

# COUNTY OF ULSTER

## DEPARTMENT OF SOCIAL SERVICES

1061 DEVELOPMENT COURT  
KINGSTON, NEW YORK 12401-1959



*Glenn L. Decker, Commissioner*

*Patricia P. Jelacic, Deputy Commissioner*

*Barbara J. Sorkin, Deputy Commissioner*

Administration  
(845) 334-5000  
FAX (845) 334-5353

E Mail - gdec@co.ulster.ny.us

pjel@co.ulster.ny.us  
bsor@co.ulster.ny.us

November 19, 2004

Ms. Maureen Kennedy-Ragule  
Central Team Leader Div of TA  
NYS OTDA  
40 North Pearl Street 11th Floor  
Albany, NY 12243

Dear Ms. Kennedy-Ragule:

Re: ADA Self-Evaluation Form

Attached is the completed evaluation form for the Ulster County Department of Social Services.

Sincerely,

*Glenn L. Decker*

Glenn L. Decker  
Commissioner

eh  
encs.

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

District Ulster Form completed by: Patricia Jelacic/Sue Barnes Phone #: (845) 334-5200  
Deputy Comm. F.S. Coordinator

**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)?

X  Yes   No

2. If yes to #1, who is your ADA contact? Patricia Jelacic, Deputy Commissioner

Please provide the ADA contact's telephone # (845) 334-5200

3. a. Has your district done a self-evaluation of program access by A/Rs with disabilities?

Yes  X  (Please attach a copy of the report) No   This was done in 1992, a copy cannot be located. In 1996 we were relocated to our present offices where ADA was part of the compliance.

b. Were deficiencies found in the self-evaluation?

Yes   (go to c.) No   (Go to #4)

Unsure, by relocating all issues part  
c. Were corrective actions taken? of ADA compliance

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  X  (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  X  (Please attach copy) No   Rights and Responsibility Booklet and Posters.

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  X  (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  X

**Access – General Disabilities**

1. a. Are your facilities accessible to, and usable by, individuals with disabilities?

Yes x No \_\_\_\_\_

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. If the client area is above or below the 1<sup>st</sup> floor, are there elevators?

Yes x No \_\_\_\_\_ 1<sup>st</sup> 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.

x 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?

x 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?

x Yes (please attach a copy – go to #7) \_\_\_\_\_ No (go to #7) See Access

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

~~Upon contact for need for services~~ \_\_\_\_\_ (Go to #8)

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

**Access – Visually/sight Impaired**

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

Yes <u>  X  </u>	No _____	Men's and Women's rooms
Yes <u>  X  </u>	No _____	Room Numbers
Yes _____	No <u>  X  </u>	Exits (Taking steps to correct)
Yes <u>  X  </u>	No _____	Permanent Rooms and Spaces
Yes <u>  X  </u>	No _____	Elevators

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

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   X   (Please provide copy) No \_\_\_\_\_ (See access memo)

**Access – Mental Impairment**

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

Yes   X   (Please provide copy) No \_\_\_\_\_ (See access memo)

**Access – Hearing Impaired**

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

Yes   X   (Please provide copy) No \_\_\_\_\_ (See access memo)

2. Is a sign-language interpreter provided? Yes   X   No \_\_\_\_\_

3. Does the office/agency have TTY/TTD equipment or New York Relay Services available?

Yes   X   (Type of Service:   TTY  ) No \_\_\_\_\_ (See DOH letter)

**Access – Limited English Proficiency**

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

Yes   X   (Please provide copy) No \_\_\_\_\_ (See access memo)

2. Are the following available in other than English language?

Signs Yes   X   No \_\_\_\_\_  
Posters Yes   X   No \_\_\_\_\_  
Pamphlets Yes   X   No \_\_\_\_\_  
Other client handouts: Yes \_\_\_\_\_ (Describe: \_\_\_\_\_) No \_\_\_\_\_

3. a. Is the "Language Poster" displayed in the waiting area? Yes   X   No \_\_\_\_\_

b. Are the Language palm cards used? Yes \_\_\_\_\_ No   X

**TO:** Directors/Coordinators  
**FROM:** Dolores A. Miller, Deputy Commissioner  
**DATE:** September 25, 2000

**RE: ACCESS TO SERVICES**

It is the responsibility of this department to ensure that all applicants for and recipients of social services programs are able to apply for benefits without undue hardship. In meeting that obligation, we must have arrangements to provide interpretation or translation services for persons who need them. All staff must know what these arrangements are, and how to use them.

