



WASHINGTON COUNTY
DEPARTMENT OF SOCIAL SERVICES

WASHINGTON COUNTY MUNICIPAL CENTER
383 BROADWAY, FORT EDWARD N.Y. 12828
TELEPHONE: (518) 746-2300
TDD: 746-2146

JOANNA PROUTY
COMMISSIONER

February 18, 2005

New York State Office of
Temporary & Disability Assistance
40 North Pearl Street
Albany, NY 12243-0001
Attn: Terri Wade

Dear Sirs:

Enclosed please find the self-evaluation review form sent to us originally on October 4, 2004.

On the advice of our attorney we are not completing the information requested on this form.

Yours truly,

A handwritten signature in cursive script that reads "Joanna Prouty".

(Mrs.) Joanna Prouty
Commissioner

JP/mlt

Enc.



New York State
Office of Temporary and Disability Assistance
40 North Pearl Street - Albany, NY 12243-0001

George E. Pataki
Governor

Robert Doar
Commissioner

October 4, 2004

Dear Commissioner _____:

In order to insure that individuals have appropriate access to the OTDA programs, and to determine the various methods that districts employ to provide access, we have developed the enclosed Americans with Disabilities Act/Limited English Proficiency (ADA/LEP) self-evaluation review form.

Please ask the appropriate staff person to complete the self-evaluation form and return it, and any existing local information, procedures and reports as identified on the self-evaluation to:

Ms. Maureen Kennedy-Ragule
Central Team Leader
Division of Temporary Assistance
New York State Office of Temporary and Disability Assistance
40 North Pearl Street
11th Floor
Albany, NY 12243

Division of Temporary Assistance (DTA) staff will review the returned materials and, in the event they identify a potential deficiency, will work with your staff to address the matter. I ask that you return the completed form by November 23, 2004.

If you or your staff have any questions about this matter, please contact Dottie Mullooly at (518) 474-5396 (or dottie.mullooly@dfa.state.ny.us) or Tom Homovich at (518) 474-6501 (or tom.homovich@dfa.state.ny.us).

Thank you for your cooperation and your interest in this very important matter.

Sincerely,

Russell Sykes
Deputy Commissioner

Enclosure

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

District _____ Form completed by: _____ Phone #: _____

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.
 ___ 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)
7. How is the district's policy regarding home visits or alternate accommodations conveyed to A/Rs?
 _____ (Go to #8)
8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff?

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 |
- 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 ___ (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: _____) 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 ____ 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 ____

