

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

District Schoyler Form completed by: Tammy L Brown Phone #: 607-535-8306

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 *each unit supervisor*

2. If yes to #1, who is your ADA contact? *each unit supervisor is responsible for complaints made with regard to their unit - don't have one person*
Please provide the ADA contact's telephone # Specifically for ADA complaints

3. a. Has your district done a self-evaluation of program access by A/Rs with disabilities?

Yes X *Partial - For MA* (Please attach a copy of the report) No

b. Were deficiencies found in the self-evaluation?

Yes X (go to c.) No (Go to #4)

c. Were corrective actions taken?

Yes X (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 X *we have Civil Rights Complaint Form w/ procedures and general complaint Form w/ procedures, copies attached*

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 *not aware of any specific material, however we do provide all applicants w/ required handouts - booklets 1-4*

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 X *we do not have written procedure, but if someone is not able to come into office, either social welfare examiner or adult services worker goes to home*

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 X *no specific procedure, no one has ever refused. However, if they did refuse worker would explain consequences*

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. *N/A*
 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?
 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?
verbally (Go to #8)
8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? verbally through supervisors

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 checked="" type="checkbox"/>	No <input type="checkbox"/>	Exits
Yes <input checked="" type="checkbox"/>	No <input 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

no written procedure, but in this case it would be referred to Adult Services or social welfare examiner would verbally assist them w/ application if they do not bring sighted rep. w/ them

Access – Mental Impairment

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

Yes (Please provide copy)

No

no written procedure, but would refer to mental health

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 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



**SCHUYLER COUNTY
DEPARTMENT OF SOCIAL SERVICES**
County Office Building
105 Ninth Street, Unit 3
Watkins Glen, NY 14891
(607) 535-8303

William J. Weiss
Commissioner

Beverly K. Clinkner
Deputy Commissioner

Handwritten signature
Clinkner

MA
Site Survey

February 21, 2002

State of New York Department of Health
Betty Rice, Director
Division of Consumer & Local District Relations
Office of Medicaid Management
Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12237

Re: Site Survey at the Schuylker County Department of Social Services
by the Office of Medicaid Management Staff

Dear Ms. Rice:

Please accept my apologies for not responding to your letter of November 21, 2001 sooner. We are pleased with the positive findings received by your State staff.

In reply to Questions 34 and 37, please be advised that on further investigation, it was established that a person who can sign for the deaf is on call if needed and the use of the New York Relay Service which can serve TTY users and non TTY users with communication will be utilized. A written procedure for providing language assistance to limited or non-English speaking and hearing impaired clients will be incorporated in the Medicaid Procedures Book located in the Medicaid office.

If there are any questions, please contact me at (607) 535-8302.

Sincerely,

Francis Cingrich
Managed Care Coordinator/Medicaid Supervisor

cc: William J. Weiss, Commissioner

Received
1/23/02

**PROCEDURES FOR PROVIDING LANGUAGE ASSISTANCE
TO LIMITED OR NON-ENGLISH SPEAKING AND HEARING IMPAIRED**

CLIENTS

The following procedures are in effect to provide language assistance to limited or non-English speaking or hearing impaired clients applying to Schuyler County Department of Social Services for assistance:

Hearing Impaired – a person able to sign can be available upon request to attend the interview for Medicaid. Notice must be given at least 2 days before interview appointment.

Public Health has a contact to sign but advance notice must be given.

Access to New York Relay Service by dialing 9-800-421-1220 from the office, or at home by simply dialing 711, will put you in touch with assistance in communicating to TTY users and non-TTY users, 24 hours a day, 7 days a week.

Foreign Language – signs with interpretations are available in Public Assistance for limited communication with non-English speaking clients.

It is advisable that the client bring their own interpreter to the Medicaid appointment, or Access to New York Relay Service by dialing 9-800-421-1220 from the office will provide Spanish interpretation.



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Phone: (607) 535-8303

William J. Weiss
Commissioner

Beverly Clickner
Deputy Commissioner

MEMORANDUM

TO: Supervisors

FROM: Tammy L. Brown *TLB*

DATE: July 28, 2004

RE: Civil Rights Complaints

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Pursuant to State and Federal requirements, if a client is making a **civil rights complaint** based on an allegation of discrimination on race, color, national origin, gender, religion, political belief, age or disability, **the attached complaint form must be used**. Since there is a specific process that must be followed for this type of complaint, I have been designated as the contact person and any such complaint should be forwarded to me.

Thank you.



George E. Pataki
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001

Robert Doar
Commissioner

Local Commissioners Memorandum

Section 1

Transmittal:	04-LCM-07 Revised
To:	Local District Commissioners
Issuing Division/Office:	Temporary Assistance
Date:	June 29, 2004/June 30, 2004 Revised
Subject:	Food Stamp Program Civil Rights Complaint Procedures
Contact Person(s):	Eastern Regional Team @ 1-800-343-8859 ext. 3-1469
Attachments:	Attachment I: "Bureau of Equal Opportunity Development (EOD) Civil Rights Complaint Form" and Attachment II: "Civil Rights Complaint Compliance Agreement"
Attachment Available On – Line:	X

Section 2

Purpose

The purpose of this release is to request updated local Social Services Districts' contact information and to remind districts of the Statewide, uniform procedure for resolving civil rights complaints concerning the Food Stamp program. This updating process will be repeated annually in order to remain current.