Non-English speaking applicants may bring an interpreter of their choice with them but they may not be required to do so and cannot be denied access on the basis of our inability to provide adequate translations.

Persons with physical disabilities must have access to social services programs. If there are barriers that would hinder access, alternative means of access must be offered whether these are alternate entrances and offices or alternate places for conducting interviews. If a person with a disability must go to the downstairs conference room, use of the elevator can be arranged by requesting assistance from the receptionist in T. A.

**The following interpreter services are provided free-of-charge:**

Ulster County-CSEA Labor Management Committee provides a list of County employees who have volunteered to serve as interpreters in the event a "communications emergency" arises in any County department (Attachment I).

Retired Senior Volunteer Program (RSVP) provides translation services by volunteers who are fluent in a number of languages. To arrange for this service, the supervisor who is the liaison for your division should call RSVP @ 687-5265 or 687-5274. The supervisor will be the contact for each volunteer and will orient the volunteer to the building and assist in preparing them by providing any training they may need for the assignment.

**The following interpreter services are fee-based:**

Mid-Hudson Interpreter Service will provide Sign Language interpreters under a contractual agreement with this department. See Attachment II for information on how to request this services.

See Schedule A, Attachment III regarding each of the following Spanish interpreters:

Kingston Mid-Hudson Translation Service 338-9572. \$62.50/hr. for up to 2.5 hrs. and \$20 for every hour over 2.5.

Gary Rosado 246-9214 \$30/hr. \$35/hr as of 1/1/01

Raquel (Ricki) Kleinfeld 679-8986 Also interprets for Family Court. \$50/hr.

Telephone interpretation services are available through Language Line Services. This is a contracted service. Billing is handled through Accounting. Information on how to access this service can be found in Attachment IV.

**EACH DIVISION SHOULD APPOINT A SUPERVISOR WHO WILL BE IN CHARGE OF ARRANGING THESE SERVICES AND PREPARING THE INTERPRETER FOR THE INTERVIEW. THE SUPERVISOR SHALL MAINTAIN A RECORD OF ALL VOLUNTEER AND PAID SERVICES. IF YOU HAVE DIFFICULTY FINDING AN INTERPRETER, OR EXPERIENCE ANY PROBLEMS UTILIZING THESE SERVICES, PLEASE CONTACT ADMINISTRATION.**

## COMPLAINT PROCEDURES (BACKGROUND)

Federal and State Regulations require that local districts follow certain guidelines when complaints are made concerning any aspect of Food Stamp Program Administration. For the purposes of this directive a complaint that must be recorded and handled using the following procedures is defined as: any client identified problem which relates to our delivery of benefits or services in terms of its nature, timeliness or effectiveness relative to the Food Stamp Program. It may further include the nature or treatment or attitude of the agency or any particular staff member.

Complaints are classified under two headings, either civil or non-civil. Below are the differences defined as well as specific handling procedures for both.

I. Civil Complaint- local districts shall not discriminate against any applicant or recipient in any aspect of program administration including, but not limited to program access and delivery of services based on age, race, color, sex, handicap, religion, creed, national origin or political beliefs. The individuals who wish to file a complaint of discrimination may file the complaint within 180 days of the alleged discrimination by writing to:

Secretary of Agriculture  
Department of Agriculture  
Washington, DC 20250  
and/or  
N. Y. S. D. S. S.  
Food Stamp Bureau  
40 N. Pearl Street- Room 7A  
Albany, NY 12243

Under civil complaints the agency must:

Accept verbal complaints if the individual does not wish to file a written complaint using the attached form- Complaint Form. The form must be filled out as completely as possible and forwarded to both above agencies.

