

POLICY BULLETIN #22-47-OPE
(This policy bulletin replaces PB #18-42-OPE)

**DISABILITY SCREENING PROCESS IN THE PAPERLESS OFFICE SYSTEM (POS) TO
 HELP IDENTIFY THE NEED FOR REASONABLE ACCOMMODATIONS**

| Date: July 13, 2022 | Subtopic(s): Disability, ADA |
|-------------------------------|---|
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| | <p><u>Revisions to Previous Bulletin</u></p> <p>This policy bulletin is being revised to inform staff of the following changes to the Disability Screening Process in the Paperless Office System (POS):</p> <ul style="list-style-type: none"> • Additional instructions added for when an individual indicates a need for assistance, or it becomes apparent that help will be required to complete the interview • Updated Talk Script text in the Disability Screening Questions screen: “We offer help to people with disabilities so they can get through the HRA process. I’m going to ask you some questions to find out if you want help. All your answers are confidential.” |

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

- Updated **Talk Script** text in the **Reasonable Accommodation (RA) Determination** screen: “HRA helps clients with disabilities complete the application process or receive services when they need it. Some help may require documentation from your doctor or medical provider before we can offer it to you. Some of the accommodations I will mention will only apply to in-person HRA appointments. You may be able to handle these appointments online or over the phone. If you feel that you may need an accommodation to attend in-person appointments, or to satisfy any other HRA requirements, please let me know now by answering the following questions. Because of your disability, do you need us to:”
- Introduce the Reasonable Accommodations at a Glance (**HRA-137q**).
- The **Reasonable Accommodation (RA) Determination** questions and **Reasonable Accommodation (RA) Confirmation** questions are no longer displayed together.
- The **Reasonable Accommodation (RA) Determination** questions will now display directly after the screening questions rather than after the **Employability Code Determination** window.
- Remind staff of the steps needed to ensure forms are mailed to individuals being interviewed over the phone or in a home visit.
- Update Bridge to WeCARE language to reflect the fact that telephone eligibility interviews are now being conducted

Updated [screenshots](#) are included at the end of this policy bulletin.

This revised screening was initially rolled out to the original 5 Job Centers that were already doing the disability screening but has been successfully been put in place citywide as of March 2021.

Original Policy Bulletin

The purpose of the policy bulletin is to inform Job Center staff of the Disability Screening to be conducted in POS.

To help staff identify individuals who may need a reasonable accommodation due to a physical or mental health condition, a disability screening process was created in POS.

The screening is 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, a case comment must be entered, and the adult member must be screened at the return appointment.

Note: Screening must also be conducted for adults who were previously determined ineligible because of immigration status (Rejected/Closed lines with **F92**) as part of the reevaluation process at recertification.

The disability screening questions will appear in POS at the initial application interview after the case has been registered and at the recertification interview at the start of the recertification activity once the worker clicks “Next” on the household screen.

Note: Staff must ensure to select “On the Phone” or “Home Visit” on the **Communication Preferences screen** when the interview begins. This will ensure that any notices are sent through the Print to Mail (PTM) process.

The Disability Screening Tool – Key Words (**HRA-137p**) gives staff an understanding of some of the clinical terms used in the disability screening process and is attached to this document. If during the screening, an applicant/participant has a question about one of the terms in the screening, staff should utilize the **HRA-137p** to help clarify the question for the individual being screened.

Before Starting the Interview

Before beginning the initial application interview or the recertification interview, the JOS/Worker must make the following statement to the applicant/participant:

“If you need help understanding any questions or reading any forms today, you can let me know at any time and I will help you.”

If the individual lets staff know that they need help, staff must provide the necessary assistance to help the individual complete the interview. This could include things like slowing down the interview and explaining the questions, repeating questions, rephrasing/simplifying questions, etc. Staff must also make a case note that the help was requested and provided.

If this type of help is not successful, staff must offer to conference in someone who can help. Staff must ask:

“Is there someone who knows you well who can help answer these questions to complete the interview – a family member, a case manager, an advocate? Can we conference them in?”

