




OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #16-80-OPE (This Policy Bulletin Replaces PB #16-72-OPE)

REVISION TO THE NEW SCREENING PROCESS TO HELP IDENTIFY POTENTIAL REASONABLE ACCOMMODATIONS

Date:	Subtopic(s):
<p>October 18, 2016</p> <p> This procedure can now be accessed on the FIAweb.</p> <p>The HRA-137a and HRA-137b are in the CA Application and Recertification kits</p>	<p>Disability, ADA</p> <p>The purpose of the policy bulletin is to inform staff at the Waverly Job Center of changes to the disability screening pilot that began at the Center on September 19, 2016. This policy bulletin is informational for all others.</p> <p>To help staff identify individuals who may need a reasonable accommodation and/or individualized services due to a physical or mental health condition, a disability screening process was created. The disability screening process is still being conducted as a pilot at the Waverly Job Center.</p> <p>While the pilot is in progress, the screening will only be done at the application and recertification interviews for all adults in the household and all minor heads of household. If an adult household member is not present at the interview, the adult member must be screened at the return appointment. During this pilot, the screening will be only for individuals that speak English and Spanish.</p> <p>Note: If more than one adult is being screened, they should be given the option to complete the screening without the other adult present, if requested.</p> <p>The disability screening process consists of a series of forms that will screen for potential disabilities in the categories of General Disability, Mental Health Disability and Cognitive/Learning Disability.</p> <p>A new form, the Reasonable Accommodations Interview Script (HRA-137f) has been created to help capture the required reasonable accommodations.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Listed below are the forms that will be used in the disability screening process.

- Mental Health Form (**HRA-137a**)
- Learning and Cognitive Disability Form (**HRA-137b**)
- Disability Interviewer Script (**HRA-137**)
- Mental Health Interviewer Script (**HRA-137c**)
- Learning and Cognitive Disability Interviewer Script (**HRA-137d**).
- Reasonable Accommodations Interview Script (**HRA-137f**)
- Help For People With Disabilities Reasonable Accommodation Request Form (**HRA-102c**)
- HRA Disability Screening Cover Sheet (**HRA-137e**)

Note: Staff must not use any prior information known to the agency when conducting these screenings. This includes:

- the Disability Accommodation Indicator (DAI) in the Welfare Management System (WMS);
- prior reasonable accommodations identified in Model Office systems;
- selecting to receive forms in alternative formats on the CA Application or Recertification forms; or
- information available on the Client Services Screen

The disability screening process, using the disability screening forms, is as follows:

All applicants and participants that are recertifying must be given the Mental Health Form (**HRA-137a**) and the Learning and Cognitive Disability Form (**HRA-137b**). These forms are given to the applicant or participant with the application kit or the recertification kit. The applicant/participant can choose to complete or not complete the forms as completion and submission of these forms is optional.

Mental Health Form (**HRA-137a**)

The questions on this form help determine if the applicant/participant may have a mental health disability and a need for a reasonable accommodation. Each question has five possible answers. Every answer has a number assigned to it. The applicant will circle the response. The answers and numbers associated with each possible answer are as follows:

- None of the time – number 0
- A little of the time – number 1
- Some of the time – number 2
- Most of the time – number 3
- All of the time – number 4

Learning and Cognitive Disability Form (HRA-137b)

The questions on this form help determine if the applicant/participant requires a reasonable accommodation because of a learning or cognitive disability.

Screening with The Applicant/Participant

At the initial application interview, the disability screening process will begin after the case has been registered in POS. At the recertification interview, the disability screening process will begin before starting the recertification activity in POS. The JOS/Worker must begin the disability screening process using the Disability Interviewer Script (HRA-137).

Note: The applicant/participant can decline the disability screening at any time during the disability screening process.

Disability Interviewer Script (HRA-137)

The questions on this form deal with different disability types. The disability types are identified by letters on the right hand side of the forms. These letters will be used when completing the Reasonable Accommodations Interview Script (HRA-137f).

The JOS/Worker must read the script below that is on the **HRA-137** to the applicant/participant:

“HRA offers help to people with disabilities as they go through the application process and participate in services. We ask people to answer a few questions, so we have a better idea of how to help them. Your answers will be kept confidential and will only be used to find out what kind of help we can offer you.”

The JOS/Worker must ask the first question, *“Do you have a physical, mental, or emotional condition (illness, injury, or disability)?”*

If the applicant/participant gives a “no” response or refuses to respond to the first question, the Disability Interview Script is considered to be completed.

If the applicant/participant gives a “yes” response to the first question, the JOS/Worker will continue asking the questions on the script. If after responding “yes” to the first question, the applicant/participant refuses to answer other questions or continue with the disability screening, the Disability Interview Script is also considered to be completed.

Once the Disability Interview Script is completed, the JOS/Worker must continue with the Mental Health Interview Script (**HRA-137c**). The **HRA-137c** instructs the JOS/Worker to ask the applicant/participant for the Mental Health Form (**HRA-137a**).

HRA-137a Completed by Applicant/Participant

If the **HRA-137a** is completed by the applicant/participant, the JOS/Worker must review the form and add up the circled numbers. The total of the circled numbers is the mental health score (MH Score). The JOS/Worker must enter the “MH Score” on page 2 of the **HRA-137c** and continue with the Learning and Cognitive Disability Interview Script (**HRA-137d**).

HRA-137a Not Completed by Applicant/Participant

If the applicant/participant has not completed or has partially completed the **HRA-137a**, the JOS/Worker must use the **HRA-137c** to conduct the mental health disability screening. See information regarding the **HRA-137c** on page 5.

HRA-137b Completed by Applicant/Participant

If the **HRA-137b** is completed by the applicant/participant, the JOS/Worker must review the form to determine if any questions were answered “yes”.

If at least one question was answered “yes”, the JOS/Worker must answer the “*Did the client answer “Yes” to any of the questions?*” at the bottom of the **HRA-137d** and continue the disability screening with the Reasonable Accommodations Interview Script (**HRA-137f**).

If questions were skipped, the JOS/Worker does not need to ask those questions to the applicant/participant. The **HRA-137b** says that the individual can skip any question.

Do not ask the applicant/participant the questions again.

HRA-137b Not Completed by Applicant/Participant

If the applicant/participant has not completed the **HRA-137b**, the JOS/Worker must use the **HRA-137d** to conduct the learning and cognitive disability screening. See information regarding the **HRA-137d** on page 6.