II. For Non-Civil Complaints the agency will utilize the same complaint form attached. The form must be filled in as completely as possible. A non-civil complaint is defined as any written or oral communication made to the local district to the state agency (NYDSS) by or on behalf of an applicant or recipient of food stamp benefits (other than a complaint for which there is a request to a fair hearing) alleging dissatisfaction with:

1. The action or failure to act in a particular case.
2. The manner in which the local district generally handles cases.
3. The local districts facilities and/or services or the manner in which it generally conducts business.
4. Other facilities or services used by the local district for providing care and services for its clients.
5. Any other aspect of local district administration not mentioned above.

Individuals who are not satisfied with the local district's handling of the complaint may file a complaint with the NYSDSS- Food Stamp Bureau.

If NYSDSS refers a complaint to the local district a response needs to be submitted within twenty days covering all matters pertaining to the complaint.

There is a requirement that the local district track and monitor all such complaints as discussed in the previous narrative.

A copy of 90 INF-53-Food Stamps: Complaint Procedures is attached for your information. The specific local procedure we will follow is also attached. We are mandated to follow the process.



UCDSS- Agency Complaint Procedure  
Food Stamp Program (IM&FS)

1. Written Complaint- Given to Principal or Director IM or FS. Principal (or Director) discusses complaint with appropriate staff (senior and/or examiner) takes appropriate action and has unit supervisor complete complaint form and return with resolution. Principal maintains separate files (civil & non-civil) for area of responsibility. Program Director involved as need be.
2. Telephone Complaint- routed to unit supervisor or Principal (in absence of senior). Unit supervisor completes complaint form, discusses complaint with appropriate staff, takes appropriate action and files a resolved complaint form with Principal.
3. In Person Complaints- Seniors in units handle by area of responsibility. Complaint form completed, appropriate action taken. Resolved complaint form filed with Principal.
4. The Principal will assume responsibility for determination of the type of complaint (civil or non-civil) and the specific reporting action required. (see 90 INF-53 for detail).
5. The Program Director (IM or FS) may become involved at any time on a complaint. The Director will follow up on compliance.
6. Complaints (written or verbal) must be resolved within five business days.
7. Specific program complaints (regulatory, not under agency control, routine case decisions, fair hearing issues) are not part of this complaint procedure. This type of complaint should be handled as we do now.



+-----+  
 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 90 INF-53

TO: Commissioners of  
 Social Services

DIVISION: Income  
 Maintenance

DATE: October 1, 1990

SUBJECT: Food Stamps: Complaint Procedures/Requirements

SUGGESTED

DISTRIBUTION: Food Stamp Directors  
 Income Maintenance Directors  
 Staff Development Coordinators

CONTACT PERSON: County Food Stamp representative at 1-800-342-3715,  
 extension 4-9225.

ATTACHMENTS: Food Stamp Complaint Procedure (poster) - not  
 available on-line.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		387.2(r)	7 CFR 271.6	FSSB	
		387.2(s)	7 CFR 272.6	VIII-B-1	

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The purpose of this release is to transmit the revised "Food Stamp Complaint Procedure" poster which is required to be prominently displayed in all PA and NPA waiting areas. This release will also remind local districts of their responsibility and requirements (as outlined in the Food Stamp Source Book) for handling civil and non-civil complaints under the Food Stamp program.

I. Civil Complaints

Local districts shall not discriminate against any applicant or recipient in any aspect of program administration including, but not limited to, program access and delivery of services based on age, race, color, sex, handicap, religious creed, national origin, or political beliefs.

