

CD #24-01

MEMORANDUM

DATE: January 29, 2024

TO: Benefits Access Center (BAC) Directors, Supplemental Nutrition

Assistance Program (SNAP) Center Directors, HIV/AIDS Services Administration (HASA) Center Director and Regional Managers

FROM: DSS Office of Procedures

SUBJECT: Reminder to BAC, HASA and SNAP Staff in Centers of the

Requirement to Assist Applicants/Participants with Reasonable

Accommodation Needs.

The purpose of this Memorandum is to remind Benefits Access Center (BAC), Supplemental Nutrition Assistance Program (SNAP) and HIV/AIDS Services Administration (HASA) staff of the requirement to assist applicants/participants with Reasonable Accommodation needs.

The Human Resources Administration (HRA) is required, in compliance with federal, state, and local laws and regulations, to provide reasonable accommodations (RAs) to individuals with disabilities and to make reasonable modifications to its policies, practices, or procedures when such modifications are necessary to avoid discrimination on the basis of a disability and to ensure meaningful access to the Agency's programs, benefits, and facilities, except where the provision of an RA would fundamentally alter the nature of the Agency's service, program, or activity. "Reasonable accommodation" includes modification to the program's policies or practices, removal of architectural, communication, or transportation barriers.

Most RAs can be initially provided without first having to be in the system. The applicant/participant can get the RA immediately upon indication that they have the particular barrier. We grant these types of RAs immediately even for those that will later require documentation.

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Examples of RAs that are automatically provided upon request include:

- Help Reading Forms Assist applicant/participant with reading HRA forms and notices - can be in person or over the phone. For example, if an applicant goes into a local BAC location and indicates that they can't use the PC Bank and can't complete the paper application/recertification form, staff are required to assist and conduct the eligibility interview with the applicant/participant without the need to submit a paper application/recertification form.
- Help Completing Forms Assist applicant/participant with filling out HRA forms and/or applications. For example, if an applicant goes into a local BAC location and indicates that they can't use the PC Bank and can't complete the paper application/recertification form, staff are required to review/explain the form to assist the applicant/participant to complete the form. In the alternative staff can conduct the eligibility interview with the applicant/participant without the need to submit a paper application/recertification form.
- **Sign Language Interpretation** Arrange for the applicant/participant to be serviced using preferred method of sign language interpretation.

Please refer to <u>DSS-PB #2021-007</u> for additional information on servicing applicants/participants in person who are deaf or hard of hearing. Note - The applicant/participant has the option of requesting an in-person interpreter or interpretation using Video Remote Interpretation (VRI). In some cases, a return appointment can be offered so the applicant/participant does not have to wait for an interpreter. The applicant/participant should be presented with the ASL Options Card: a Tool for Staff (**BRC-1015**) to select their preference of an in-person interpreter, interpretation using VRI, or a return appointment.

RAs that are provisionally provided must be honored as soon as the applicant/participant makes the request. Even when an RA is not provisionally granted, HRA must try to find some alternative way to meet the applicant/participant's needs.

Examples of RAs that are provisionally provided upon request include:

- **Shorter Wait Times** Minimize the applicant's/participant's wait time to be served whenever possible. Must be honored in Center while the applicant/participant is awaiting a determination.
- Home Visit Needed (HVN)/Homebound Status If the worker feels that an
 applicant/participant would benefit from HVN status, the worker must assist them
 while in center, either at the PC Bank, via phone, or in person. The worker can
 assist with completing the Help for People with Disabilities (HRA-102c) form for
 HVN status. When speaking to an applicant/participant about HVN status,
 explain that most interactions will be conducted via phone. A visit to the home will
 be conducted if there are no other means to assist the individual.

Examples of RAs that are not provisionally provided upon request include:

- Case Transfer to a New Center Transfer the applicant/participant case to the requested center.
- **Prevent Case Transfer to a Different Center** Keep the applicant/participant case at the requested center.
- Other Case by Case. If you can provide the accommodation easily, please do so with the approval of your supervisor. These require documentation because we do not know what the request is ahead of time.

