

STEBEN COUNTY

DEPARTMENT OF SOCIAL SERVICES

KATHRYN A. BIEHL, CSW-R, COMMISSIONER

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Ms. Maureen Kennedy-Ragule
Division of Temporary Assistance
New York State OTDA
40 N. Pearl Street, 11th floor
Albany, NY 12243

November 22, 2004

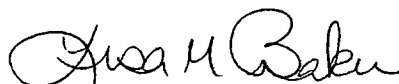
Dear Maureen,

Attached please find the ADA survey as requested. As you will see from the form we are delinquent with written procedures, but we are making accommodations for the clients with disabilities.

If you have any questions concerning the response please feel free to contact me at 607-664-2100. Thank you.

Sincerely,
Steuben County
Department of Social Services

Kathryn A. Biehl, CSW-R
Commissioner



Lisa M. Baker
PSWE - TA/FS

CC: Commissioner Biehl

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

Self-Evaluation Form

District Stuben Form completed by: Lisa Baker Phone #: 607-664-2100

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? _____

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

- 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. 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? We allow individuals to assist/apply for disabled clients for TA (with written consent) or Caseworkers assist, FOR FS - telephone interviews.

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?

in writing on a case by case basis. (Go to #8)

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

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 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?

With assistance from staff / security

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

Nothing written -
we have a CSW on staff
through BILT

Access – Hearing Impaired

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

Yes (Please provide copy) No

We have a list of interpreters.
We make arrangements,
& one SWE who knows ASL.

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: TTY) No

Access – Limited English Proficiency

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

Yes (Please provide copy) No

Again - not in writing but we make
arrangements for interpreters

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 AS NEEDED