If the individual identifies someone and provides their phone number, staff must conference the person into that phone interview. Staff must enter a case note indicating that a third party was conferenced in with client consent and that individual’s relationship to the applicant/participant. Refer to **Attachment A** for instructions on how to conference someone in using the softphone software used to make the call.

If there is not anyone available or the individual does not have someone to help, staff must say to the individual:

*“I want to make sure that we get all of your information correctly. I am going to have someone else call you who can figure out the best way to help you. This won’t change your application date, but we will need to finish the interview. Is there a better time of day to call you? I can give you a number to call, if you don’t hear from anyone within 3 business days, you can call **718-557-1387**. That number again is **718-557-1387**.”*

Staff must then disconnect the call and enter a case note about the interaction. Staff must then inform their supervisor about the case and provide all relevant information, including the time of day the individual would prefer to receive a call, if one was provided. The supervisor will in-turn, refer the case to Center #90 by sending an email to Ctr90HVNRequests@hra.nyc.gov.

Once Center #90 receives the case information, it is to be treated as a referral for a possible phone interview or home visit as per current procedure, including the creation of an AT-HOME entry so that the case is tracked.

POS Screening

The disability screening process will screen applicants/participants for potential disabilities and the need for reasonable accommodations. The disability screening may consist of a three -step process. The applicant/participant can stop the disability screening at any time.

The three-step process is as follows:

Step 1

- Help identify any potential disability and if a reasonable accommodation may be needed. The answers to the questions on the POS version of the Disability Interviewer Script (**HRA-137**) help to capture this information. The **HRA-137**, and its POS equivalent has twelve questions. All twelve questions have possible response of “Yes”, “No” and “Declined to Answer”. The JOS/Worker will do the following in POS:

When prompted by POS, the JOS/Worker must read the script that will appear as an alert on the top of the screen in POS to the applicant/participant. The text of that alert has been revised as indicated below:

Revised – script language revised and now at top of screen

We offer help to people with disabilities so they can get through the HRA process. I’m going to ask you some questions to find out if you want help. All your answers are confidential

The JOS/Worker will then be prompted to ask the first question for the first adult household member, “Do you have a physical, mental, or emotional condition (illness, injury, or disability)?”

Note: If any adult is not present at the interview and was not asked the above question, the JOS/Worker must enter a comment in the comments area stating who was not present at the interview and that the individual was not asked this question.

If the individual gives a “no” or “declined to answer” response to the first question, the JOS/Worker will record the response in POS and the disability interview will end for that household member.

Note: If during the Employment Assessment / Employability Plan (EP), after the eligibility interview is complete, the individual indicates a barrier to employment because of a medical or mental health condition that makes it hard for them to work, staff must state the following at the time of the WeCARE referral:

Bridge to WeCARE

HRA-102c is now fillable and can be accessed from eDocs

As we explained earlier, right now you may be able to handle HRA appointments online or over the phone. We will let you know if that changes. If at any time you think that because of a medical or mental health condition or disability, you may have an issue attending a future HRA or WeCARE appointment, you can ask HRA for a reasonable accommodation by completing the Help for People with Disabilities (HRA-102c) form). I can complete it with you now and submit it for you, or you can complete it on your own and send it to HRA at any time. You can also let me know if you want me to record that you need help reading or filling out forms because of a medical or mental health condition or disability.

If a “Yes” response to the first question is given, the JOS/Worker will record the “yes” answer in POS and will then be prompted to continue asking the questions on the script and record the answers in POS.

After responding “Yes” to the first question, the applicant/participant may still decline to answer every other question, but the worker must still ask the questions, and record the individual’s response of declining to answer. However, if the applicant/participant wishes to stop the disability screening, the JOS/Worker must not continue to ask the questions and must simply record “declined to answer” for any remaining questions.

Staff must also enter a comment that the individual wished to stop the screening and indicate at which question they made the request to stop. If the individual continues the screening, and answers “no” or “declined to answer” to questions two through 12, the screening will end.

