

Seneca
6/27/07

(Attachment 1)

(Rev. 03/05)

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

District A45

Form completed by: Tom Ruryla Phone #: 315-539-1803

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 (*) *refer to outside agency can be assisted*

2. If yes to #1, who is your ADA contact? _____

Please provide the ADA contact's telephone # _____

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 (*) *also through contract if necessary*

- 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 (*) *we use interpreter from outside*

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 (*) *referral procedure used to accommodate*

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 (*) *interpreter refus/explain*

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) *outside agencies will accommodate these individuals.*

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) *explained verbally*

7. How is the district's policy regarding home visits or alternate accommodations conveyed to A/Rs?

(Go to #8)

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

Access - Visually/sight Impaired

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

Yes ____ No Men's and Women's rooms

Yes ____ No Room Numbers

Yes ____ No Exits

Yes ____ No Permanent Rooms and Spaces

Yes ____ No Elevators

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

given assistance if needed/wanted

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 (*) *yes/verbal explanations provided*

Access - Mental Impairment

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

Yes ____ (Please provide copy) No (*) *can be provided upon request*

Access - Hearing Impaired

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

Yes ____ (Please provide copy) No (*) *can be provided upon request*

2. Is a sign-language interpreter provided?

Yes ____ No (*) *if needed from outside source*

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 _____ (*) *referred to other agencies*

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 "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).