



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #18-42-OPE

(This policy bulletin replaces PB #16-80-OPE)

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

Date:	Subtopic(s):
July 09, 2018	<p data-bbox="862 611 1073 646">Disability, ADA</p> <p data-bbox="477 663 1435 737">The purpose of the policy bulletin is to inform Job Center staff of the following:</p> <p data-bbox="477 774 1414 884">A new disability screening in the Paperless Office System (POS). This disability screening in POS will roll out on July 12, 2018 at the following Job Centers:</p> <ul data-bbox="477 921 776 1100" style="list-style-type: none"> • Waverly #13 • Richmond #99 • Fordham #44 • Coney Island #63 • Jamaica #54 <p data-bbox="477 1140 1414 1213">Other Job Centers will roll out at a later date and will be notified by Central Office.</p> <p data-bbox="477 1253 1360 1362">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.</p> <p data-bbox="477 1400 1425 1579">The screening will 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, a case comment must be entered, and the adult member must be screened at the return appointment.</p> <p data-bbox="477 1619 1435 1759">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.</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

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.

The Disability Screening Tool – Key Words (**HRA-137p**) has been created to give 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 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.”

Note: If the applicant/participant requests help, the JOS/Worker must provide the requested help to the applicant/participant during the disability screening and throughout the interview. A case note must also be entered.

Step 1

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:

- 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** 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 right hand side of the screen in POS to the applicant/participant. The text of that alert is also indicated below::

“Having a disability can sometimes make it hard to get through our application process, get to appointments, or read and fill out forms. If you have a disability, we can help you. We ask people a few questions. This will give us a better idea how we may help you. Answering is up to you. You can stop at any time. We will keep your answers confidential. We will only use your answers to find out what kind of help we could offer you.”

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) 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:

If you think you may need help getting to your appointment because of a medical or mental health condition or disability, you can ask HRA for help by completing this form (the provided 102C). I can help you with it now, 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.

Bridge to WeCARE

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 **HRA-137**. The questions on the Reasonable Accommodations Interview Script (**HRA-137f**) 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 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.

When “Yes” is selected for any question, 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 ask the confirmation question, where medical documentation is required. The JOS/Worker must record the answer to the confirmation question.

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.

If the individual answers yes to any of the reasonable accommodation offers, and where applicable confirmation questions, the RA is granted provisionally (when possible) and the disability interview will end for that particular adult. If there are other adults present at the interview, the JOS/Worker must conduct the screening with them, starting with the initial script and first question.

Note: 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.

Unavailable for any appointments during regular business hours

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 and give the **FIA-1028x** to the applicant/participant at the interview.

Additionally, 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**)

[PB #18-39-SYS](#)

For more detailed POS instructions, please refer to the POS Release Notes [PB #18-39-SYS](#)

If POS is down, conduct screening using paper forms.

If POS is down 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 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.

Obsolete

The following forms are now obsolete:

- Mental Health Form (**HRA-137a**)
- Learning and Cognitive Disability Form (**HRA-137b**)
- Mental Health Interviewer Script (**HRA-137c**)
- Learning and Cognitive Disability Interviewer Script (**HRA-137d**).
- HRA Disability Screening Cover Sheet (**HRA-137e**)

Effective July 12, 2018

Related Items:

[PD #16-26-OPE](#)
[PD #16-27-OPE](#)
[PB # 18-39-SYS](#)
[HRA PB #2016-03](#)

Attachments:

FIA-1028x	Receipt for Your Request for Home Visit Needed/Homebound (HVN/HB) Status (06/23/17)
FIA-1028x (S)	Receipt for Your Request for Home Visit Needed/Homebound (HVN/HB) Status (Spanish) (06/23/17)
HRA-102b	Receipt for the Reasonable Accommodation You Asked For (10/23/15)
HRA-102b (S)	Receipt for the Reasonable Accommodation You Asked For (Spanish) (10/23/15)
HRA-137 (E)	Disability Interviewer Script (Rev. 07/09/18)
HRA-137 (S)	Disability Interviewer Script (Spanish) (Rev. 07/09/18)
HRA-137f (E)	Reasonable Accommodations Interview Script (Rev. 07/09/18)
HRA-137f (S)	Reasonable Accommodations Interview Script (Spanish) (Rev. 07/09/18)
HRA-137p	Disability Screening Tool – Key Words (07/09/18)
HRA-137a	Mental Health Form (Obsolete)
HRA-137b	Learning and Cognitive Disability Form (Obsolete)
HRA-137c	Mental Health Interviewer Script (Obsolete)
HRA-137d	Learning and Cognitive Disability Interviewer Script (Obsolete)
HRA-137e	HRA Disability Screening Cover Sheet (Obsolete)



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 Center 90
109 East 16th Street, 3rd Floor
New York, NY 10003
Fax: 212-896-0433
Email: fiadadocs@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



Fecha: _____

Número del Caso: _____

Nombre: _____

Centro: _____

**Acuse de Recibo de su Solicitud del Estado
de Necesidad de Visitas al Hogar/Confinamiento al Hogar (HVN/HB)**

Acusamos recibo de su petición el _____ de este arreglo:

Usted ha solicitado el estado de visitas al hogar/confinamiento al hogar. Dicho estado le excusa de presentarse a las oficinas de la HRA. Nosotros le visitaremos en su hogar para toda cita necesaria.