A. Complainant Responsibilities

Persons who believe they have been subject to discrimination as specified above may file their complaint within 180 days of the alleged discrimination by writing to the:

Secretary of Agriculture  
Department of Agriculture  
Washington, D.C. 20250

and/or the:

New York State Department of Social Services  
Food Stamp Bureau  
40 N. Pearl Street - Room 7A  
Albany, New York 12243

B. Local District Responsibilities

Local districts are required to:

1. Accept verbal complaints in the event the individual alleging discrimination declines to submit a complaint in writing. In this event, the local district is required to record the complaint and, if possible, obtain the following information:
  - a. the complainant's name, address, and phone number (or other means of contacting);
  - b. the name and location of the office accused of discriminatory practices;

- 
- c. the circumstances which prompted the allegation;
  - d. the nature of the alleged discrimination (i.e., race, color, creed ...);
  - e. names and addresses of any witnesses;
  - f. the date(s) the alleged discrimination occurred.
2. Promptly forward all civil complaints filed with the local district to the Secretary of Agriculture along with a copy to NYSDSS - Food Stamp Bureau.
  3. Publicize the complaint procedures described above in addition to prominently displaying the following mandated posters in all local PA and NPA food stamp offices:
    - a. "AND JUSTICE FOR ALL" (USDA) Form AD-475, November 1985
    - b. "FOOD STAMP RIGHTS" (USDA) FNS-183, December 1978
    - c. "FOOD STAMP COMPLAINT PROCEDURES" (NYSDSS)
- NOTE: This poster has been recently revised. Two copies are transmitted with this INF. Additional copies may be obtained by contacting your food stamp county representative.
4. Provide information concerning non-discrimination laws, complaints, and participant rights to households within ten (10) days of request.
  5. Obtain racial/ethnic data on complainants and report this data to NYSDSS annually on form FNS-101.

## II. Non-Civil Complaints

A non-civil complaint is any written or oral communication made to a social services district or SDSS by or on behalf of an applicant for or recipient of food stamp benefits (other than a complaint for which there is a right to a fair hearing) alleging dissatisfaction with:

- A. the action or failure to act in a particular case;
- B. the manner in which the local district generally handles its cases;
- C. the local district's facilities and/or services, or the manner in which it generally conducts business;
- D. other facilities or services used by the local district for providing care and services for its clients; or

- E. any other aspect of local district administration not mentioned above.

- F. Complainant Responsibilities

Persons who believe any of the above, including processing standards and/or delivery of services, were provided unsatisfactorily and have not obtained a satisfactory resolution from the local food stamp office may also file a complaint with NYSDSS Food Stamp Bureau. Complaints received by SDSS should include:

1. complainant's name, address and phone number (or other means of contacting);
2. the county involved;
3. complainant's case number (if applicable);
4. all pertinent information concerning the allegation.

- G. Local District Responsibilities

1. Every complaint received must be promptly acknowledged.
2. The basis of the complaint must be reviewed and investigated to determine the validity of the complaint.
3. The local district is responsible for reviewing its own activity in order to determine what appropriate action is required.
4. When a complaint has been referred to the local district by NYSDSS, a response must be submitted to the Department within 20 days covering all matters pertaining to the complaint, including:
  - a. facts gathered by the local district concerning the complaint; and
  - b. any action taken by the local district to resolve the issue and whether the complainant is satisfied with the explanation/action provided.

III. General Information

The NYSDSS Food Stamp Bureau will follow up on all food stamp complaints received by the Department. Corrective action will be taken where warranted in addition to responding to the complainant on the State agency's disposition of the complaint.

To help accommodate civil complaint reporting requirements, districts are encouraged to develop and maintain a "complaint tracking system" that would identify:

- A. complainant's case number, name, address, and phone number;
- B. date received;
- C. type of complaint (i.e.; civil, non-civil);
- D. reason for complaint;
- E. who/where the complaint was referred for action (office/unit/worker);
- F. resolution due date;
- G. date resolved.

Questions concerning this release or requests for mandated posters may be directed to your county's food stamp representative.

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Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Income Maintenance

# AMERICAN WITH DISABILITIES ACT

## TITLE II: PUBLIC ENTITIES

### PUBLIC ENTITY

any STATE or LOCAL government

any department, agency, special purpose district or other instrumentality of state or local government

"No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity."