I. Background

While the number of civil rights complaints related to the Food Stamp program in New York State has been historically low, we want to ensure that each civil rights complaint is being tracked and handled appropriately. To ensure that all districts have a uniform and equitable method of providing clients access to filing a complaint, the Office of Temporary and Disability Assistance (OTDA) has revised the complaint procedure.

The attached Civil Rights Compliance Agreement must be completed and sent by July 23, 2004, to:

**Eastern Regional Team
Division of Temporary Assistance
New York State Office of Temporary and Disability Assistance
40 North Pearl Street, Floor 11C
Albany, New York 12243**

II. Program Implications

Pursuant to federal and State requirements, program managers are required to record any allegation of discrimination based on race, color, national origin, gender, religion, political belief, age or

disability that is made by applicants/recipients of the Food Stamp Program. In addition to logging in the actual complaint, districts are required to maintain copies of all pertinent records of the incident and the resolution of the complaint. These records are subject to both State and federal audit and, therefore, must be readily retrievable for a period of seven [7] years or until the audit is concluded.

Districts must record each civil rights complaint on OTDA's Bureau of Equal Opportunity Development [EOD] Civil Rights Complaint Form [Attachment I]. The Civil Rights Complaint Form requires a preliminary review or investigation to determine merit and must be forwarded to OTDA when this preliminary review or investigation is completed. Those cases deemed to indicate a need for full EOD investigation must be reported to the OTDA when the investigation is complete using Attachment I.

Districts must retain a copy of the complaint form that has been referred to OTDA along with any other materials related to the resolution of the complaint. EOD will send a formal notice to the contact person, receive all reports of local determinations and full investigations and close the inquiry when the issue is resolved.

By completing and returning the attached Civil Rights Compliance Agreement [Attachment II], districts will designate a local contact person who will be responsible for coordinating local investigations, resolutions and an office telephone number that will be available for inquiries. Once received by EOD, the agreement will be maintained on file by EOD. Districts must submit updated Agreements to OTDA to reflect local district staffing and office telephone number changes as they occur.

Districts also are reminded that the "Food Stamp Complaint Procedures Poster" (LDSS-8036) is required to be posted in all local district offices.

Temporary Assistance Implications

Part 303 of the Office Regulations prohibits discrimination against an individual because of race, color, national origin, age, gender, religion or handicap. The part does not contain a requirement that complaints of discrimination against a Temporary Assistance (TA) only applicant/recipient that come to the attention of the local district must be reported to this Office. Therefore, the report required for complaints concerning Food Stamps is not required for complaints concerning TA. However, local districts must investigate claims of discrimination and must retain the record of the complaint against a TA-only applicant/recipient for six [6] years after the resolution of the complaint.

Issued By

Name: Richard McElroy

Title: Acting Deputy Commissioner

Division/Office: Temporary Assistance

BUREAU OF EQUAL OPPORTUNITY DEVELOPMENT
FOOD STAMP PROGRAM CIVIL RIGHTS VIOLATION COMPLAINT FORM

Client Name: _____ Food Stamp Case No: _____

LDSS Location/address: _____

Telephone: _____

Basis for complaint: _____

Date of Complaint: _____ Acknowledged (date): _____

File opened on (date) _____

If necessary, inactive period, from (date) _____ to (date) _____

Reason: _____

Written complaint and all documentation received (date) _____

LSSD Investigation began (date) _____

Staff assigned: _____ Telephone: _____

Determination:

Complaint Unsubstantiated/Dismissed _____ Client notified _____ Date _____

Complaint Substantiated/Resolution Reached _____ Client notified _____ Date _____

Complaint Referred to NYSOTDA & EOD for Investigation:

Client notified _____ Date _____

Complaint referred _____ Date _____

Memo

To: Supervisors
From: Bill Weiss, Commissioner
Date:
Re: Complaint Procedures

Complaints against workers will be put in writing on a form available at Reception. The Commissioner's secretary will copy the complaint and give the original to the worker's Supervisor, and a copy to the Commissioner to respond with an acknowledgement. (attached). The Supervisor will conduct an interview with the worker and advise the Commissioner, in writing, an answer to the complaint. The client will then be advised if any further action is instituted.



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**SCHUYLER COUNTY DEPARTMENT OF SOCIAL SERVICES
COMPLAINT FORM**

Complainant's Name _____ Case No. _____

Address: _____

Phone No. _____

1. Please state the nature of the complaint including specific workers, dates and times, incidents involved.

2. Describe attempts to resolve complaint.

3. If attempts were made to resolve the complaint, why was it not resolved?

4. What action/results are requested.

5. Please add any other information that would be helpful in resolving the complaint.

Date: _____

Signature

DEPARTMENT USE ONLY

ACTION TAKEN TO RESOLVE COMPLAINT

Date

Worker's Signature