

WYOMING COUNTY
DEPARTMENT OF SOCIAL SERVICES
 P.O. Box 231
 Warsaw, New York 14569
 Phone: (585) 786-8900
 Fax: (585) 786-8927

FAX TRANSMISSION

*update
Wyoming
RJA*

Date: 6/14/06

To: Patricia Augle

Company: _____

Fax Phone Number: _____

CC: _____

From: Cindy Moran

Pages (Including this cover sheet): 2

Message:

Please replace the "procedures for complaints" page w/attached. Added last paragraph. Mailed to you on June 9, 2006.

Thank you.

CONFIDENTIALITY NOTICE

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Wyoming

06 ADM-05

Procedures for complaints from applicants and recipients:

We complete a complaint disposition form. The complaint is investigated by the appropriate personnel and then a disposition is rendered and the applicants/recipients are informed (see attached form).

Procedures for Visual Impairment, Mental Impairment, and Limited English Proficiency:

We have clerical staff who assist clients/applicants in completing the required information and assist them in comprehending it.

Procedures for Hearing Impaired:

For applicants and recipients who are hearing impaired we communicate in writing. Previously we had an employee who could communicate with sign language.

The LEP contact for the Department will be Sheila M. Weaver, phone number (585) 786-6249.

WYOMING COUNTY
DEPARTMENT OF SOCIAL SERVICES
P.O. Box 231
Warsaw, New York 14569

Deborah A. Schmitt
Commissioner

Phone: (585) 786-8900
Fax: (585) 786-8927

June 9, 2006

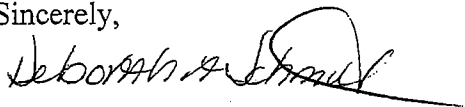
Ms. Patricia Augle
Secretary
Temporary Assistance Bureau
Division of Employment and Transitional Supports
40 North Pearl Street – 11th Floor
Albany, New York 12243

Dear Ms. Augle,

Enclosed is the ADA/LEP self-evaluation form as requested in Mr. Russell Sykes letter dated May 10, 2006.

If you have any questions please feel free to contact me.

Sincerely,



Deborah A. Schmitt
Commissioner

/cam
Enclosure

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

District Wyoming Form completed by: Sheila M Weaver Phone #: (585) 786-6249

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? Eleanor Wagner

Please provide the ADA contact's telephone # (585) 786-8900

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 ___ (*)

b. Were deficiencies found in the self-evaluation?

Yes ___ (go to c.) No X (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 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 ___

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.

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?

They are told via writing and on the phone
 (Go to #8)

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

Verbally

Access – Visually/sight Impaired

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

Yes <input checked="" type="checkbox"/>	No ___	Men's and Women's rooms
Yes ___	No <input checked="" type="checkbox"/>	Room Numbers
Yes ___	No <input checked="" type="checkbox"/>	Exits
Yes ___	No <input checked="" type="checkbox"/>	Permanent Rooms and Spaces
Yes ___	No <u>N/A</u>	Elevators

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

They are escorted by a staff member

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 No

Posters Yes No

Pamphlets Yes No

Other client handouts: Yes (Describe: _____) No

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).

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Acting Commissioner

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NONDISCRIMINATION WITH RESPECT TO HANDICAP

SUBJECT: Department of Health & Human Services Regulations Implementing Section 504 of the Rehabilitation Act of 1973

Section 504 of the Federal Rehabilitation Act of 1973 provides that "no otherwise qualified handicapped individual . . . shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program activity receiving federal financial assistance."

New York State legislation (Human Rights Law - Chapter 988 of the Laws of 1974) contains similar provisions with respect to discrimination on the basis of disability.

Therefore, the federal regulations implementing Section 504 (45 CFR Part 84) will be applicable to the programs, services, and employment practices of the Wyoming County Department of Social Services in regard to nondiscrimination with respect to handicap.

The Wyoming County Department of Social Services, as a recipient of federal financial assistance, does not and will not discriminate against handicapped individuals in admission or access to and treatment or employment of persons in its various programs and activities.

Deborah A. Schmitt, Acting Commissioner, has been designated to coordinate the continuing efforts to assure nondiscrimination.

The Wyoming County Department of Social Services welcomes your comments and assistance in its efforts to improve the equitable delivery of public services to all individuals.

**WYOMING COUNTY DEPARTMENT OF SOCIAL SERVICES
CLIENT COMPLAINT REPORT**

Complainant Date___ Time___

Phone_____ Address___

Name of Client___

Date of Occurrence___ Time of Occurrence_

Address of Client Phone_

Client's Complaint/Statement of Occurrence

Disposition of Complaint ___

—

Person Completing Complaint

Date

Department Head

Date

Developed 5/18/05