If the individual answered “Yes” to any of the disability inquiry questions from 2 to 12, POS will proceed to step two and the questions that correspond with the “Yes” answers on the previous screen will be enabled.

Step 2

- The second step is to ask about an individual’s need for a reasonable accommodation for any possible disability captured in step one. This step will only begin if the applicant/participant answers “Yes” to the first question and “Yes” to any of the twelve questions in the POS screening or the paper **HRA-137** equivalent. The questions in this section of the screening are mirrored on the Reasonable Accommodations Interview Script (**HRA-137f**). These questions help to determine what reasonable accommodation the JOS/Worker should discuss with applicant/participant. In POS, the

questions in the second step will appear, if required. The JOS/Worker must read the opening statement:

HRA helps clients with disabilities complete the application process or receive services when they need it. Some help may require documentation from your doctor or medical provider before we can offer it to you. Because of your disability, do you need us to:

and then ask the applicant/participant the questions and record the answer in POS. These questions will help identify potentially needed reasonable accommodations.

Note: If the applicant/participant already has the RA that would otherwise be offered, POS will not prompt the JOS/Worker to ask the question. The only exception is “Other”. Any existing RAs for the applicant/participant will be displayed on the right side of the screen.

Revised

After completing the screening, staff must continue with the application/recertification interview. After the completion of the **Employability Code Determination** window, if any adult answered “Yes” to any of the **Reasonable Accommodation(RA) Determination** questions, POS will display information about the reasonable accommodation, such as, if the reasonable accommodation will be granted immediately and/or if documentation is needed and will display a confirmation question.

The JOS/Worker must give this information to the applicant/participant and inform them that the information will also be available in writing on the receipt they will receive in the mail. Staff must then ask the **Reasonable Accommodation (RA) Confirmation** question, for RAs that require medical documentation. The JOS/Worker must record the answer to the confirmation question.

Staff will then be presented a summary of all the RAs that have been requested during the interview and are reminded to inform the applicant/participant that their RA requests have been submitted and that they will receive a receipt of the requests in the mail.

To help staff become more familiar with which RAs require documentation, and under what circumstances, the Reasonable Accommodations at a Glance (**HRA-137q**) desk guide has been created.

Note: If no documentation is required and the RA will be approved, the confirmation question will not appear.

If the individual declined all offers of reasonable accommodations, the disability interview will end for that adult.

Revised

If the individual answers yes to any of the reasonable accommodation offers, and where applicable the corresponding confirmation questions, the RA is granted provisionally, when possible. The disability interview will end for that particular adult. If there are other adults on the case and the interview is being conducted over the phone, staff must ask to speak to the other adult and go through the screening with the other adults.

Unavailable for any appointments during regular business hours

If the individual requests an RA related to scheduling and they indicate that they are unavailable for appointments during any regular business hours (Monday through Friday, 8:30am to 5:00pm) the staff must indicate this as part of the disability screening. Additionally, in these situations, staff must answer “Yes” to the homebound question in the application/recertification interview after screening is complete.

Non-Menu RA

Note: If an individual asks for a reasonable accommodation that is not included in the list provided staff must record the request using the fillable **HRA-102c** and submit the form to OCS.

Step 3

- The third step will be done in POS automatically after the **Print Forms** window. POS will do the following:

POS will notify the Intranet Quorum (IQ) system, the Central Database, the One Viewer and New York City Work Accountability and You (NYCWAY) that a reasonable accommodation was requested. The provisionally granted reasonable accommodation will also appear on the Client Services Screen. IQ will generate and mail the Receipt for the Reasonable Accommodation You Asked For (**HRA-102b**) to the applicant/ participant with the exception of requests for Home Visit Needed/Homebound (HVN/HB).

If the request is for HVN/HB status, POS will generate the Receipt for Your Request for Home Visit Needed/Homebound (HVN/HB) Status **FIA-1028x**. The JOS/Worker must answer “Yes” to the homebound question in the application/recertification interview and “print” the **FIA-1028x** which will trigger the mailing of the form through PTM. If the interview is being conducted in person, the form must also be provided to the applicant/participant at the interview.

