

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

District Saratoga Form completed by: Gail Blake Phone #: (518)884-4172

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? Commissioner, Robert Christopher & Dep. Com. Tina Potter

Please provide the ADA contact's telephone #. (518)884-4140

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 x We have not done a formal self-evaluation, but we feel that we did an informal evaluation by the fact that when this new building was designed in the mid 1990's accommodations such as an elevator were included for the disabled.

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 (See #3 attached policy) 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 Information forthcoming from NY State

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 See #1 attached policy

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 See #2 attached policy

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?

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?

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?

See #1 attached policy
 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?

A/Rs are informed of policy as soon as A/R conveys to the district (Go to #8) that they have a disability. Accommodations are handled on a case to case basis

8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? New Employee Orientation, training, and at staff meetings.

Access - Visually/sight Impaired

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

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Men's and Women's rooms
Yes <input checked="" type="checkbox"/>	No <input 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?

With assistance from a DSS staff member

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.?

See #1 attached policy
Yes (Please provide copy) No

Access - Mental Impairment

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

See #1 attached policy
Yes (Please provide copy) No

Access - Hearing Impaired

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

See #1 attached policy
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?

See #1 attached policy
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 "Language Poster" displayed in the waiting area? Yes No

b. Are the Language palm cards used? Yes No

SARATOGA COUNTY DSS POLICY & PROCEDURE REGARDING CLIENTS WITH DISABILITIES

The Saratoga County Department of Social Services is committed to providing our clients who are physically, mentally, or verbally/hearing/visually impaired with the appropriate reasonable accommodations necessary to access our programs. All DSS Department Units will engage in the following:

1. Saratoga County DSS will provide applicants/recipients who have a disability and who are in need of our programs with any or all of these accommodations –

- a. Interview a/r in an alternative room (Ex. where space will accommodate A/R's with wheelchair easier).
- b. Provide Caseworker to read the application for A/R's who cannot read, are not able to see, or are mentally impaired. A/R's who are mentally impaired may need further involvement such as Caseworker working with A/R's family or another agency to secure necessary documentation for eligibility determination.
- c. Provide a language interpreter for A/R's who speak languages other than English.
- d. Provide a sign language interpreter for the deaf and dumb.
- e. Provide a Caseworker to make a home visit to complete application for those A/R's with disabilities that prevent them from being able to travel to our offices. The Unit Supervisor will make the determination as to when this is appropriate. A/R's doing home visit applications will be exempt from the Finger Printing process.
- f. Staff will assist A/R's through doorways to units, bathrooms, entranceways.

2. Saratoga County DSS will insure that A/R's who are offered reasonable accommodations (as directed in #1) understand the consequences if they refuse the assistance. The Social Welfare Examiner/Caseworker (or interpreter) will explain to A/R that in order to process an application that the department is in need of a completed application and necessary documentation. Explanation will be made to A/R of requirements of work rules and what exemptions exist and if they may be eligible for the exemptions. Social Welfare Examiner/Caseworker will explain to the A/R that failure to accept our help in completing the necessary steps may result in their not receiving benefits. Give A/R NYs Books 1,2,3. Refer A/R specifically to Book 1 as the Book that explains their rights and responsibilities. Show them the address for the Disability Rights Section on page #4 and how to call a Fair Hearing on pages #7-9. Explain that these are for complaints that they are either being discriminated against or that they disagree with our determination of benefits. If they are refusing to use one of the reasonable accommodations we are trying to provide for assistance in the application/recert .

process, still attempt to use the accommodation to interpret all of this information to the A/R.

3. Complaints issued either verbally or in writing by A/R's claiming that they have been denied access to our programs due to the fact that they have a disability are to be handled in the following manner. If complaint is received by a Social Welfare Examiner/Caseworker obtain as much information as you can regarding A/R's issues. Give all information to the Unit Supervisor. Unit Supervisor will then discuss the complaint with the Commissioner and/or Deputy Commissioner. They will investigate the complaint and make a determination/resolution.