Refer to Reasonable Accommodations at a Glance (**HRA-137q**) for additional examples of RAs.

A request for an RA may include situations in which an individual has a need related to a physical, sensory, cognitive or mental health condition which might affect access to HRA facilities/services. Individuals do not need to state the words "reasonable accommodation" to receive assistance.

Individuals with an obvious disability should be offered assistance without the need to provide medical documentation. Individuals have the right to refuse assistance or an accommodation that is offered to them. Individuals with disabilities should be allowed to participate in HRA's programs and services in the most integrated setting possible.

Individuals with disabilities may ask for an RA using any of the following options:

- Asking for help when coming to an HRA office or center
- Calling DSS OneNumber

The individual can also write us or fill out the request on the reverse side of the Help for People with Disabilities (**HRA-102c**) form and give it to us by the methods indicated on the form.

These individuals may also file an appeal of the Agency's formal decision on the RAR by submitting a Request for an Appeal of a Reasonable Accommodation Determination (HRA-102) to the HRA ADA Compliance Officer and/or an authorized representative can submit the HRA-102 on their behalf and/or assist them during the appeal process.

Please refer to <u>PD #16-27-OPE</u> for additional information on the Reasonable Accommodation policy.

Applicants/Participants Without an Approved Reasonable Accommodation

If the applicant/participant does not have an approved RA on file, FIA staff must initiate the RA request as per the current RA procedure, <u>PD #16-27-OPE</u>, and provide them with the Help for People with Disabilities (**HRA-102c**) form. The **HRA-102c** includes the Reasonable Accommodation Request Form, as well as information on RAs and the process for submission. Staff must also give the applicants/participants the "Do You Have a Disability?" (**BRC-681A**) brochure, which provides additional information and resources for RAs.

Note: As indicated in <u>PD #16-27-OPE</u>, individuals are not required to use the **HRA-102c** to request an RA. A request may also be submitted in writing indicating the nature of the requested accommodation. If an individual's physical and/or cognitive condition prevents them from making the request in writing, they may contact the Office of Constituent Services (OCS) for assistance with submitting the request at 718-557-1399.

Applicants/Participants who request an RA must be provided with a receipt of their request. Staff must sign and make a copy of the completed **HRA-102c** and provide the original form (in person or via mail) to the applicant/participant and advise them to keep the form for their records. Staff must scan and index the form, or written request, along with any documents after emailing a copy to the Office of Constituent Affairs.

To submit the RA request on behalf of the applicant/participant, staff must send the **HRA-102c** and all documents to OCS via email at constituentaffairs@dss.nyc.gov.

Effective Immediately

Related Items:

PD #16-27-OPE DSS-PB #2021-007

Attachments:

BRC-681A (E)	Do You Have a Disability? (Rev. 01/2016)	
BRC-1015 (E)	ASL Options Card: A Tool for Staff	
HRA-102 (E) Request for an Appeal of a Reasonable Accommodation De		
	(Rev. 01/30/2023)	
HRA-102c (E)	Help for People with Disabilities (Rev. 09/12/2023)	
HRA-137q (E)	Reasonable Accommodations at a Glance (Rev.01/25/2024)	





If it is difficult to meet HRA's requirements because of a medical, mental health or other type of condition, we can help.

HRA is committed to helping you access our services. If you have a disability, HRA can help by providing supports or accommodations to make it easier for you to get the services you need. This type of help is called a reasonable accommodation.

What are examples of reasonable accommodations?