Applies to all services, programs, and activities provided or made available by public entities...and...employment by reference to Title I, Employment



## QUALIFIED INDIVIDUAL WITH A DISABILITY

An individual with a disability who, with or without reasonable modifications to rules, policies and practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity



**RESOURCE CENTER FOR  
ACCESSIBLE LIVING, INC.**

602 ALBANY AVENUE  
KINGSTON, NY 12401  
914-331-8680 TTY  
914-331-2076 FAX  
914-331-0541

**The Resource Center for Accessible Living, Inc.** is a non-profit organization run by and for people with disabilities. It was founded in 1983 by disabled persons who recognized the need for a non-residential center dedicated to the independent living interests and rights of disabled individuals in the community.

The philosophy of the Resource Center is based on the belief that people with disabilities can and should make their own decisions and take control of the issues that affect their lives.

A wide range of services are offered.

## **SERVICES**

### **Information and Referral**

Information about local services and resources as well as state and federal programs. Disability related books, tapes and catalogs are available in the Center loan library.

Advocacy

Support for consumers in actively developing and securing their legal, social, economic and civil rights.

Architectural Barrier Removal

Architectural accessibility consultation and state and federal building code information for homeowners, businesses, and public officials.

Americans with Disabilities Act (ADA) Consultation

Assistance for people with disabilities, employers, business owners, public entities and other not-for-profits in interpreting and complying with ADA non-discrimination requirements.

**ADDITIONAL SERVICES INCLUDE:**

- Assistance in locating housing
- Support Groups
- Independent Living Skills Training
- Special Education Advocacy
- Benefits (Medicaid, SSI, SSDI, etc.) Advisement
- Peer Counseling
- Equipment Loan
- Accessible Art Gallery with exhibits by artists with disabilities

We welcome your phone calls and visits.



A member of Ulster County United Way

# DEFINITION OF A DISABILITY

The ADA borrows from Section 504 of the Rehabilitation Act of 1973 to state what disability means:

Three Prong Definition:

1. A physical or mental impairment which substantially limits one or more major life activities.
2. Has a record of such impairment.
3. Is regarded as having such an impairment.

## SUBSTANTIALLY LIMITS

An impairment that prevents an individual from performing a major life activity that the average person in the general population can perform.

## MAJOR LIFE ACTIVITIES

Means functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

## PROGRAM ACCESSIBILITY

A public entity shall operate each service, program, or activity so that the service, program, or activity, when viewed in its entirety, is readily accessible to and useable by individuals with disabilities

### BASIC RULE:

Individuals with disabilities cannot be excluded from services, programs, and activities because buildings are inaccessible

## COMMUNICATION

Communications with individuals with disabilities shall be as effective as communication with other members of the public.

## AUXILIARY AIDS AND SERVICES

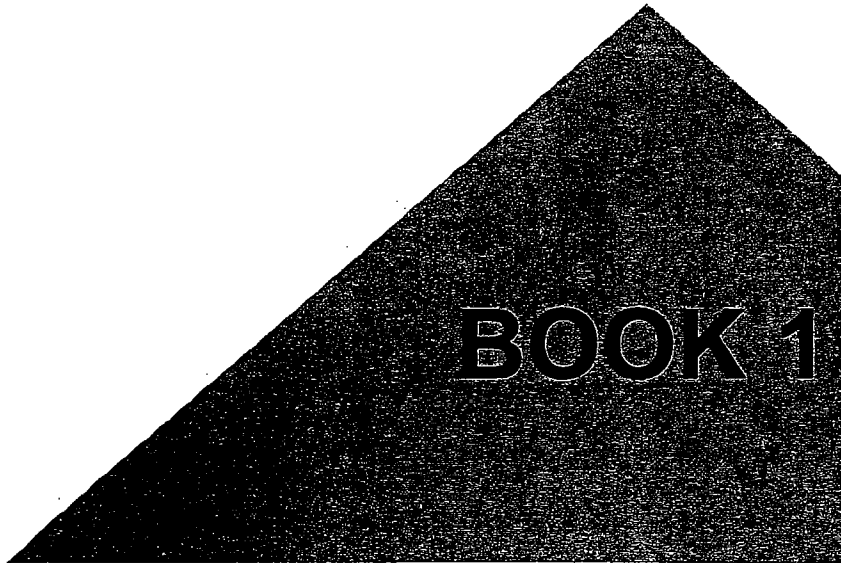
- \* QUALIFIED INTERPRETERS, ASSISTIVE LISTENING SYSTEMS, DECODERS, OPEN AND CLOSED CAPTIONING, TDDS, VIDEOTEXT DISPLAYS, etc.
- \* QUALIFIED READERS, TAPED TEXTS, AUDIO RECORDINGS, BRAILLE MATERIALS, LARGE PRINT MATERIALS, etc.
- \* ACQUISITION OR MODIFICATION OF EQUIPMENT OR DEVICES
- \* OTHER SIMILAR SERVICES AND ACTIONS

