/Á	ttachment	1)
1/4	##MP1#11#61#	4/

(Rev. 03/05)

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MERICANS WITH DISABILITIES ACT (ADA)/LIMITED ENGLISH PROFICIENCY (LEP)
Self-Evaluation Form
strict Troga Form completed by: GARY GRANT Phone #:607-687-8303
ccess - ADA
 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 GRAT.
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

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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 (*)					
Ac	ecess – General Disabilities					
1.	a. Are your facilities accessible to, and usable by, individuals with disabilities?					
	YesX					
	b. Are your parking areas and sidewalks accessible to, and usable by, individuals with disabilities?					
	Yes X No					
	c. Is the entrance wheelchair accessible?					
	Yes X No					
	d. Are bathrooms and drinking fountains wheelchair accessible?					
	Yes X 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 1 st floor, are there elevators?					
	Yes No 1 st floor only					

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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? No (*) 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? Homevisits None 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? (Go to #8)						
(Go to #8)						
8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? STAH MIRETWSS.						
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						

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t	o. 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		
3.	Does the office/agency have TTY/TTD equipment or New York Relay Services available?		
	Yes / (Type of Service:		
Access	- Limited English Proficiency		
l.	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 No Posters Yes No No Other client handouts: Yes (Describe: No		

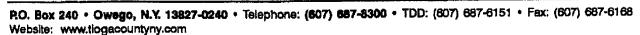
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3. a. Is the "Interpreter Services Poster" (PUB-4842) displayed in the waiting area?

- 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





FAX COVER SHEET

DATE:	8/23					
TO:	- Patricio	i a				
AGENCY:		······································				
FAX #:		PHONE #: _				
FROM:	E. Lasater					
AGENCY:						
FAX #:	(607) 687 6168	PHONE #:	(607) 687 8300			
NUMBER OF	PAGES (including cover sheet)):	6			
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