

(Rev. 03/05)

**AMERICANS WITH DISABILITIES ACT (ADA)/LIMITED ENGLISH PROFICIENCY
(LEP)**

Self-Evaluation Form

District St. Lawrence

Form completed by: Karen Dupree Phone #: 315-379-2155

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? Karen Dupree, Head Social Welfare Examiner
Please provide the ADA contact's telephone # 315-379-2155.
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 (*) See "Complaint Procedures"
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 (*) See Memorandum dated 7/13/06
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 (*) See Memorandum dated 7/13/06

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 - drinking fountains

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. N/A

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) See Memorandum dated 7/13/06

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

Advised by phone or letter.

(Go to #8)

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

Directly from Supervising staff.

Access – Visually/sight Impaired

"providing temporary assistance for permanent change"

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?

Staff member's assistance.

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 (*) See Memorandum dated 7/13/06

Access – Mental Impairment

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

Yes (Please provide copy) No (*) See Memorandum dated 7/13/06

Access – Hearing Impaired

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

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: New York Relay Services) No

Access – Limited English Proficiency

1. Do you have procedures to assist limited or non-English speaking A/Rs?

Yes (Please provide copy) No (*) See attached

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 when needed

(*) 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).

"providing temporary assistance for permanent change"

**ST. LAWRENCE COUNTY
DEPARTMENT OF SOCIAL SERVICES
JIM DAVIS
COMMISSIONER**

**CANTON, NEW YORK 13617
PHONE 315-379-2111
FAX 315-379-2278**

MEMORANDUM

**TO : All Staff
FROM : Jim Davis, Commissioner
DATE : July 13, 2006
RE : Serving Persons With Disabilities Policy**

Please be advised that if requested by any member of the public seeking services from this agency for help in accessing our programs and, they have stated they need accommodations under the Americans with Disability Act, the official policy for the St. Lawrence County Department of Social Services will be that we will make all reasonable accommodations to assist that individual.

When a request for an accommodation is made it will be the line-level supervisor's responsibility to find an accommodation that is acceptable to the person requesting such accommodation. If unable to find a suitable remedy the line-level supervisor will ask the next level supervisor to handle. If all levels of supervisors are unable to resolve the issue the final decision will rest with the Commissioner.

This policy shall also apply to requests made for staff to make a home visit to interview individuals who claim they are unable to come to our agency. Each of those cases, as in the past, will be made on a case by case basis using the same protocol found in the previous paragraph of this policy.

Last, in dealing with persons who are visually impaired and appear at our agency without a representative, we will assist them by the same procedure used when someone we are serving cannot read, unless the individual requests some other accommodation. If someone requests a different accommodation we will use the protocol found in the second paragraph of this policy.

**ST. LAWRENCE COUNTY
DEPARTMENT OF SOCIAL SERVICES**

PROCEDURE FOR NON-ENGLISH SPEAKING AND/OR HEARING IMPAIRED CLIENTS

If we are contacted by or on behalf of a non-English speaking or hearing impaired client who does not have someone to interpret for them:

1. Determine what language interpreter is necessary – we have a large poster in the lobby and hand held cards at the front desk to show the client so they can indicate what language they speak.
2. Contact your supervisor to make them aware of the situation.
3. The supervisor will contact Danielle Burke to make her aware of the necessity of arranging for an interpreter.
4. The supervisor will either designate someone to make the necessary arrangements or handle the arrangements themselves.

Agency Workers:

Spanish	Dianne Calvani	Ext 349
Italian	Dianne Calvani	Ext 349
Dutch	Yvonne Todd	Ext 347

St. Lawrence University:

Steven White, Chair – Modern Language Department
Phone: (315) 229-5160

Ann Csete – **Chinese**
Work Phone:

Sign Language:

Karen Wittingham
Home Phone: (315) 379-0132
Work Phone: (315) 562-3284 (Edwards-Knox Elementary Office)
-Appointments after 3:30 due to being interpreter at school during the day

COMPLAINT PROCEDURES

A. Civil Rights Complaints

1. In writing

- a. Staff receiving written complaint forwards to Head Social Welfare Examiner
- b. Head Social Welfare Examiner logs and completes Complaint Form (Attachment A), conducts a review resolving and/or taking corrective action as indicated, forwards copy of written complaint and details of Agency actions to: NYS OTDA and Agency complaint file. Response made to complainant.

2. Verbally

- a. Staff receiving complaint refers to Supervisor who completes Complaint Form (Attachment A) and refers to Head Social Welfare Examiner.
- b. Head Social Welfare Examiner logs complaint and conducts a review resolving and/or taking corrective action as indicated, forwards copy of written complaint along with details of Agency actions to: NYS OTDA and Agency complaint file. Response made to complainant.

B. Non-Civil Rights

1. In writing

- a. Staff receiving written complaint forwards to Head Social Welfare Examiner.
- b. Head Social Welfare Examiner logs and completes Complaint Form (Attachment A), conducts a review, resolving and/or taking corrective action as indicated. Response made to complainant.

2. Verbally

- a. Staff receiving complaint refers to Supervisor who completes Complaint Form (Attachment A) and refers to Head Social Welfare Examiner.
- b. Head Social Welfare Examiner logs complaint and conducts a review, resolving and/or taking corrective action as indicated. Response made to complainant.

COMPLAINT REFERRAL

St. Lawrence County Department of Social Services

Complainant's Name _____ Case Number _____

Complainant's Address _____ Phone Number _____

Unit/Staff involved _____

Nature of Complaint

a. Discrimination

____ race ____ age ____ religion ____ national origin
____ sex ____ color ____ handicap ____ political belief

b. processing standards/service

c. professional conduct

Circumstances of complaint

Received by _____ Date _____

Reviewed by _____ Date _____

Review results _____