The public entity shall ensure information can be obtained about the existence and location of accessible services, activities and facilities.

# New York State

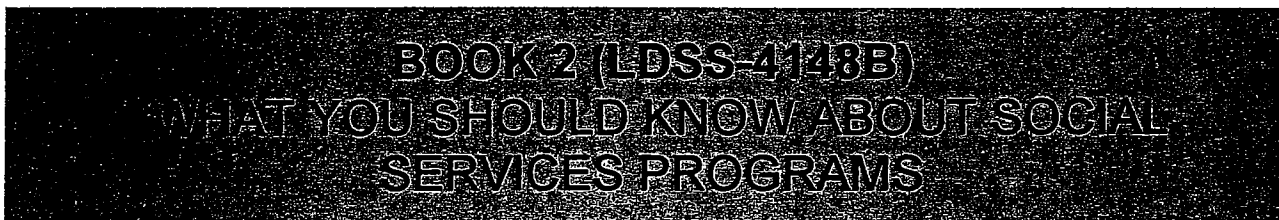
## WHAT YOU SHOULD KNOW ABOUT YOUR RIGHTS AND RESPONSIBILITIES

*(When Applying For or Receiving Benefits)*

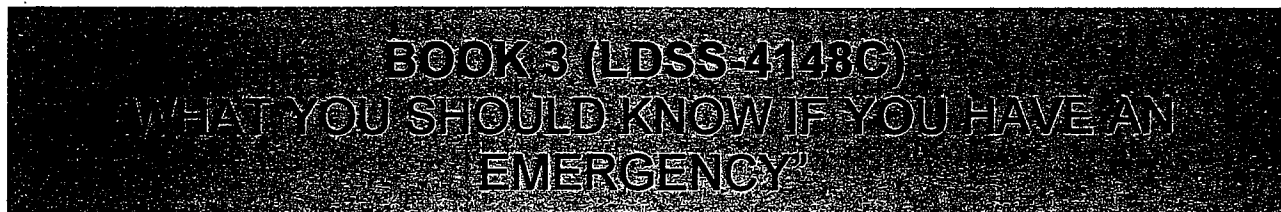


page 4  
Item #2

Also See



and



SAVE THIS BOOK FOR FUTURE USE





# YOUR RIGHTS

## 1. Application Rights

You have the right to:

- Be told about the programs and help you can get.
- Be told what you need to do to get these programs.
- Apply for these programs.
- Get an Application when you ask for one.
- Turn in (file) the Application the same day you get it.

**NOTE:** A Food Stamp Benefits Application must be accepted if you have filled in at least your name, address (if you have one) and signature. This is important because the amount of your Food Stamp Benefits is figured from the day you turn in your Food Stamp Benefits Application. You could get more Food Stamp Benefits if you turn in your application the same day you get it. Please note, however, that you will have to fill out the rest of the application to see if you can get Food Stamp Benefits.

- Mail in your application if you are applying only for child care services.
- Have an interview
  - For Medical Assistance (Medicaid/Child Health Plus A/Family Health Plus/Family Planning Benefit Program) there is no specific time frame within which you or your representative must be interviewed. However, you must be interviewed before eligibility can be established.
  - For Temporary Assistance, this interview should be within seven working days.
  - For Food Stamp Benefits, the interview must be scheduled timely in order to ensure a determination of eligibility and benefit issuance within 30 days of application filing.
  - For Food Stamp benefits, you have the right to request that the in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming in during SSD office hours. The in-office interview will be waived, at your request, if all the adult members of your household are elderly or disabled with no earned income. The agency may waive the in-office interview in favor of a telephone interview or scheduled home visit. In-person interviews may be scheduled in advance at any mutually acceptable location including a household's residence.