Mental Health Interviewer Script (HRA-137c)

This form is the equivalent to the Mental Health Form (**HRA-137a**). If the applicant/participant did not complete the **HRA-137a**, the JOS/Worker must use the **HRA-137c** to conduct the mental health disability screening.

The JOS/Worker must read the “*Note to interviewer:*” on the top of the form and follow those instructions, which are also described below.

If the applicant/participant completed the **HRA-137a**, the JOS/Worker must follow the instructions as outlined on the **HRA-137c** and as stated on page 4 under **HRA-137a Completed by Applicant/Participant** of this procedure.

If the applicant/participant did not complete the **HRA-137a**, the JOS/Worker must read the script below that is on the **HRA-137c** to the applicant/participant:

“We also offer help to people with mental health issues, as they go through the application process and participate in services. We ask people to answer a few questions about their mental health, so we have a better idea of how to help them.

You don’t have to answer these questions. They are optional. Your answers will be kept confidential and will only be used by us to find out what kinds of help we can offer you.”

The JOS/Worker must ask the question in the box, “*Do you want to answer these questions?*” and check the appropriate box for “yes” or “no”.

If the applicant/participant answered “yes” to the above question, the JOS/Worker must read the script below that is on the **HRA-137c** to the applicant/participant:

“If a question makes you uncomfortable or you don’t want to answer it, you can skip it and answer the rest.”

“The following questions ask about how you have been feeling during the past 30 days.”

The script on the form instructs the JOS/Worker to *“Read these possible answers for each question, and circle the corresponding number.”*

The JOS/Worker must ask the questions and circle the answers given by the applicant/participant.

When the questions on the **HRA-137c** are answered, the JOS/Worker must add up the circled numbers. The total of the circled numbers is the mental health score (MH Score). The JOS/Worker must enter the *“MH Score”* on page 2 of the **HRA-137c** and continue with the Learning and Cognitive Disability Interview Script (**HRA-137d**). The **HRA-137d** instructs the JOS/Worker to ask the applicant/participant for the Learning and Cognitive Disability Form (**HRA-137b**).

It is important that answers be recorded on the **HRA-137a** or the **HRA-137c**. The “MH Score” must be recorded on the second page of the **HRA-137c**.

Note: The applicant/participant can decline the completion of the mental health disability screening at any time.

Learning and Cognitive Disability Interviewer Script (**HRA-137d**)

This form is the equivalent to the Learning and Cognitive Disability Form (**HRA-137b**). If the applicant/participant did not complete the **HRA-137b**, the JOS/Worker must use the **HRA-137d** to conduct the learning and cognitive disability screening.

The JOS/Worker must read the *“Note to interviewer.”* on the top of the form and follow those instructions, which are also described below.

If the applicant/participant completed the **HRA-137b**, the JOS/Worker must follow the instruction as outlined on the **HRA-137c** and as stated on page 4 under **HRA-137b Completed by Applicant/Participant** of this procedure.

If the applicant/participant did not completed the **HRA-137b**, the JOS/Worker must read the script below that is on the **HRA-137d** to the applicant/participant:

“We also offer help to people with learning and cognitive disabilities, as they go through the application process and participate in services. We ask people to answer a few questions about their learning and cognitive disabilities, so we have a better idea of how to help them.

You don’t have to answer these questions. They are optional. Your answers will be kept confidential and will only be used by us to find out what kinds of help we can offer you.”

The JOS/Worker must ask the question in the box, *“Do you want to answer these questions?”* and check the appropriate box for “yes” or “no”.

If the applicant/participant answered “yes” to the above question, the JOS/Worker must read the script below that is on the **HRA-137d** to the applicant/participant:

“If a question makes you uncomfortable or you don’t want to answer it, you can skip it and answer the rest.”

The JOS/Worker must ask the questions and circle the answers given by the applicant/participant.

When the questions on the **HRA-137d** are answered, the JOS/Worker must answer the “Did the client answer “Yes” to any of the questions?” at the bottom of the **HRA-137d** and continue the disability screening with the Reasonable Accommodations Interview Script (**HRA-137f**).

It is important that answers be recorded on the **HRA-137b** or the **HRA-137d**. The question, “Did the client answer “yes” to any of the questions?” must be answered on the **HRA-137d**.

Note: The applicant/participant can decline the completion of the learning and cognitive disability screening at any time.

Reasonable Accommodations Interview Script (HRA-137f)

The questions on the **HRA-137f** help to determine what reasonable accommodation to offer the applicant/participant. This form has a series of letters from “A to G” that match the letters on the **HRA-137**. It also has the letters “MH” to match the **HRA-137c** and the letters “CL” to use with the **HRA-137d**. This form is used together with the **HRA-137**, **HRA-137c** and the **HRA-137d**.

If the applicant/participant declined all of the disability screenings, including the mental health screening and the learning and cognitive screening, the **HRA-137f** does not have to be completed. The JOS/Worker must continue with the completion of the **HRA-137e**.

If the applicant/participant completed any of the disability screenings, including either the mental health screening or the learning and cognitive screening, the **HRA-137f** must be completed.

The JOS/Worker must read the “*Instructions:*” on the top of the form and follow those instructions, which are also described below.

The JOS/Worker must take the following actions:

- **HRA-137** – Every question on the **HRA-137** has a corresponding letter. For every “yes” answer on the form, the corresponding letter must be circled on the **HRA-137f**.

If the first question on the **HRA-137** “*Do you have a physical, mental, or emotional condition (illness, injury, or disability)?*” was answered “no,” no action is needed on the **HRA-137f**. Continue with the **HRA-137c**.

- **HRA-137c** – The Total “MH Score” on the **HRA-137c** must be entered on the top on the **HRA-137f**. If the score is *15 or greater*, circle all “MH” letters on the **HRA-137f**.

If the score is less than 15, no action is needed on the **HRA-137f**. Continue with the **HRA-137d**.

- **HRA-137d** – If any of the questions on the **HRA-137d** were answered “yes,” circle all “CL” letters in the **HRA-137f**.

If all of the questions on the **HRA-137d** were answered “no,” no action is needed on the **HRA-137f**.