For in-person interviews, the following forms must be printed from eDocs and provided to the applicant/participant:

- Activities of Daily Living – Client Information Form (**CAS-102**)
- Home Visit Needed Clinical Assessment Form (**CAS-103**)
- HIPAA Authorization for Disclosure of Individual Health Information (**CAS-605**)

If POS is down, conduct screening using paper forms – in person interviews only

If POS Is Unavailable

If POS is down during an in-person interview, the JOS/Worker must complete the paper versions of the **HRA-137** and **HRA-137f**, which mirrors the instructions outlined in this procedure. The JOS/Worker must also inform the applicant/participant that documentation for the reasonable accommodation requested may be required and that they may get a letter asking them to submit documentation. For step three, the JOS/Worker must follow the written instructions at the bottom of the page on the **HRA-137f**. The **HRA-137** and **HRA-137f** must be scanned into the “Disability Screenings” folder.

Refer to [PD #16-27-OPE](#)

If as a result of the manual screening, RAs are offered and accepted, staff must:

- Complete the fillable Help for People with Disabilities (**HRA-102c**) form, including signing it
- Make a copy of the completed form
- Return the original to the applicant/participant for their records
- Scan and Index the form
- Forward the request to the Office of Constituent Services via email at constituentaffairs@dss.nyc.gov with the subject line, “DISABILITY SCREENING” in all capital letters. The Center’s RAR/HVN Liaison must be copied on the email.

Note: All forms required if POS goes down are available on eDocs.

Updated Screenshots

The screenshot shows the NYC HRA CMS interface for a 'CA Application Interview'. The page title is 'Disability Screening - Questions'. Below the title, there is a instruction: 'Select the individual for whom you are completing the disability interview for and ask the disability interview questions before moving on to the next person.' A table with columns 'HH Member', 'Relationship to HOH', 'Sex', 'DOB', 'SSN', and 'CA' is present but empty. Below the table is a section titled 'Disability Interview Questions' with a yellow background containing the text: 'HRA offers to help people with disabilities. I am going to ask you some questions to find out if you want help. All your answers are confidential.' The first question is 'Do you have a physical, mental, or emotional condition (illness, injury, or disability)? *' with radio button options for 'Yes', 'No', and 'Declined to Answer'. At the bottom right, there are 'PREVIOUS' and 'NEXT' buttons, and a 'COMMENTS' section.

Initial Question

RA Determination Questions

The screenshot shows the 'Disability Screening - RA Determination Questions' page. At the top, there is a header with the NYC logo and 'CA Application Interview'. Below the header, there is a sub-header 'Disability Screening - RA Determination Questions' and a note: 'Select the individual for whom you are completing the disability interview for and ask the disability interview questions before moving on to the next person.' A table with columns 'HH Member', 'Relationship to HoH', 'Sex', 'DOB', 'SSN', and 'CA' is visible. Below this is a section titled 'RA Questions' with a yellow background. It contains five questions with radio button options for 'Yes', 'No', and 'Declined to Answer':

- Use an American Sign Language interpreter today or at future appointments? *
- 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? *
- Give you access to materials in an alternative format for people that are blind or low vision? *
- Give you some other kind of help for people who are blind or low vision? If yes, what kind of help do you need? *
- Have a staff member help you read forms? *

At the bottom right, there is a 'COMMENTS (0)' section with expand/collapse icons.

RA Confirmation Questions (will now appear after completion of the **Employability Code Determination** window)

The screenshot shows the 'Disability Screening - RA Confirmation Questions' page. It has a similar header to the previous form. The sub-header is 'Disability Screening - RA Confirmation Questions'. Below the header, there is a note: 'Select the individual for whom you are completing the disability interview for and ask the disability interview questions before moving on to the next person.' The table with columns 'HH Member', 'Relationship to HoH', 'Sex', 'DOB', 'SSN', and 'CA' is present. Below this is a section titled 'RA Confirmation Questions'. It contains three questions with radio button options for 'Yes' and 'No':

- Other: We cannot give you this accommodation right away. To make a final decision, we need medical or clinical documents to support your need for this accommodation. You will have time to give us those documents. We can also help you get those documents if you ask us to. Would you confirm that you need this accommodation? *
- Center transfer: We cannot give you this accommodation right away. We will let you know as soon as you we can give you this accommodation. Would you confirm that you need this accommodation? *
- Shorter wait times

At the bottom right, there is a 'COMMENTS (0)' section with expand/collapse icons.

