

Putnam County
Department of Social Services
110 Old Rte Six Center ~ Bldg # 2
Carmel, New York 10512
Phone: (845) 225 - 7040 x 1220
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facsimile transmittal

To: Terri Wade From: Catharine Spranzmann
 Director Of Eligibility

Fax: (518) 473.0511 Date: February 16, 2005

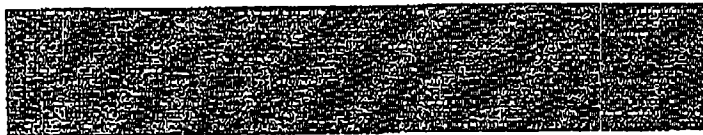
Phone: 518.474.4231 Pages:

Re: ADA Survey CC: [Click here and type name]

- Urgent For Review Please Comment Please Reply Please Recycle



Note: As requested. I apologize for the delay; however, I did not receive the previous



(Attachment 1)

(Rev. 08/04)

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

District PUTNAM Form completed by: CATHARINE SPRANZMANN Phone #: 845.225.7040 x.1220

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? _____

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

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

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 ___
BY CONTRACT WITH INTERPRETERS

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 ___
DONE FACE TO FACE INTERPRETERS

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: ALL LETTERS, APPLICATIONS) No ___

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

b. Are the Language palm cards used? 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 CSEU ONLY ON ANOTHER FLOOR; SEPARATE ENTRANCE

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?
CASE BY CASE BASIS; COMMUNICATED VIA TELEPHONE (Go to #8)
WHEN A/R INDICATES A DIFFICULTY

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

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 type="checkbox"/>	No <input checked="" type="checkbox"/>	Elevators

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

USUALLY ACCOMPANIED BY SIGHTED PERSON OR REPRESENTATIVE

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