Examples of reasonable accommodations offered by HRA for people with disabilities are:

- Making your appointments at times that avoid rush hour travel
- Shortening your wait times at HRA Offices
- Providing a sign language interpreter
- Helping you with reading and completing forms
- Home visits, if needed

A few examples of conditions that may cause you to need a reasonable accommodation:

- Vision, speech, or hearing impairments
- Medical conditions like arthritis, cancer, multiple sclerosis, heart disease, cirrhosis, or HIV/AIDS
- Developmental or learning disabilities
- Mental health conditions like bipolar disorder, clinical depression, anxiety disorder, or schizophrenia

How do I ask for a reasonable accommodation?

- You can ask for a reasonable accommodation at any HRA location or program.
- You can ask for an accommodation by calling the Office of Constituent Services (OCS) at (212) 331-4640.
- You can complete and submit HRA's Reasonable Accommodation Request (RAR) form or make your own written request. You can get a copy of this form at your local HRA Office or by calling OCS at the number above.

Download the form by searching the internet for: HRA - Disability Access - NYC.gov

Where can I submit a Reasonable Accommodation Request (RAR) form or a written request for an accommodation?

Give us your completed RAR form or written request at your local HRA office; **OR** Email, mail, or fax your written request or completed RAR to:

Human Resources Administration
Office of Constituent Services
150 Greenwich St. 35th Floor
New York, NY 10007
Fax: (212) 331-4685 OR (212) 331-4686
constituentaffairs@hra.nyc.gov

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You do not need to give us proof of your condition at the time of the request. We may ask you to give us some medical or clinical documents later.

What if I need help completing the form?

If your condition makes it hard for you to complete the RAR form or submit your request, contact OCS for help at (212) 331-4640.

How will I find out if my request is approved?

HRA will review the request and decide if a reasonable accommodation is appropriate. We will contact you to let you know of our decision. You can call (212) 331-4640 to find out the status of your request.

What if I use a text telephone (TTY) or voice carry-over (VCO) phone?

You can call us using the telephone relay service by dialing 7-1-1 or 1(800) 662-1220. Then connect to OCS at (212) 331-4640.



You Tube HRA NYC

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BRC-681A Rev. 1/16

ANTI-DISCRIMINATION POLICY

What if I feel I've been treated unfairly because of my disability?

If y so ha

If you think you or someone in your family has been discriminated against at HRA because of a disability you may send a

complaint by letter, fax or email to:

Jennifer Shaoul
Executive Director of Disability Affairs
Human Resources Administration
Office of Client Advocacy and Access
150 Greenwich Street – 42nd Floor
New York, NY 10007

Fax: (212) 437-2161

Email: shaoulj@hra.nyc.gov

Or you can call the Central Complaint Unit at (718) 291-4141

What should I include if I make a complaint?

- 1 Your name, mailing address, and telephone number
- 2 Your HRA case number,

if you have it

A description of what happened and where and when the happened

The names and job titles of HRA workers involved, if you have them

The HRA office, program, or service involved

HRA is committed to ensuring meaningful access to programs and services for people with disabilities consistent with the Americans with Disabilities Act (ADA) of 1990 and other laws.



Arabic
هل تقرأ العربية؟
—————Bengali—————
আপনি কি বাংলা পড়েন?
Simplified Chinese
您看得懂中文吗?
Traditional Chinese
您看得懂中文嗎?
Est-ce que vous lisez Français?
——————————————————————————————————————
Èske ou li Kreyòl Ayisyen?
Korean
한국어를 이해할 수 있습니까?
Polish
Czy czyta Pan(i) w j. polskim?
Russian
Нужна русскоязычная версия?
——————————————————————————————————————
¿Lee español?
Urdu —
کیا آپ اردو پڑھتے ہیں؟

Option 1: Video Remote Interpreting (VRI)



We will use a computer to connect remotely to an interpreter.

Wait Time: 30 Minutes Follow the procedure to initiate VRI.

Option 2: In-Person



Option 3: Scheduled



Show the person a calendar so that they can pick a future date and time to come in. Write it down for them on a piece of paper. Also, share the phone number for Infoline, 718-557-1399, should they need to reschedule this appointment.