Requested RA Summary

Reminder to staff to inform applicant/participant that the RA requests have been submitted and that they will get a receipt in the mail

NYC CA Application Interview Test Case: 000 Rec'd: 10/01/2020

HRA CMS

Disability Screening - Requested RA Summary

| HRA Member | Relationship to HOH | Sex | DOB | SSN | CA |
|------------|---------------------|-----|------------|-----|----|
| Test | Casehead | M | 01/11/1971 | 7 | AP |

New Requested RA (s)

Inform the client that their reasonable accommodation request(s) have been submitted and that they will receive a receipt of their request(s) in the mail.

- Other**
RA Description: Hold appointments in quiet office space
RA Comment
- Making appointments when someone can come with you**
Select/Edit Schedule Time
RA Comment: DS test
- No appointments during rush hour**
RA Comment

< PREVIOUS > NEXT

Effective Citywide March 2021

Related Items:

- [PD #16-26-OPE](#)
- [PD #16-27-OPE](#)
- [HRA PB #2016-03](#)
- [PB #20-60-SYS](#)

Attachments:

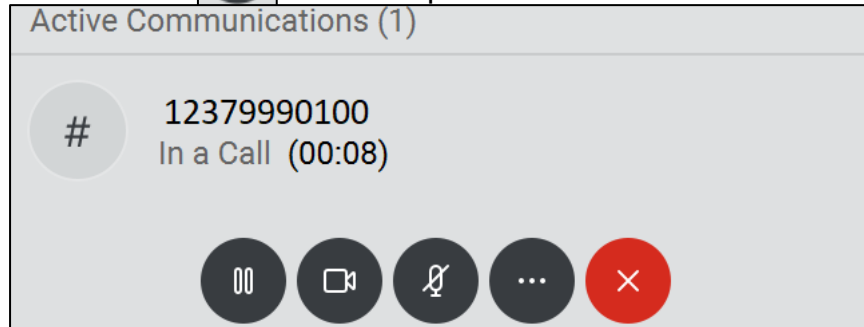
Attachment A

- FIA-1028x** Receipt for Your Request for Home Visit Needed/Homebound (HVN/HB) Status (06/14/2019)
- HRA-102b** Receipt for the Reasonable Accommodation You Asked For (10/23/15)
- HRA-102c** Help for People with Disabilities (01/05/2017)
- HRA-137** Disability Interview Script (Rev. 07/13/2022)
- HRA-137f** Reasonable Accommodations Interview Script (Rev. Rev. 07/13/2022)
- HRA-137p** Disability Screening Tool – Key Words (07/09/18)
- HRA-137q** Reasonable Accommodations at a Glance (01/14/2021)

