommodation can address the client's undue hardship, a home visit will be scheduled for the client.

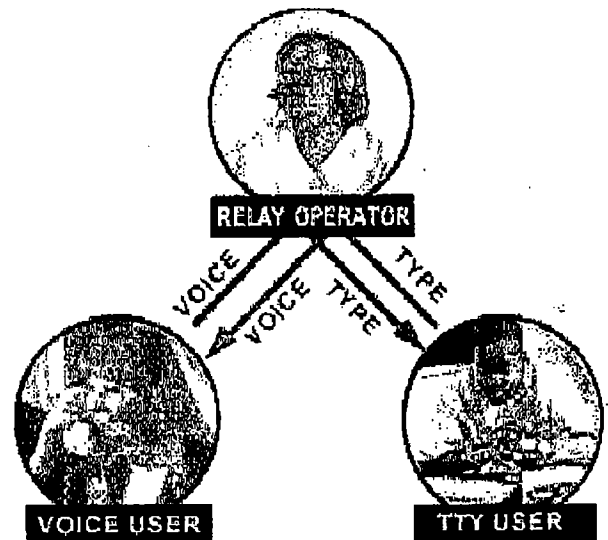
# Relay Service

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## Voice to TTY 7-1-1 or 1-800-421-1220

Standard telephone users can easily initiate calls to TTY users. The Relay Operator types the hearing person's spoken words to the TTY user and reads back the typed replies.

- Dial the voice number, 7-1-1 or 1-800-421-1220.
- You will hear a voice recording telling you to press "1" to make a relay call.
- Give the Relay Operator the area code and telephone number you wish to call and any further instructions.
- The Relay Operator will process your call, relaying exactly what the TTY user is typing. The Relay Operator will relay what you say back to the TTY user.



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### TIPS FOR HEARING CALLERS:

- Be sure to talk **directly** to your caller
- **Avoid** saying "tell him" or "tell her"
- **Say** "GA" or "Go Ahead" at the end of your response

# Fax



**County of Orleans  
DEPARTMENT OF SOCIAL SERVICES**

14016 Route 31 West  
Albion, NY 14411-9365  
Phone (585) 589-7000  
Fax (585) 589-7479

<b>Fax to Number:</b> <b>Attention:</b> <b>Date:</b> <b>From:</b> <b>Number of Pages:</b>	518-473-0511 Patricia Aogle 8/23/06 Carol T. Ludwig, Commissioner 11 (including cover)
<b>Message:</b>	<p>Orleans County's ADA/LEP Self Evaluation Form is enclosed. Sorry for the delay.</p>

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