Follow the procedure to order an in-person interpreter for the future appointment.

ASL OPTIONS CARD: a Tool for Staff

Instructions for Staff



Fold and present the reverse side of this card to the person, showing 2 | 3 | only the options available based on your program and location. Allow the client to choose.

 \mathbf{Y}

Complete and email the ASL-100 to request an interpreter.



If the options are not understood, show the list of languages and call ORIA at 212-331-4550.



VRI

Wait Time: 30 minutes



Live

Wait Time: 2 hours



Later Date and Time

Wait Time: When? You pick.



HRA-102 (E) 01/30/2023 (page 1 of 2) LLF

Date:	
Case Number:	
Case Name:	

Request for an Appeal of a **Reasonable Accommodation Decision**

If you do not agree with our decision about your accommodation, you can file an appeal. We will look at your appeal and decide if we were wrong. You will get a written answer on your appeal.

If you want to appeal, you must do it within thirty (30) days of your Reasonable Accommodation decision.

If you agree with our decision, you do not need to file an appeal.

HOW TO APPEAL

To file an appeal, you can fill out this form or write to HRA

All appeals should include your name and contact information so that we can get back to you.

You can send your appeal to us by:

MAIL: **ADA Compliance Officer** A.

150 Greenwich Street, 42nd Floor

New York, NY 10007

FAX: 917-639-0333

EMAIL: RARappeals@hra.nyc.gov

Are there documents we should see? If you have any documents from your doctor or treatment provider that we should look at, send them with your appeal.

YOU CAN GET HELP WITH THIS FORM!

CALL: 718-557-1399 or EMAIL us at constituentaffairs@dss.nyc.gov

Section I - Your Information (Please Print Clearly): Name: Case Number (if known): Social Security Number (if available): Telephone Number: Mailing Address: ______ Section II - What Decision(s) Do you Want to Appeal? You can use this form to appeal more than one decision. 1) What decision(s) do you want to appeal? 2) Please tell us why you think our decision was wrong. (If you need more space to write, please attach pages): HRA Applicant/Participant/Signature: -or-For Authorized Representative Only: Authorized Representative Signature: Date: Print Name: ____ Relationship to Applicant/Participant: Phone: _____ Address: For internal use only: Completed by Office of Constituent Services: ______ Date: _____



HELP FOR PEOPLE WITH DISABILITIES

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us?

For example:

- Does your condition make it hard for you to use public transportation?
- Do you need help to get to appointments?
- Does your condition make it hard for you to wait for long periods of time?
- Is it hard for you to read, understand or fill out forms?
- Do you need help because of a vision or hearing disability?
- Do you need other help because of your condition?

If you do, we may be able to help you. This help is called a reasonable accommodation.

? ASK: You can ask for help when you come to an HRA office or center CALL: 718-557-1399

You can also write us or fill out the request on the other side of this form and give it to us through:

昌 FAX: 917-639-9241

EMAIL: ConstituentAffairs@dss.nyc.gov

MAIL: HRA

Office of Constituent Services 150 Greenwich Street, 35th Floor

New York, NY 10007

GET HELP WITH THIS FORM!

You can get help with this form or with your request.

CALL: 718-557-1399 or VISIT: your center or HRA office

Turn this page over to complete the Reasonable Accommodation Request Form.



HELP FOR PEOPLE WITH DISABILITIES REASONABLE ACCOMMODATION REQUEST FORM

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us? **If you do**, please fill out this form. **If you do not**, you don't need to fill out this form.