After all letters are circled on the **HRA-137f**, ask the applicant/participant only the questions with a circled letter next to it. Circle the “yes” or “no” answers given by the applicant/participant for the questions asked.

Completing the Help For People With Disabilities Reasonable Accommodation Request Form (HRA-102c)

If applicant/participant said “Yes” to any offered RA, complete page 2 of the **HRA-102c**. Do not read the script or ask the questions on the **HRA-102c**. Enter the client’s information and select the reasonable accommodations accepted on the **HRA-137f**.

The JOS/Worker must sign and make a copy of the completed **HRA-102c** and return the original form to the applicant/participant and advise that he/she should keep the form for his/her records. The Center Director’s Designee will fax the request to OCS at (212) 331-4685.

Note: The Center Director’s designee is only responsible for sending the RA requests that arise from this screening process. Any RA requests made outside of this screening (i.e. during an employment appointment) must be submitted to OCS by the JOS/Worker as per current procedure.

The JOS/Worker must explain to the applicant/participant that HRA honors all RA requests until a determination is made except requests related to case transfer (in or out of a center) and those marked as “other”.

When the disability screening and the **HRA-102c**, if applicable, have been completed, the JOS/Worker will complete the HRA Disability Screening Cover Sheet (**HRA-137e**).

Note: Even when the applicant/participant partially completes or does not complete the disability screening, the JOS/Worker must offer the applicant/participant a reasonable accommodation if one is requested or if the need for a reasonable accommodation is apparent.

HRA Disability Screening Cover Sheet (HRA-137e)

The **HRA-137e** must be completed by the JOS/Worker. The **HRA-137e** is broken down as follows:

- The top section of the form requires the name of the applicant/participant, case information, the type of interview that was conducted, either an application or a recertification, and the date the screening was conducted.
- The middle section of the form requires the status of the disability screening for each of the categories. The categories are:

1. *Disability Screening*
2. *Mental Health Screening*
3. *Cognitive/Learning Disability Screening*

For each category, the JOS/Worker will select one of the three options:

- *Client Completed Screening*
 - *Client Refused/declined to Take Screening*
 - *Client Left Screening Incomplete*
- The bottom section of the form asks about the screenings results. The JOS/Worker must an answer of “yes”, “no” or Client Declined” to the following questions.
 4. *Client’s Mental Health Score is 15 or more?*
 5. *Client said “Yes” to any question in the Learning and Cognitive Disability Screening?*
 6. *Did you offer one or more Reasonable Accommodation to the Client?*

If the response to question 6 is “**Yes**”, select one of the following three options for question 6a “*Client’s response to the offered reasonable accommodation (RA)*”.

- Client accepted all offered RAs. (**HRA-102c** completed)
- Client accepted only some offered RAs. (**HRA-102c** completed)
- Client declined all offered RAs.

The worker must write his/her name at the bottom of the form.

Once the **HRA-137e** is completed, the JOS/Worker must:

- scan and index all of the forms including the **HRA-137e** and the **HRA-102c** using the Miscellaneous folder, document type “Disability Screenings”.

Note: Documents scanned as “Disability Screenings” document type can only be viewed in the HRA One Viewer.


- attach all of the completed forms to the **HRA-137e** and submit to the supervisor.

Note: Individuals must not be referred to WeCARE based solely on responses to the screening. Staff must still complete an Employment Plan (EP) as per current procedure, and make WeCARE referrals only when appropriate.

The supervisor must write his/her name on the bottom of the **HRA-137e** and ensure that all of the screening packets are submitted and are forwarded to the Center Director’s Designee on a daily basis.

Attachments:

HRA-137	Disability Interviewer Script (Rev. 9/28/16)
HRA-137 (S)	Disability Interviewer Script (Spanish) (Rev. 9/28/16)
HRA-137a	Mental Health Form (9/15/16)
HRA-137a (S)	Mental Health Form (Spanish) (9/15/16)
HRA-137b	Learning and Cognitive Disability Form (9/15/16)
HRA-137b (S)	Learning and Cognitive Disability Form (Spanish) (9/15/16)
HRA-137c	Mental Health Interviewer Script (Rev. 9/28/16)
HRA-137c (S)	Mental Health Interviewer Script (Spanish) (Rev. 9/28/16)
HRA-137d	Learning and Cognitive Disability Interviewer Script (Rev. 9/28/16)
HRA-137d (S)	Learning and Cognitive Disability Interviewer Script (Spanish) (Rev. 9/28/16)
HRA-137e	HRA Disability Screening Cover Sheet (Rev. 9/28/16)
HRA-137f	Reasonable Accommodations Interview Script (10/6/16)
HRA-137f (S)	Reasonable Accommodations Interview Script (Spanish) (10/6/16)
HRA-102c	Help For People With Disabilities (1/5/16)
HRA-102c	Help For People With Disabilities (1/5/16) (Spanish)

 Please use Print on Demand to obtain copies of forms.

Disability Interview Script

“HRA offers help to people with disabilities as they go through the application process and participate in services. We ask people to answer a few questions, so we have a better idea of how to help them. Your answers will be kept confidential and will only be used to find out what kind of help we can offer you.”

Question	Circle Answer			
<p>1. “Do you have a physical, mental, or emotional condition (illness, injury, or disability)?”</p> <p>➔ <i>If client said “Yes” to 1, continue with this script. If “No,” go to Mental Health Interviewer Script (HRA-137c).</i></p>	Yes	No		
<p>2. “Are you deaf or do you have difficulty hearing?”</p>	Yes	No	Declined to Answer	A
<p>3. “Are you blind or do you have difficulty seeing even when wearing glasses?”</p>	Yes	No	Declined to Answer	B
<p>4. “Because of your condition, do you have difficulty concentrating, remembering, or making decisions?”</p>	Yes	No	Declined to Answer	C
<p>5. “Does your condition or conditions make it difficult in general for you to learn, such as attention problems (ADD), hyperactivity (ADHD), or dyslexia?”</p>	Yes	No	Declined to Answer	
<p>6. “Do you have an emotional, psychological, or mental health condition, such as anxiety, depression, bipolar disorder, substance abuse, or anorexia?”</p>	Yes	No	Declined to Answer	
<p>7. “Do you have a developmental disability, such as intellectual disability, autism, epilepsy or a neurological condition?”</p>	Yes	No	Declined to Answer	D
<p>8. “Because of your condition, do you have difficulty walking or climbing stairs?”</p>	Yes	No	Declined to Answer	
<p>9. “Do you have difficulty walking a quarter of a mile, about 3 city blocks?”</p>	Yes	No	Declined to Answer	

(continue to next page)

Question	Circle Answer			
10. "Does this disability or health condition affect your ability to read, write, and/or communicate with people?"	Yes	No	Declined to Answer	E
11. "Does this disability or health condition affect your ability to travel around the city?"	Yes	No	Declined to Answer	F
12. "Do you have any other kind of disability or health condition (including conditions like chronic pain, difficulty sleeping, and side effects from medication)?"	Yes	No	Declined to Answer	G

➔ Go to Mental Health Interviewer Script **HRA-137c** and Learning and Disability Interviewer Script **HRA-137d**.