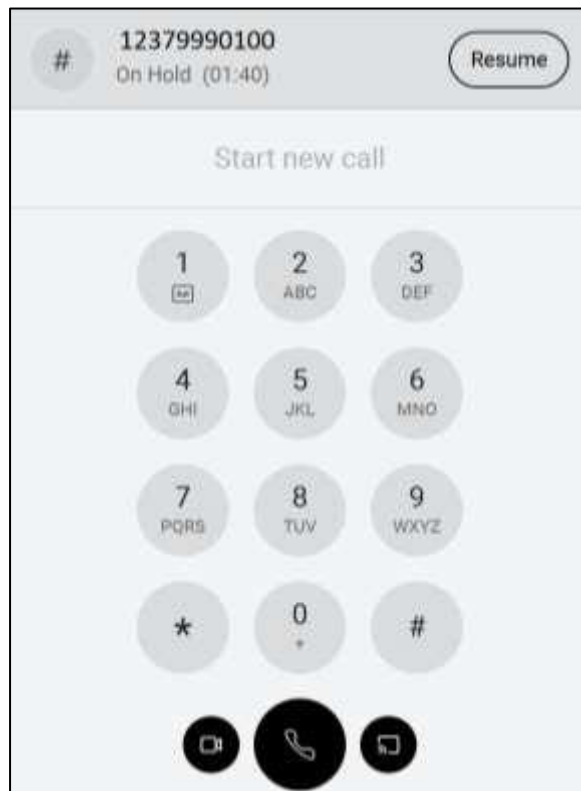
CONFERENCING IN A THIRD PARTY USING THE SOFTPHONE TECHNOLOGY

- To make a three-way/conference call, (i.e., to conference in a third party to help an applicant with the interview), take the following steps once you are connected:

- Click the  icon to pause the current call.




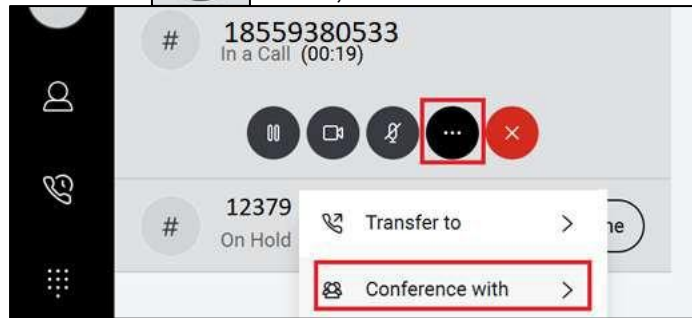
- After clicking pause, you'll be automatically be prompted to start a new call as shown below. Use the dialer pad to dial the number (i.e., applicant's adult son) you wish to add to the call.



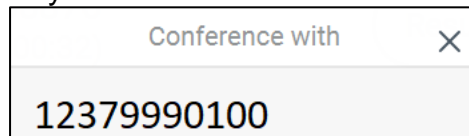
ATTACHMENT A

- Once connected to the 2nd line, tell them you are going to merge the calls.


Click the  icon, then click “Conference with.”

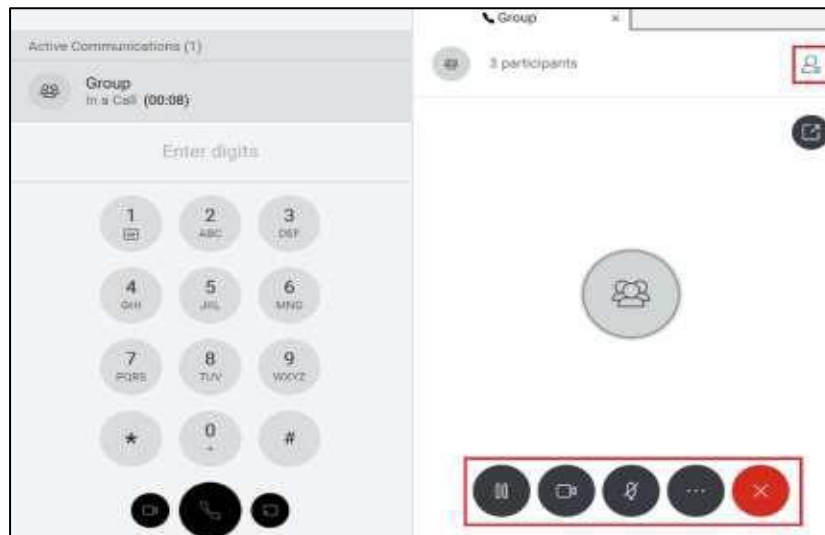


- In the pop-up box, select the phone # to add to the three-way/conference call.



- You will see the three-way/conference call has started. Use the controls on the right panel to view the participants in the call or pause the call.

- Once done with the three-way/conference call, click the  icon to disconnect the group call (i.e., disconnect from the applicant’s adult son) and return to your original call.



- Click “Resume” to take the original call off of hold and resume the conversation following the end of the three-way/conference call, if necessary and appropriate.