**NOTE:** If you are applying for Temporary Assistance, and you tell us today that you have an emergency, we must interview you today about your emergency. We must also tell you in writing today about our decision on your emergency. If you are applying for Food Stamp Benefits, and you are eligible for expedited processing, your interview and the notice of our decision will be no later than five calendar days after the day you filed your application.

- Bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one. You cannot be denied access to services because you are not fluent in English. Hearing or speech impaired applicants/recipients may consider utilizing TTY/TDD relay systems to gain access to services.
- Have the same access to social services programs, if you have a disability, as someone who does not have a disability.
- Be told, within 30 days of the date you turned in (filed) your Application for Family Assistance and Food Stamp Benefits, if your Application is approved or denied; be told within 45 days of the date you turned in (filed) your Application for **Safety Net Assistance** if your Application is approved or denied.
- Have a decision made to approve or deny your application for Services within 30 days of the date you turned in (filed) your application, and have written notice of that decision sent to you within 15 days after the decision is made. However, a decision to approve or deny protective services for adults must be made at the time a protective services for adults assessment services plan is completed.
- Be notified if you are eligible for Medical Assistance or if your application is denied when your application for Medical Assistance, including your interview is completed. The time frame for you to be notified varies:
  - Pregnant women and young children must be told within 30 days of filing the Application;
  - If a person's eligibility is dependent on disability status, the person must be told of the eligibility decision with 90 days of filing the Application; and
  - All other persons must be told within 45 days of filing the Application
- Get a written notice telling you if your Application is approved or denied
  - If your Application is approved, this notice will tell you what benefits you will get.
  - If your Application is denied, this notice will tell you why and what you should do if you disagree or do not understand this decision.

*over*

(01/24/96 new section added.)

351.28 Home Visits.

- (a) A visit to the home of an applicant for or recipient of Aid to Dependent Children (ADC) or Home Relief (HR) may be conducted by an official of the social services district as part of an investigation into eligibility or continuing eligibility for such assistance. The visit may be conducted with advance notice that a visit may take place, or without advance notice in the circumstances described in subdivision (b) of this section. A home visit must ordinarily be conducted only during the normal business hours of the social services district or during daylight hours, unless the circumstances of the applicant or recipient make such time impractical. The social services official conducting such visit must properly identify himself or herself.
- (b) A visit to the home of an applicant for or a recipient of ADC or HR by an official of the social services district may be conducted without advance notice to the applicant or recipient when the district has information that is inconsistent with or fails to support pertinent information reported by the applicant or recipient during the eligibility or redetermination of eligibility process, when the applicant or recipient fails to provide information pertinent to the eligibility or redetermination of eligibility process that he or she would reasonably be expected to provide or when it appears that information provided by the applicant or recipient during the eligibility or redetermination of eligibility process is false. Examples of such circumstances include, but are not limited to: where the landlord does not verify the household composition or provides information which is inconsistent with the information in the application; where the household's stated expenses exceed the stated income or the current grant without a reasonable explanation; where there is no information concerning a parent who is alleged to be absent from the home or the information is inconsistent with the information in the application; where the application is inconsistent with prior case information in the district's possession; or where the application contains inconsistent information that would affect eligibility for ADC or HR.
- (c) Consent by the applicant or recipient to an unscheduled visit must not be considered to be permission to search the premises. The official may question the applicant or recipient about people or objects in plain view on the premises.
- (d) Failure by the applicant to cooperate during an unscheduled visit or to permit such visit is not a basis for a discontinuance or denial of assistance. An official conducting an unscheduled visit must not indicate or lead the applicant or recipient to believe that failure to cooperate or to permit the visit will be a basis for denying or discontinuing benefits.

Revision

(6/30/92 new section added.)

(11/27/92 paras. (a) and (b) amended.)