SAMPLE

Texto para el Entrevistador de Discapacitación

“La HRA brinda ayuda a los discapacitados, mientras tramiten su solicitud y participen en servicios. Pedimos que usted conteste algunas preguntas para nosotros decidir cómo mejor ayudarle. Se mantendrá la confidencialidad de sus respuestas y sólo se usarán para determinar qué tipo de ayuda le podemos brindar.”

Pregunta	Trace círculo			
<p>1. “¿Padece usted una afección física, mental, o emocional (enfermedad, lesión, o discapacidad)?”</p> <p>➔ Si el cliente contestó “Sí” a la pregunta 1, continúe con este texto. Si el cliente contestó “No,” siga con el Texto de Salud Mental HRA-137c (S).</p>	Sí		No	
2. “¿Es usted sordo(a) o se le dificulta la audición?”	Sí	No	Declinó contestar	A.
2. “¿Es usted ciego(a) o una persona impedida de la vista aun con anteojos?”	Sí	No	Declinó contestar	B
3. “¿Se le dificulta concentrarse, usar la memoria, o tomar decisiones, a raíz de su afección?”	Sí	No	Declinó contestar	C.
4. “¿Le dificultan el aprendizaje afecciones tales como el trastorno de atención (ADD), la hiperactividad (ADHD) o la dislexia?”	Sí	No	Declinó contestar	
5. “¿Padece usted una afección emocional, psicológica, tal como ansiedad, depresión, trastorno bipolar, drogadicción, o anorexia?”	Sí	No	Declinó contestar	
6. “¿Padece usted una discapacidad intelectual, tal como el autismo, o una afección neurológica, tal como la epilepsia?”	Sí	No	Declinó contestar	
7. “¿Se le dificulta caminar o subir escaleras, a raíz de su afección?”	Sí	No	Declinó contestar	D.
8. “¿Se le dificulta caminar un cuarto de milla, aproximadamente 3 cuadras ciudadanas?”	Sí	No	Declinó contestar	

(continuación en la próxima página)

Pregunta	Trace círculo			
9. “¿Afecta esta discapacidad o afección médica su aptitud para leer, escribir, y/o comunicarse oralmente?”	Sí	No	Declinó contestar	E.
10. “¿Afecta esta discapacidad o afección médica su facilidad de transporte en la ciudad?”	Sí	No	Declinó contestar	F.
11. “¿Padece usted algún otro tipo de discapacidad o afección médica (incluidos dolor crónico, dificultad para dormir, y efectos medicinales secundarios)?”	Sí	No	Declinó contestar	G.

➔ Siga con el Texto para el Entrevistador de Salud Mental **HRA-137c (S)** y el Texto para el Entrevistador de Discapacitación de Aprendizaje y Cognición **HRA-137d (S)**.

SAMPLE

Mental Health Form

HRA offers help to people with disabilities, including people with mental health issues, as they go through the application process and participate in services. We ask people to answer a few questions about their mental health, so we have a better idea of how to help them. **You don't have to answer these questions. They are optional.** Your answers will be kept confidential and will only be used by us to find out what kinds of help we can offer you.

Are you willing to complete this form?

YES NO

If a question makes you uncomfortable or you don't want to answer it, you can skip it and answer the rest.

The following questions ask about how you have been feeling during the **past 30 days**.

During the past 30 days, **about how often did you feel ...**

SAMPLE

Circle the corresponding number					
None of the time	A little of the time	Some of the time	Most of the time	All of the time	
0	1	2	3	4	1. ...tired for no good reason?
0	1	2	3	4	2. ...nervous?
0	1	2	3	4	3. ...so nervous that nothing could calm you down?
0	1	2	3	4	4. ...hopeless?
0	1	2	3	4	5. ...restless or fidgety?
0	1	2	3	4	6. ...so restless that you could not sit still?
0	1	2	3	4	7. ...depressed?
0	1	2	3	4	8. ...so depressed that nothing could cheer you up?
0	1	2	3	4	9. ...that everything was an effort?
0	1	2	3	4	10 ...worthless?

1. ...tired for no good reason?
2. ...nervous?
3. ...so nervous that nothing could calm you down?
4. ...hopeless?
5. ...restless or fidgety?
6. ...so restless that you could not sit still?
7. ...depressed?
8. ...so depressed that nothing could cheer you up?
9. ...that everything was an effort?
10 ...worthless?

Formulario de Salud Mental

La HRA brinda asistencia a personas discapacitadas, incluidas aquellas que padecen problemas psiquiátricos, mientras lleven a cabo el trámite de solicitud y participen en servicios. Pedimos que usted responda a algunas preguntas sobre su salud mental, para nosotros mejor decidir cómo prestarle ayuda. **Usted no tiene que contestar estas preguntas, puesto que son opcionales.** Se mantendrá la confidencialidad de sus respuestas, las cuales se usarán sólo para determinar qué tipo de asistencia podemos prestarle.

¿Desea usted llenar este formulario?

SÍ

NO

Si alguna pregunta le incomoda o si no desea contestarla, puede saltar esa pregunta y contestar el resto.

Las siguientes preguntas tratan de cómo usted se ha sentido durante los **últimos 30 días**.

