

(Attachment 1)

(Rev. 03/05)

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

District Tioga Form completed by: GARY GRANT Phone #: 607-687-8303

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? GARY GRANT

Please provide the ADA contact's telephone # 6076878303

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.

X Yes ___ No (go to #3)

3. When one or more district office is not handicap accessible, is reasonable accommodation offered?

NA ___ 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? Homevisits
Done on Request

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?

Case by case
(Go to #8)

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

Staff Meetings

Access - Visually/sight Impaired

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

Yes <u>✓</u>	No ___	Men's and Women's rooms
Yes ___	No <u>✓</u>	Room Numbers
Yes ___	No <u>✓</u>	Exits
Yes ___	No <u>✓</u>	Permanent Rooms and Spaces
Yes <u>✓</u>	No ___	Elevators

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

Reception Staff

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: TTY/TTD) 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 ___ (Describe: _____)	No <input checked="" type="checkbox"/>

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).

TIOGA COUNTY DEPARTMENT OF SOCIAL SERVICES

Shawn L. Yetter, Commissioner



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FAX COVER SHEET

DATE: 8/23

TO: Patricia A

AGENCY: _____

FAX #: _____ PHONE #: _____

FROM: E. Looster

AGENCY: _____

FAX #: (607) 687 6168 PHONE #: (607) 687 8300

NUMBER OF PAGES (including cover sheet): 6

MESSAGE: family apologies

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