(10/23/02 Title of Section 351.24 amended, Subdivisions (b) through (g) of section 351.24 are

NEW YORK STATE  
 DEPARTMENT OF SOCIAL SERVICES  
 40 NORTH PEARL STREET, ALBANY, NEW YORK 12243

CESAR A. PERALES  
 Commissioner

*Dist'l Comm.  
 Bob P  
 MB.*



[An Administrative Directive is a written communication to local Social Services Districts providing directions to be followed in the administration of public assistance and care programs.]

*Cancelled by  
 [Signature]*

**ADMINISTRATIVE DIRECTIVE**

TRANSMITTAL NO.: 86 ADM-26  
 [Executive Deputy  
 Commissioner]

TO: Commissioners of Social Services

SUBJECT: Local District Manager's Guide

DATE: August 12, 1986

SUGGESTED DISTRIBUTION: Deputy Commissioners  
 Directors of Administrative Services  
 Staff Development Coordinators

*Copy of Section No. 3  
 ies Clients Rights  
 which includes:  
 3.1 - Civil Rights  
 3.2 - Confidentiality  
 3.3 - Acceptable Professional Standards for dealing with our clientele*

CONTACT PERSON: Any questions concerning this release should be directed to Peter Dimitri, Local Liaison Unit, by calling 800-342-3715, extension 49541.

I. Purpose

This directive transmits the Local District Manager's Guide. The purpose of the Guide is to consolidate all general administrative requirements of local districts into a single reference source. Future policy directives which are not related to one of the major program areas (IM, MA, Services, Accounting, etc.) will be issued in the form of page replacements or new sections to the Guide. In addition, over the next year, existing administrative policies and procedures currently contained in Administrative Directives or Manual Bulletins will be incorporated into the Guide and the previous ADM's and MB's cancelled.

II. Background

One of the major recommendations of the Local District Communications Study Advisory Groups was the development of a series of Program Manuals which would become the primary reference source for Department policy and procedures. The manuals will be designed to consolidate existing materials currently contained in ADM's and Manual Bulletins with appropriate indexing and cross-referencing. The manuals will be updated with page replacements at regular intervals and previously issued materials cancelled as they are incorporated into the manuals.

**FILING REFERENCES**

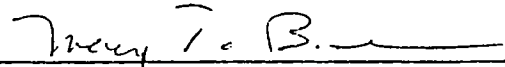
Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Social Services Law and Other Legal References	Bulletin/Chapter Reference	Miscellaneous Reference
	83 ADM-19 85 ADM-11		SSL Sec. 34		
	<i>Acceptable Professional Standards</i>				

III. Required Action

Appropriate Local District staff should familiarize themselves with the contents of the Local District Manager's Guide and refer to it as needed for guidance on administrative policy and required procedures.

IV. Effective Date

The Local District Manager's Guide is effective July 1, 1986.



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Mary Jo Bane

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- NOTICE -

Administrative Directive, 86 ADM-26 is being sent to you without the Manual attached. The Department of Social Services is limiting issuance to only those agencies or persons that have need of the information this document contains.

### 3. CLIENT RIGHTS

#### 3.1 Civil Rights

Departmental policy is found in 18 NYCRR 303.1, which states:

No social services district or official shall establish or apply any policy or practice which would have the effect of discriminating against an individual because of race, color, national origin, age, sex, religion or handicap. This prohibition shall apply to all aid, care, services, benefits or privileges provided directly or indirectly by other agencies, organizations or institutions participating under contractual or other arrangements.

In the provision of public assistance, child welfare services, other care and services, no social services district official or any member of his staff shall, on the basis of race, color, national origin, age, sex, religion or handicap:

- A. deny an individual any aid, care, services, other benefits or privileges provided by the district;
- B. provide any aid, care, services, other benefits or privileges to an individual which are different, or are provided in a different manner, from that provided to others;
- C. subject an individual to segregation or separate treatment in any manner related to his receipt of any aid, care, services, other benefits or privileges;
- D. restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any aid, care, services, other benefits or privileges;
- E. treat an individual differently from others in determining whether he satisfies any eligibility or other requirement or condition which individuals must meet in order to receive any aid, care, services, other benefits or privileges;

July, 1986