YOUR INFORMATION

Name:	Date:							
Case Number:	Date of Birth:							
Phone Number 1:	Phone Number 2 (if any):							
Address:								
WHY DO YOU NEED HELP?								
Tell us how your condition makes it hard to space to write, please attach pages):	o access HRA benefits and services (If you need more							
CHOOSE WHAT HELP YOU MIG Help for people who are blind or low vision Explain: Making appointments when you can have someone come with you No appointments during certain days and times No appointments during rush hour No in-office appointments while you apply for Access-A-Ride Shorter wait times	HT NEED BECAUSE OF YOUR CONDITION: Help for people who are deaf or hard of hearing American Sign Language (ASL) interpretation Other forms of interpretation Explain: Help reading forms Help completing forms You need HRA to come to your home for appointments Transfer your case to center: Keep your case at your center:							
☐ Accommodations (other than above) that	t you need to access services at HRA. Explain:							
You do not need to give us proof of your condition now. We may ask you to give us some medical or clinical documents later.								
To be completed by HRA worker if submitted at an HRA location (Please give a copy to the client):								
Location	Date Received							
Name of HRA worker (Print)	Signature							
Center 90 Staff only: Homebound status was requested ☐ Yes ☐ No								



REASONABLE ACCOMMODATIONS AT A GLANCE

RA TYPE	PROVISION***	CLINICAL DOCUMENTATION REQUIRED*	REQUIRED ACTION	COMMENTS
Help Reading Forms	Immediate	None	Assist applicant/participant with reading HRA forms and notices-can be in person or over the phone.	N/A
Help Completing Forms	Immediate	None	Assist applicant/participant with filling out HRA forms and/or applications.	N/A
Sign Language Interpretation	Immediate	None	Arrange for the applicant/participant to be serviced using preferred method of sign language interpretation.	Preference noted in Client Services Screen.
Sight: Help for People Who Are Blind or Low Vision **	Immediate	None	Assist applicant/participant as requested.	Preferred assistance method available in Client services Screen.
Hearing: Help for People Who Are Deaf or Hard of Hearing**	Immediate	None	Assist applicant/participant as requested.	Preference noted in Client Services Screen.
Home Visit Needed/Homebound Status	Provisionally Provided	Required	Do not schedule in-office appointments.	Staff member makes home visits, when necessary.
No Appointments During Certain Days and Times	Provisionally Provided	Required	Only schedule appointments based on availability of applicant/participant.	Availability noted in Client services screen.
No Appointment During Rush Hour	Provisionally Provided	Required	Only schedule appointments between 11am and 2pm.	N/A
Shorter Wait Times	Provisionally Provided	Required	Minimize the client's wait time to be served whenever possible.	N/A
Making Appointments When Someone Can Accompany the Applicant/Participant	Provisionally Provided	Required	Only schedule appointments based on the availability of the individual designated to assist the applicant/participant with traveling to and from an HRA office.	Availability of the travel companion noted in Client services screen.
No In-Office Appointments While Applying for Access-A-Ride	Provisionally Provided	Required	Do not schedule in-office appointments.	Staff member makes home visits, when necessary.
Case Transfer to a New Center	Not Provisionally Provided	Required	Transfer the applicant/participant case to the requested center.	Requested center noted in the Client services screen.
Prevent Case Transfer to a Different Center	Not Provisionally Provided	Required	Keep the applicant/participant case at the requested center.	Requested center noted in the Client services screen.
Other	Not Provisionally Provided	Required	Case by Case.	Client Services Screen will provide unique description of the RA.

^{*} Applicants/Participants who are permanently work exempt only need clinical documentation for HVN/HB, Shorter Wait Time, and Other RAs.

^{**}Help for people who are blind or low vision or for people who are deaf or hard of hearing: In most cases, you will be able to provide whatever assistance is requested.

If the request is something that you don't believe that you can provide or that you're not sure how to provide, please contact your supervisor and/or the Office of Reasonable Accommodations in CAS.

^{***}Immediate - RA is provided immediately and no further documentation is required.

Provisionally Provided - RA is temporarily provided. Applicant/Participant must provide documentation which is then reviewed and a final determination is made on the requested RA.

Not Provisionally Provided - RA cannot be provided until documentation supporting the request is reviewed and a determination on the request is made.