



**RENSSELAER COUNTY
DEPARTMENT OF SOCIAL SERVICES**

133 Bloomingrove Drive, Troy, New York 12181 (518)283-2000 Fax (518) 283-7884

**Kathleen M. Jimino
County Executive**

**Marcia LaRose
Deputy Commissioner, Social Services**

**John R. Beaudoin
Commissioner**

**Jennifer Girzone
Deputy Commissioner, Administrative Services**

March 30, 2005

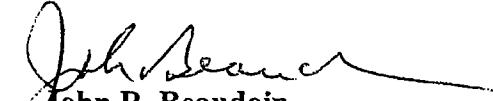
**Ms. Terri Wade
Central Team Leader
Division of Temporary Assistance
New York State Office of Temporary and Disability Assistance
40 North Pearl Street
11th Floor
Albany, New York 12243**

Dear Terri:

Enclosed herewith please find completed DRAFT of Americans with Disabilities Act Survey.

Responses are reflective of the three locations of our Department's offices.

Sincerely,


**John R. Beaudoin
Commissioner**

DRAFT

(Attachment 1)

(Rev. 08/04)

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

District Rensselaer Form completed by: John Beaudoin Phone #: 283-2000 Ext 250

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? Steven Glenn, Administrative Assistant
Please provide the ADA contact's telephone # 283-2000 Ext 255.
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 N/A (Go to #4)
- c. Were corrective actions taken?
Yes (Please attach copy of the corrective action plan) No N/A
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 Not written
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 Generally,
- b. Are your parking areas and sidewalks accessible to, and usable by, individuals with disabilities?
Yes No

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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?
Individual explanation as needed _____ (Go to #8)

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

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?

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

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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 _____ (Type of Service: _____) No X

Access – Limited English Proficiency

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

Yes X (Please provide copy) No _____ Not in writing

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 "Language Poster" displayed in the waiting area? Yes _____ No _____ Not available yet

b. Are the Language palm cards used? Yes _____ No _____

The department is in the process of reviewing all areas of compliance. Our main office provides all types of accommodations regarding access to services. On an individual basis, when assistance is needed, staff will accommodate the A/R's needs.