Durante los últimos 30 días, **¿con qué frecuencia usted se ha sentido ...**

	Haga círculo				
	Ningún tiempo	Poco tiempo	Algún tiempo	La mayoría del tiempo	Todo el tiempo
1. ...cansado(a) sin explicación?	0	1	2	3	4
2. ...nervioso(a)?	0	1	2	3	4
3. ...tan nervioso(a) que nada le podía tranquilizar?	0	1	2	3	4
4. ...sin esperanza?	0	1	2	3	4
5. ...inquieto(a) o intranquilo(a)?	0	1	2	3	4
6. ...tan inquieto(a) que no podía sentarse tranquilamente?	0	1	2	3	4
7. ...deprimido(a)?	0	1	2	3	4
8. ...tan deprimido(a) que nada podía darle ánimo?	0	1	2	3	4
9. ...con la impresión que todo costaba trabajo?	0	1	2	3	4
10. ...despreciable?	0	1	2	3	4

Learning and Cognitive Disability Form

HRA offers help to people with disabilities, including people with learning and cognitive disabilities, as they go through the application process and participate in services. Would you be interested in answering a few questions about learning and cognitive disabilities, so we have a better idea of how we may help you? **You don't have to answer these questions. They are optional.** Your answers will be kept confidential and will only be used by us to find out what kinds of help we can offer you.

<p>Are you willing to complete this form?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

If a question makes you uncomfortable or you don't want to answer it, you can skip it and answer the rest.

Question	Circle Answer	
1. Were you ever in a special program or given extra help in school?	Yes	No
2. Is it hard for you to memorize numbers?"	Yes	No
3. Is it hard for you to remember how to spell simple words you know?	Yes	No
4. Is it hard for you to, or do you experience problems filling out forms?	Yes	No
5. Is it hard for you to, or do you experience problems taking notes?	Yes	No
6. Is it hard for you to, or do you experience problems adding or subtracting small numbers in your head?	Yes	No

Formulario de Discapacitación de Aprendizaje y de Cognición

La HRA brinda asistencia a personas discapacitadas, incluidas aquellas que padecen discapacidades de aprendizaje y de cognición, mientras lleven a cabo el trámite de solicitud y participen en servicios. ¿A usted le interesa contestar algunas preguntas sobre discapacidades de aprendizaje y de cognición, para nosotros mejor decidir cómo prestarle ayuda? **Usted no tiene que contestar estas preguntas, puesto que son opcionales.** Se mantendrá la confidencialidad de sus respuestas, las cuales se usarán sólo para determinar qué tipo de asistencia podemos prestarle.

¿Desea usted llenar este formulario?

SÍ **NO**

Si alguna pregunta le incomoda, o si no desea contestarla, puede saltar esa pregunta y contestar el resto.

Pregunta	Haga Círculo	
1. ¿Ha participado usted alguna vez en un programa especial o recibido ayuda adicional en la escuela?	Sí	No
2. ¿Se le dificulta memorizar números?"	Sí	No
3. ¿Se le dificulta recordar cómo deletrear las palabras sencillas que ya sabe?	Sí	No
4. ¿Se le dificulta llenar formularios?	Sí	No
5. ¿Se le dificulta tomar notas?	Sí	No
6. ¿Se le dificulta realizar operaciones aritméticas sencillas por cuenta propia?	Sí	No

Mental Health Interviewer Script

Note to Interviewer:

- Ask the applicant/participant for the Mental Health Form (**HRA-137a**).
- If the individual completed the form, skip questions 1 through 10 (on page 2). Add up the circled numbers on the **HRA-137a**, completed by the individual and enter the total where indicated on page 2 of this script (**MH Score**).
- If the individual did not complete the **HRA-137a**, read this script to the individual.

“We also offer help to people with mental health issues, as they go through the application process and participate in services. We ask people to answer a few questions about their mental health, so we have a better idea of how to help them.

You don't have to answer these questions. They are optional. Your answers will be kept confidential and will only be used by us to find out what kinds of help we can offer you.”

“Do you want to answer these questions?” Yes No

➔ *[If client said “Yes,” check “Yes” above and continue with script. If client said “No,” check “No” above and go to the Learning and Cognitive Disability Interviewer Script (**HRA-137d**)]*

“If a question makes you uncomfortable or you don't want to answer it, you can skip it and answer the rest.”

“The following questions ask about how you have been feeling during the **past 30 days**.”

(continue to next page)

Read these possible answers for each question, and circle the corresponding number

During the past 30 days, about how often did you feel ...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. "... tired for no good reason?"	0	1	2	3	4
2. "... nervous?"	0	1	2	3	4
3. "... so nervous that nothing could calm you down?"	0	1	2	3	4
4. "... hopeless?"	0	1	2	3	4
5. "... restless or fidgety?"	0	1	2	3	4
6. "... so restless that you could not sit still?"	0	1	2	3	4
7. "... depressed?"	0	1	2	3	4
8. "... so depressed that nothing could cheer you up?"	0	1	2	3	4
9. "... that everything was an effort?"	0	1	2	3	4
10. "... worthless?"	0	1	2	3	4

[Note to Interviewer: Add up the circled numbers and record the total here: _____ = "MH Score."]



When this form is completed, continue with the "Learning and Cognitive Disability Interview Script" (HRA-137d).

SAMPLE

Texto para el Entrevistador de Salud Mental

Nota para el entrevistador:

- Pídale al solicitante/participante el Formulario de Salud Mental (**HRA-137a [S]**).
- Si éste completó el formulario, salte las preguntas 1 a 10 (en la página 2). Sume los números con círculo en el **HRA-137a [S]** completado por la persona y anote el total en el espacio indicado en la página 2 este texto (**Puntaje de Salud Mental**).
- Si la persona no completó el **HRA-137a [S]**, léale el texto.

“Nosotros también brindamos asistencia a los que padecen problemas psiquiátricos, mientras lleven a cabo el trámite de solicitud y participen en servicios. Pedimos que usted responda a algunas preguntas sobre su salud mental, para nosotros mejor decidir cómo prestarle ayuda.

Usted no tiene que contestar estas preguntas, puesto que son opcionales. Se mantendrá la confidencialidad de sus respuestas, las cuales se usarán sólo para determinar qué tipo de asistencia podemos prestarle”.

“¿Desea usted contestar estas preguntas?” Sí No

➔ *[Si el cliente contestó “Sí”, marque “Sí” arriba y continúe con este texto. Si el cliente contestó “No”, marque “No” arriba y vea el Texto para el Entrevistador de Discapacitación de Aprendizaje y Cognición (**HRA-137d [S]**).]*

“Si alguna pregunta le incomoda o si no desea contestarla, puede saltar esa pregunta y contestar el resto”.