Date: _____

Case Number: _____

Name: _____

Center: _____

Receipt for Your Request for Home Visit Needed/Homebound (HVN/HB) Status

We received your request on _____ for this accommodation:

You asked for home visit needed/homebound status. When you have home visit needed/homebound status, we will not ask you to come to an HRA office. We will make home visits with you for all needed appointments.

If we make an appointment that is not a home visit, please call the telephone number on the appointment notice. Tell them that you have home visit needed/homebound status.

If we do not help you with this accommodation, you can call _____ to make a complaint.

We will give you home visit needed/homebound status for now. To make a final decision, we need medical or clinical documents to support your request. Please email, fax, or mail these documents to:

HRA Homebound Assessment and Referral Unit
109 East 16th Street, 7th Floor
New York, NY 10003
Fax: 917-639-0915
Email: renewaldocumentation@hra.nyc.gov

You must send us the documents within 30 days of the date of this notice. If you do not do this, we may end this accommodation. You may have to go to an HRA office for your appointments.

For questions about your request, please call _____.

If you asked for other accommodations, we will send you a separate notice for each one.

We will send you a new notice when we make a decision on your request.

See next page 

Who Do I Call If I Have Questions or Need Help?

We have an HVN/HB Call Unit to help people with HVN/HB status. The HVN/HB Call Unit telephone is _____. You can call this number **Monday** through **Friday**, **9:00am** to **5:00pm**.

A worker will answer your call. This number is the best way to contact us for as long as you have HVN/HB status.

You should call the HVN/HB Call Unit number when:

- You have questions about the HVN/HB Process
- You want to check on the status of your HVN/HB paperwork
- You have an emergency that you need us to help with
- You need to schedule a home visit
- You have questions or concerns about your case
- You need to report any changes in your household
- You want to make a complaint that we are not helping you with your HVN/HB status
- You did not feel safe during your home visit

SAMPLE

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.

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

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



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): _____

CHOOSE WHAT HELP YOU MIGHT NEED BECAUSE OF YOUR CONDITION:


- | | |
|---|---|
| <input type="checkbox"/> Help for people who are blind or low vision <i>Explain:</i> _____ <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"/> No in-office appointments while you apply for Access-A-Ride <input type="checkbox"/> Shorter wait times <input type="checkbox"/> Accommodations (other than above) that you need to access services at HRA. <i>Explain:</i> _____ _____ _____ | Help for people who are deaf or hard of hearing  : <input type="checkbox"/> American Sign Language (ASL) interpretation <input type="checkbox"/> Other forms of interpretation <i>Explain:</i> _____ <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"/> Transfer your case to center: _____ <input type="checkbox"/> Keep your case at your center: _____ _____ |
|---|---|


**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 <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Disability Interview Script

"HRA offers to help people with disabilities. I'm going to ask you some questions to find out if you want help. All your answers are confidential."

| Question | Yes | No | Declined to Answer |
|---|--------------------------|--------------------------|--------------------------|
| 1. "Do you have a physical, mental, or emotional condition (illness, injury, or disability)?"  If client said "Yes" to 1, continue with this script. If "No," end disability interview. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. "Are you deaf or do you have difficulty hearing?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. "Are you blind or do you have difficulty seeing even when wearing glasses?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. "Because of your condition, do you have difficulty concentrating, remembering, or making decisions?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. "Do you have a condition that makes it difficult in general for you to learn? Such as attention problems (ADD), hyperactivity (ADHD), or dyslexia?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. "Do you have an emotional, psychological, or mental health condition, such as anxiety, depression, bipolar disorder, substance use disorder, or a problem with your nerves?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. "Do you have a disability, such as autism, epilepsy, neurological condition, a brain injury, or an intellectual disability?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. "Because of your condition, do you have difficulty walking or climbing stairs?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. "Do you have difficulty walking about 5 city blocks or a quarter of a mile?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. "Does this disability or health condition affect your ability to read, write, and/or communicate with people?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. "Does this disability or health condition affect your ability to travel around the city?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. "Do you have any other kind of disability or health condition (including conditions like chronic pain, difficulty sleeping, and side effects from medication)?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

 Staff must proceed to **step 2**.

