

SCHOHARIE COUNTY
DEPARTMENT OF SOCIAL SERVICES
P.O. BOX 687, SCHOHARIE, NEW YORK 12157



Paul J. Brady Commissioner
Diane France, Deputy Commissioner
(518) 295-8334

July 2, 2007

Ms. Patricia Aogle
Temporary Assistance Bureau
Division of Employment and Transitional Supports
NYSOTDA
40 North Pearl Street, 11C
Albany, New York 12243

Re: ADA LEP Compliance Evaluation

Dear Ms. Aogle:

In response to 06-ADM-05 dated April 27, 2006, and Commissioner David A. Hansell's correspondence of May 4, 2007, please find enclosed the completed American with Disabilities Act (ADA)/Limited English Proficiency (LEP) self evaluation form for Schoharie County.

In keeping with the offer of assistance outlined in Commissioner Hansell's referenced letter, I would ask that you please contract my Secretary Ruey Schell at 518-295-8311 to set up mutually agreeable dates and times when you can come out to our office to assist with the development of policies and procedures which will ensure our compliance with the ADA/LEP requirements.

Thank you.

Very truly yours,

Schoharie County
Department of Social Services


Paul J. Brady
Commissioner

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

District Eschscholtz Form completed by: P. Brady Phone #: 295-8334

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? PAUL BRADY

Please provide the ADA contact's telephone # 295-8334

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 ___

c. Is the entrance wheelchair accessible?

Yes No ___

d. Are bathrooms and drinking fountains wheelchair accessible?

Yes No ___

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

Yes No ___

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

Yes ___ No ___

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

Yes No ___ 1st 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)

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?

Orally
(Go to #8)

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

Orally

Access – Visually/sight Impaired

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

Yes ___	No <input checked="" type="checkbox"/>	Men's and Women's rooms
Yes ___	No <input checked="" type="checkbox"/>	Room Numbers
Yes ___	No <input checked="" type="checkbox"/>	Exits
Yes ___	No <input checked="" type="checkbox"/>	Permanent Rooms and Spaces
Yes <input checked="" type="checkbox"/>	No ___	Elevators

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

ASK the receptionist

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 (*)

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 (*)

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?

Yes (Please provide copy) No ___ (*)

2. Are the following available in other than English language?

Signs	Yes <input checked="" type="checkbox"/>	No ___
Posters	Yes <input checked="" type="checkbox"/>	No ___
Pamphlets	Yes <input checked="" type="checkbox"/>	No ___
Other client handouts:	Yes <input checked="" type="checkbox"/>	(Describe: _____) No ___

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 the returned to the Division of Employment and Transitional Supports (DETS).

PROCEDURES FOR LANGUAGE TRANSLATION FOR CLIENTS WITH LIMITED ENGLISH PROFICIENCY

- There is a poster next to the reception window that reads (in many languages) "Please go to the reception desk before you sit in the waiting area. They will call someone to interpret for you."
- When the receptionist observes that a client does not speak English she will show her the small language card a supply of which is currently kept at the front desk. The card will help the receptionist determine which language the client speaks. The card reads, "Please be seated while I call someone to interpret for you."
- Dial special telephone access number: 1-800-367-9559, press 1 for Spanish or 2 for all other languages. When prompted, speak the name of the language. (You may press 0 for assistance.)
- Press 1 to confirm the language. If you DO NOT KNOW THE LANGUAGE, say "help" at the prompt.
- Enter your 6 digit client ID number: 502116; enter your numeric access code: 8334.
- An interpreter will be connected to the call.
- BRIEF THE INTERPRETER. Summarize what you wish to accomplish and give any special instructions.
- Add the non-English speaker (client) to the line.

Gloria Albright, Beverly Sisco, Joan Radliff and Kay Yanson are currently trained to handle these calls. They should be contacted in the order listed when you need assistance.

procedure book