“Las siguientes preguntas tratan de cómo usted se ha sentido durante los **últimos 30 días**”.

(continuación en la próxima página)

Lea las posibles respuestas para cada pregunta, y trace círculo en el número correspondiente.

¿Durante los últimos 30 días, cuán a menudo se sintió usted ...	Ningún tiempo	Poco tiempo	Algún tiempo	La mayoría del tiempo	Todo el tiempo
1. "...cansado(a) sin explicación?"	0	1	2	3	4
2. "...nervioso(a)"?	0	1	2	3	4
3. "...tan nervioso(a) que nada le podía tranquilizar?"	0	1	2	3	4
4. "...sin esperanza?"	0	1	2	3	4
5. "...inquieto(a) o intranquilo(a)?"	0	1	2	3	4
6. "...tan inquieto(a) que no podía sentarse tranquilamente?"	0	1	2	3	4
7. "...deprimido(a)?"	0	1	2	3	4
8. "...tan deprimido(a) que nada podía darle ánimo?"	0	1	2	3	4
9. "...con la impresión que todo costaba trabajo?"	0	1	2	3	4
10. "...despreciable?"	0	1	2	3	4

[Nota para el entrevistador: Sume los números seleccionados aquí: _____ = "Puntaje de Salud Mental".]



Al completar esta información, continúe con el "Texto para el Entrevistador de Discapacitación de Aprendizaje y Cognición" (HRA-137d [S]).

Learning and Cognitive Disability Interviewer Script

Note to Interviewer:

- Ask applicant/participant for the Learning and Cognitive Disability Form (**HRA-137b**).
- If the individual completed the form, skip questions 1 through 6 (below) and follow the instructions at the bottom of this page.
- If the individual did not complete the **HRA-137b**, read this script to the individual.

“We also offer help to people with learning and cognitive disabilities, as they go through the application process and participate in services. We ask people to answer a few questions about their learning and cognitive disabilities, so we have a better idea of how to help them.

You don’t have to answer these questions. They are optional. Your answers will be kept confidential and will only be used by us to find out what kinds of help we can offer you.”

SAMPLE

“Do you want to answer these questions?” Yes No

➔ *(If client said “Yes,” check “Yes” above and continue with this script. If the client said “No,” check “No” above and end the screening).*

“If a question makes you uncomfortable or you don’t want to answer it, you can skip it and answer the rest.”

Question	Circle Answer	
1. “Were you ever in a special program or given extra help in school?”	Yes	No
2. “Is it hard for you to memorize numbers?”	Yes	No
3. “Is it hard for you to remember how to spell simple words you know?”	Yes	No
4. “Is it hard for you to, or do you experience problems filling out forms?”	Yes	No
5. “Is it hard for you to, or do you experience problems taking notes?”	Yes	No
6. “Is it hard for you to, or do you experience problems adding or subtracting small numbers in your head?”	Yes	No

➔ **Did the client answer “Yes” to any of the questions?**

Yes	No
-----	----

➔ **When this form is completed, continue with the Reasonable Accommodations Interview Script (HRA-137f).**

Texto para el Entrevistador de Discapacitación de Aprendizaje y Cognición

Nota para el entrevistador:

- Pídale al solicitante/participante el Formulario de Discapacitación de Aprendizaje y Cognición (HRA-137b [S]).
- Si el solicitante/participante completó el formulario, salte las preguntas 1 a 6 (a continuación), y siga las instrucciones en la parte inferior de esta página.
- Si el solicitante/participante no completó el HRA-137b [S], léale este texto.

“Además nosotros prestamos ayuda a personas con problemas de aprendizaje y cognición, mientras lleven a cabo el trámite de solicitud y participen en servicios. Pedimos que usted conteste algunas preguntas sobre sus discapacidades de aprendizaje y cognición, para nosotros mejor decidir cómo prestarle ayuda.

Usted no tiene que contestar estas preguntas, puesto que son opcionales. Se mantendrá la confidencialidad de sus respuestas y sólo se usarán para determinar qué tipo de ayuda podemos prestarle.”

“¿Desea usted contestar estas preguntas?” Sí No

➔ (Si el cliente contestó “Sí”, marque “Sí” más arriba y continúe con este texto. Si el cliente contestó “No”, marque “No” más arriba y termine la selección.)

“Si alguna pregunta le incomoda o si no desea contestarla, puede saltar esa pregunta y contestar el resto.”

Pregunta	Trace círculo	
1. “¿Ha participado usted alguna vez en un programa especial o recibido ayuda adicional en la escuela?”	Sí	No
2. “¿Se le dificulta memorizar números?”	Sí	No
3. “¿Se le dificulta recordar cómo deletrear palabras sencillas que ya sabe?”	Sí	No
4. “¿Se le dificulta llenar formularios?”	Sí	No
5. “¿Se le dificulta tomar notas?”	Sí	No
6. “¿Se le dificulta realizar operaciones aritméticas sencillas por cuenta propia?”	Sí	No

➔ ¿Contestó el cliente “Sí” a alguna de las preguntas?

Sí	No
----	----

➔ **Tras completar este formulario, continúe con el Texto de Entrevista de Arreglo Razonable (HRA-137f [S]).**

HRA Disability Screening Cover Sheet

Client Name: _____

Client Case Number/Line/Suffix: _____

Client Service [Check One]: Application Recertification

Date of Screening _____

Instructions: All 6 questions must be answered. Please check one box for each question.

Screenings Taken	
1. Disability Screening:	<input type="checkbox"/> Client Completed Screening <input type="checkbox"/> Client Refused to Take Screening <input type="checkbox"/> Client Left Screening Incomplete
2. Mental Health Screening:	<input type="checkbox"/> Client Completed Screening <input type="checkbox"/> Client Declined to Take Screening <input type="checkbox"/> Client Left Screening Incomplete
3. Cognitive/Learning Disability Screening:	<input type="checkbox"/> Client Completed Screening <input type="checkbox"/> Client Declined to Take Screening <input type="checkbox"/> Client Left Screening Incomplete
Screenings Results	
4. Client's Mental Health score is 15 or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Declined
5. Client said "yes" to any of the questions in the Learning and Cognitive Disability Screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Declined
6. Did you offer one or more reasonable accommodations (RAs) to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>➔ (If 6 = "Yes", then go to 6a)</p>	
6a. Client Response to Offered RA:	<input type="checkbox"/> Client accepted all offered RAs. (HRA-102c completed) <input type="checkbox"/> Client accepted only some offered RAs. (HRA-102c completed) <input type="checkbox"/> Client declined all offered RAs.

