

SCHENECTADY COUNTY

**DEPARTMENT OF SOCIAL SERVICES**

OFFICE OF THE COMMISSIONER

487 NOTT STREET, SCHENECTADY, NEW YORK 12308

TELEPHONE: (518) 388-4400 TELEFAX: (518) 388-4644



**DENNIS J. PACKARD**  
COMMISSIONER

March 28, 2005

Ms. Maureen Kennedy-Ragule  
Central Team Leader  
Division of Temporary Assistance  
NYS OTDA  
40 North Pearl St.  
Albany, New York 12243

Dear Ms. Kennedy-Ragule

Enclosed please find the Schenectady County DSS self-evaluation regarding services under the ADA/LEP. Please be advised that the responses represent our "Draft" comments and do not necessarily reflect the final means or procedures by which this agency will meet these specific needs.

If I can be of any further assistance please feel free to contact this office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dennis J. Packard".

Dennis J. Packard  
Commissioner

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

District Schenectady Form completed by: Dennis PACKARD Phone #: 518-388-4206

**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? MARIA Mercoglan

Please provide the ADA contact's telephone # 388-

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  *Current procedure is not yet in writing. Department was ERIC Blvd location or the Kenny Center (Union College). Customers expressing difficulty gaining access are advised of the possible alternatives.*

**Access - General Disabilities**

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

Yes  No  *NOT ALL LOCATIONS*

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  NOT ALL LOCATIONS

d. Are bathrooms and drinking fountains wheelchair accessible?

Yes  No  NOT ALL LOCATIONS

e. 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  NOT ALL LOCATIONS

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) APPLICANTS NORMALLY CONDUCTING BUSINESS AT NOTT ST. ARE OFFERED THE OPPORTUNITY TO MEET AT ERIC Blvd. LOCATION.  
 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?

word by mouth or when people call to inquire. (Go to #8)

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

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?

They are often escorted

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

Procedures are not currently in writing.

Access – Mental Impairment

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

Yes \_\_\_ (Please provide copy) No X

Access – Hearing Impaired

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

Yes \_\_\_ (Please provide copy) No X  
*Current procedures are based on oral understanding.*

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 \_\_\_ *Contract with Hispanic Outreach Services.*

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 \_\_\_ (Describe: \_\_\_\_\_) No \_\_\_

3. a. Is the "Language Poster" displayed in the waiting area? Yes X No \_\_\_

b. Are the Language palm cards used? Yes X No \_\_\_