Reasonable Accommodations Interview Script

Instructions: Ask the questions that correspond to a “Yes” answer on the Disability Interview Script (**HRA-137**). Check the “Yes” or “No” answer to the corresponding question.

| <p align="center"><u>Reasonable Accommodation Question</u></p> <p>HRA helps clients with disabilities complete the application process or receive services when they need it. Some help may require documentation from your doctor or medical provider before we can offer it to you. Because of your Disability do you need us to:</p> | <p align="center">Yes</p> | <p align="center">No</p> |
|--|--|--|
| <p>“... use an American Sign Language interpreter today or at future appointments?”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... 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?”</p> <p><i>[If client answered “Yes,” check off “Other forms of interpretation” on the HRA-102c and enter the preferred method where it says “Explain:_____”.</i></p> <p><i>If there’s something else that they need, put it under “Other” on the HRA-102c.]</i></p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... give you access to materials in an alternative format for people that are blind or low vision?”</p> <p><i>[If client answered “Yes,” check off RA Type “Other” and write the format that the client requested on the HRA-102c]</i></p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... give you some other kind of help for people who are blind or low vision? If yes, what kind of help do you need?”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... Have a staff member help you read forms?”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... Have a staff member help you fill out forms?”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... Hold appointments in a quiet office space?”</p> <p><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></p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... schedule future appointments so that a friend or family member can come with you?”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... not schedule your appointments during rush hour?”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... schedule appointments at certain days and times?”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... schedule appointments at a specific center?”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... postpone HRA office appointments until you apply for Access-A-Ride?”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... have shorter waiting times for appointments.”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... have appointments take place in your home?”</p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |
| <p>“... give you some other kind of help? If so, what kind of help do you need?”</p> <p><i>[If client answered “Yes,” check off RA Type “Other” and write what the client requested on the HRA-102c]</i></p> | <p align="center"><input type="checkbox"/></p> | <p align="center"><input type="checkbox"/></p> |

➔ 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.

Disability Screening Tool Key Words

| KEY WORD | DEFINITION |
|---|--|
| Hyperactivity or Attention Deficit Hyperactivity Disorder (ADHD) | Chronic condition with symptoms that include inattention, hyperactivity, and impulsivity |
| ADD or Attention Deficit Disorder | Former name of one type of ADHD; the term ADD is no longer used |
| Dyslexia | Learning disability characterized by difficulty reading |
| Bipolar Disorder | Formerly called manic-depressive disorder, is a brain disorder that causes elevated, depressed or unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks |
| Autism Spectrum Disorder (ASD) | Includes a wide range or "a spectrum," of symptoms, skills, and levels of disability Autism is characterized, in varying degrees: <ul style="list-style-type: none"> • by difficulties in social interaction, • by difficulties in verbal and nonverbal communication, and • by repetitive behaviors |
| Epilepsy | Brain disorder that causes people to have recurring seizures |
| Neurological Condition | Disorder that affects the brain and/or spinal cord. There are several hundred, but the most common conditions are cerebral palsy, epilepsy, brain injury, multiple sclerosis, and Tourette's syndrome |
| Intellectual Disability | Disability characterized by significant limitations in both intellectual functioning (cognitive ability) and in adaptive behavior , which covers many everyday social and practical skills. A person with ID may have difficulty with activities such as learning, decision making, socializing, retrieving information, and planning for the future. The main symptom is difficulty thinking and understanding. ID is measured with an IQ test. This disability was formerly called mental retardation, a term that is no longer considered acceptable. |

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. | |
| Help Completing Forms | Immediate | None | Assist applicant/participant with filling out HRA forms and/or applications. | |
| 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. | A field worker makes a home visit for all necessary appointments. |
| 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. | |
| Shorter Wait Times | Provisionally Provided | Required | Minimize the client's wait time to be served whenever possible | |
| 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. | A field worker makes a home visit for all necessary appointments. |
| 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: 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.