HRA Worker Name: _____

HRA Supervisor Name: _____ Signature: _____

[STAPLE ALL FORMS TOGETHER AND SUBMIT TO THE SUPERVISOR]

Reasonable Accommodations Interview Script

- Instructions:**
- Circle all letters in the left column of this form that correspond to a “Yes” answer on the Disability Interview Script (**HRA-137**).
 - Enter “MH Score” _____ from the Mental Health Interviewer Script (**HRA-137c**). For a score of 15 or higher, circle all “MH” letters in the left column of this form.
 - If any “Yes” answers on the Cognitive and Learning Disability Interviewer Script (**HRA-137d**), circle all “CL” letters in the left column of this form.

Offer reasonable accommodation for people with:	<u>Reasonable Accommodation Question</u> “HRA has ways that it helps people complete the application process and participate in services. Would you find it helpful if we ...”	Circle Answer	
A	“... use an American Sign Language interpreter today or at future appointments?”	Yes	No
	“... give you some other kind of help for people who are deaf or hard of hearing? If yes, what kind of help do you need?”	Yes	No
B →	“... give you access to materials in an alternative format for people that are blind or low vision?” <i>[If client answered “Yes,” check off RA Type “Other” and write the format that the client requested on the HRA-102c]</i>	Yes	No
	“... give you some other kind of help for people who are blind or vision impaired? If yes, what kind of help do you need?”	Yes	No
B	“... Have a staff member help you read forms?”	Yes	No
C	“... Have a staff member help you fill out forms?”	Yes	No
E MH → CL	“... Hold appointments in a quiet office space?” <i>[If client answered “Yes,” check off RA Type “Other” and write the client requests appointments in quiet office space on the HRA-102c]</i>	Yes	No

(continue to next page)

Offer reasonable accommodation for people with:	<u>Reasonable Accommodation Question</u> "HRA has ways that it helps people complete the application process and participate in services. Would you find it helpful if we ..." 	Circle Answer	
A B	"... schedule future appointments so that a friend or family member can come with you?"	Yes	No
C D E	"... not schedule your appointments during rush hour?"	Yes	No
F G MH	"... schedule appointments at certain days and times?"	Yes	No
CL	"... schedule appointments at a specific center?"	Yes	No
D F	"... postpone HRA office appointments until you apply for Access-A-Ride?"	Yes	No
C D	"... have shorter waiting times for appointments."	Yes	No
F	"... have appointments take place in your home?"	Yes	No

SAMPLE

- ➔ After all letters are circled, ask client if he/she is interested in the reasonable accommodations only for those letters circled, and circle the "Yes" or "No" response.
- ➔ If client said "Yes" to any offered RA, complete page 2 of the **HRA-102c**. Do not read the script or ask the questions on the **HRA-102c**. Enter the client's information, select the reasonable accommodations accepted on this form, and complete the last section of the **HRA-102c**. Make a copy and give the original to the client.

When this form is completed, fill out the HRA Disability Screening Cover Sheet (**HRA-137e**).

Texto de Entrevista para Arreglos Razonables

- Instrucciones:**
- Trace círculos en todas las letras en la columna izquierda más abajo que corresponden a una respuesta “Sí” en el Texto de Entrevista de Discapitación (**HRA-137 [S]**).
 - Anote el “Puntaje de MH” _____ del Texto para el Entrevistador de Salud Mental (**HRA-137c [S]**). Para 15 puntos o más, trace círculos en todas las letras “MH” en la columna izquierda más abajo.
 - Para toda respuesta “Sí” en el Texto para el Entrevistador de Discapitación de Cognición y Aprendizaje (**HRA-137d [S]**), trace círculo en todas las letras “CL” en la columna izquierda más abajo.

Brinde arreglo razonable a las personas con:	<u>Pregunta de Arreglo Razonable</u> “La HRA dispone de arreglos para ayudar a los solicitantes/participantes a llevar a cabo el trámite de solicitud y participar en los servicios. ¿Le convendría a usted si nosotros ...”	Trace Círculo	
		Sí	No
A	“... empleamos a un intérprete de Lenguaje de Señas Estadounidense el día de hoy o en citas futuras?”	Sí	No
	“... le brindamos algún otro tipo de ayuda para los sordos o impedidos de la audición? En tal caso, ¿qué tipo de ayuda necesita usted?”	Sí	No
B	“... le brindamos acceso a materiales en un formato alternativo para los ciegos o impedidos de la vista?” [Si el cliente contestó “Sí”, marque el Tipo de AR “Otro”, y anote el formato solicitado por el cliente en el HRA-102c (S).]	Sí	No
	“...le brindamos algún otro tipo de ayuda para los ciegos o impedidos de la vista? En tal caso, ¿qué tipo de ayuda necesita usted?”	Sí	No
B, C, E, MH, CL	“... le brindamos a alguien para ayudarle a leer formularios?”	Sí	No
	“... le brindamos a alguien para ayudarle a llenar formularios”	Sí	No
	“... realizamos las citas en oficinas sin ruido?” [Si el cliente contestó “Sí”, marque el Tipo de AR “Otro”, y anote que el cliente solicita citas en una oficina sin ruido, en el HRA-102c (S).]	Sí	No

SAMPLE

(continuación en la próxima página)

Brinde arreglo razonable a las personas con:	<p>Pregunta de Arreglo Razonable</p> <p>“La HRA dispone de arreglos para ayudar a los solicitantes/participantes a llevar a cabo el trámite de solicitud y participar en los servicios.</p> <p>¿Le convendría a usted si nosotros ...”</p>	Trace Círculo	
A, B, C, D, E, F, MH, CL	“... le programamos sus citas futuras de manera que una amistad o un pariente le pueda acompañar?”	Sí	No
	“... no le programamos sus citas durante la hora punto?”	Sí	No
	“... le programamos sus citas en ciertos días y ciertas horas?”	Sí	No
	“... le programamos sus citas en un centro determinado?”	Sí	No
D, F	“... postergamos sus citas en las oficinas de la HRA hasta que usted presente solicitud de Access-A-Ride?”	Sí	No
C, D, F	“... le brindamos tiempos de espera más cortos?”	Sí	No
	“... le programamos las citas en su hogar?”	Sí	No

SAMPLE

➔ Una vez trazados los círculos en todas las letras, pregúntele al cliente si le interesan los arreglos razonables sólo para esas letras con círculo, y trace círculo en la respuesta “Sí” o “No”.

➔ Si el cliente contestó “Sí” a cualquier arreglo razonable brindado, llene la página 2 del **HRA-102c (S)**. No lea el texto ni haga las preguntas en el **HRA-102c (S)**. Ingrese los datos del cliente y seleccione el arreglo razonable aceptado en este formulario, y llene la última sección del **HRA-102c (S)**. Haga una copia y dele el original al cliente.

Al completar este formulario, llene el HRA Disability Screening Cover Sheet (**HRA-137e**).

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 impairment?
- 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.

HOW TO ASK FOR A REASONABLE ACCOMMODATION



ASK: You can ask for help when you come to an HRA office or center



CALL: 212-331-4640

SAMPLE

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



FAX: 212-331-4685



EMAIL: ConstituentAffairs@hra.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: 212-331-4640 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 access HRA benefits and services (*If you need more space to write, please attach pages*):

SAMPLE

Choose WHAT help you might need because of your condition:

<input type="checkbox"/> Help for people who are blind or visually impaired <input type="checkbox"/> Making appointments when you can have someone come with you <input type="checkbox"/> No appointments during certain days and times <input type="checkbox"/> No appointments during rush hour <input type="checkbox"/> Shorter wait times <input type="checkbox"/> Transfer your case to center _____ <input type="checkbox"/> Other accommodations that you need to access services at HRA. <i>Explain:</i> _____ _____ _____	<input type="checkbox"/> Help for people who are deaf or hearing impaired <input type="checkbox"/> Sign language interpretation <input type="checkbox"/> No in-office appointments while you apply for Access-A-Ride <input type="checkbox"/> Help reading forms <input type="checkbox"/> Help completing forms <input type="checkbox"/> You need HRA to come to your home for appointments <input type="checkbox"/> Keep your case at your center _____
---	--

How long do you think that you will need this help? _____

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*):

Date Received: _____ Location: _____

Name of HRA worker (Print)

Signature

AYUDA PARA LAS PERSONAS CON DISCAPACIDADES

¿Padece usted una discapacidad, afección médica o de salud mental que le dificulte solicitar u obtener beneficios de parte nuestra?

Por ejemplo:

- ¿Le dificulta la afección servirse del transporte público?
- ¿Necesita usted ayuda para trasladarse a las citas?
- ¿Le dificulta la afección esperar por largos ratos?
- ¿Le cuesta trabajo leer, entender o llenar formularios?
- ¿Necesita usted ayuda debido a un impedimento de la vista o de la audición?
- ¿Necesita usted ayuda de otra índole debido a su afección?

En caso afirmativo, tal vez podamos ayudarle. Esta ayuda se denomina arreglo razonable.

CÓMO SOLICITAR UN ARREGLO RAZONABLE



EN

PERSONA: Usted puede pedir ayuda al presentarse a una oficina o centro de la HRA.



LLAME AL: 212-331-4640

Usted también nos puede escribir o llenar la solicitud al revés de este formulario y presentárnosla por:



FAX: 212-331-4685



CORREO ELECTRÓNICO: ConstituentAffairs@hra.nyc.gov



CORREO POSTAL:
HRA
Office of Constituent Services
150 Greenwich street, 35th Floor
New York, NY 10007

¡OBTENGA AYUDA PARA LLENAR ESTE FORMULARIO!

Usted puede obtener ayuda con este formulario o con su solicitud.

LLAME AL: 212-331-4640 o **VISITE:** su oficina o su centro de la HRA.

Pase esta página para llenar el Formulario de Solicitud de Arreglo Razonable. 

AYUDA PARA LOS DISCAPACITADOS FORMULARIO DE SOLICITUD DE ARREGLO RAZONABLE

¿Padece usted una discapacidad, afección médica o de salud mental que le dificulte solicitar u obtener beneficios de parte nuestra? **En caso afirmativo**, favor de llenar este formulario. **En caso negativo**, no necesita llenar este formulario.

SUS DATOS

Nombre y apellido: _____ Fecha: _____

Número del Caso: _____ Fecha de Nacimiento: _____

Número de Teléfono 1: _____ Número de Teléfono 2 (de haberlo): _____

Dirección: _____

¿POR QUÉ NECESITA USTED AYUDA?

Explíquenos cómo su afección le dificulta el acceso a los beneficios y servicios de la HRA. (Si necesita más espacio para escribir, favor de adjuntar páginas adicionales.)

Elija QUE ayuda usted necesite debido a su afección:

<input type="checkbox"/> Ayuda para los ciegos o impedidos de la vista <input type="checkbox"/> Citas programadas para cuando usted desea que alguien le acompañe <input type="checkbox"/> Ningunas citas durante ciertos días y horas <input type="checkbox"/> Ninguna cita durante la hora punta <input type="checkbox"/> Tiempo de espera más corto <input type="checkbox"/> Transferencia de su caso al _____ centro <input type="checkbox"/> Otros arreglos que usted necesite para acceder servicios de la HRA. <i>Detalle:</i> _____ _____	<input type="checkbox"/> Ayuda para los sordos o impedidos de la audición <input type="checkbox"/> Interpretación de lenguaje de señas <input type="checkbox"/> Ninguna cita en oficinas mientras usted solicite Access-A-Ride <input type="checkbox"/> Ayuda para leer formularios <input type="checkbox"/> Ayuda para llenar formularios <input type="checkbox"/> Usted necesita que la HRA vaya a su casa para las citas <input type="checkbox"/> Mantenimiento de su caso en el _____ centro
---	--

¿Por cuánto tiempo piensa usted que necesite esta ayuda? _____

Usted no tiene que proporcionar prueba de su afección en este momento. Puede ser que posteriormente nosotros le pidamos documentación médica o clínica.

To be completed by HRA worker if submitted at an HRA location (Please give a copy to the client):

Date Received: _____ Location: _____

Name of HRA worker (Print) _____ Signature _____