En caso de que se le programe una cita fuera de su hogar, favor de llamar al número de teléfono en el aviso de cita. Haga presente que usted cuenta con el estado de visitas al hogar/confinamiento al hogar.

Si nosotros no le ayudamos con este arreglo, usted puede llamar al _____ para presentar queja.

Por el momento, se le ha otorgado el estado de visitas al hogar/confinamiento al hogar. Para tomar la decisión final, necesitamos documentos médicos o clínicos que justifiquen su petición. Favor de enviar estos documentos por correo electrónico, fax, o correo postal a:

HRA Homebound Center 90
109 East 16th Street, 3rd Floor
New York, NY 10003
Fax: 212-896-0433
Correo electrónico: fiadadocs@hra.nyc.gov

Usted debe enviarnos los documentos dentro de 30 días de la fecha de este aviso. Si usted no los envía, nosotros podemos cancelar este arreglo. En tal caso, puede que usted tenga que presentarse a una oficina de la HRA para sus citas.

En caso de tener preguntas sobre la petición, por favor llame al _____.

Si usted ha solicitado otros arreglos, le enviaremos un aviso por separado por cada arreglo.

Le enviaremos otro aviso cuando tomemos una decisión respecto a su petición.

Vea la próxima página 

¿A quién llamo si tengo preguntas o si necesito ayuda?

Tenemos la Unidad de Llamadas de HVN/HB para ayudar a los participantes con su estado de HVN/HB. El teléfono de la Unidad de Llamadas de HVN/HB es el _____. Usted puede llamar a este número de **lunes a viernes**, de **9:00am a 5:00pm**.

Un trabajador le contestará la llamada. Este número es el mejor modo de comunicarse con nosotros mientras que usted tenga el estado de HVN/HB.

Usted debería llamar al número telefónico de la Unidad de Llamadas de HVN/HB al:

- tener preguntas sobre el trámite de HVN/HB
- desear verificar el estado de la tramitación de su documentación de HVN/HB
- presentarse una emergencia con la cual usted necesite nuestra ayuda
- necesitar que se le programe una visita al hogar
- tener preguntas o dudas sobre su caso
- necesitar informarnos de algún cambio en su hogar
- desear quejarse de que nosotros no le hayamos ayudado con su estado de HVN/HB
- no haberse sentido seguro(a) durante su visita al hogar.

Date: _____
Case Number: _____
Name: _____
Center: _____
Confirmation Number: _____

Receipt for the Reasonable Accommodation You Asked For

We received your request on _____ for this accommodation:



This is your confirmation number. Please keep it: _____.

To ask any questions about your request, please call **(212) 331-4640** and tell them your confirmation number.

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.

Fecha: _____
Número del Caso: _____
Nombre: _____
Centro: _____
Número de Confirmación: _____

Recibo para el Arreglo Razonable Solicitado

Acusamos recibo de su petición el _____ de este arreglo:

SAMPLE

Éste es su número de confirmación. Por favor guárdelo en archivo: _____.

Para hacer preguntas sobre la petición, por favor llame al **(212) 331-4640** y proporcione su número de confirmación.

Si usted solicitó otros arreglos, le enviaremos un aviso por separado para cada arreglo.

Le enviaremos otro aviso cuando tomemos una decisión respecto a su petición.

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	Yes	No	Declined to Answer
1. “Do you have a physical, mental, or emotional condition (illness, injury, or disability)?”  <i>If client said “Yes” to 1, continue with this script. If “No,” end disability interview.</i>	<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**.*

Guión para la Entrevista de la Discapacidad

“La Administración de Recursos Humanos (HRA, por sus siglas en inglés) 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 las respuestas y sólo se utilizarán para determinar qué tipo de ayuda le podemos brindar”.

Pregunta	Sí	No	Rehusó contestar
1. “¿Padece usted de alguna afección física, mental, o emocional (enfermedad, lesión, o discapacidad)?”  Si el cliente contestó “Sí” a la pregunta 1, continúe con este texto. Si el cliente contestó “No,” termine la entrevista de discapacitación.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. “¿Es usted sordo(a) o se le dificulta escuchar?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. “¿Es usted ciego(a) o de vista pobre aun con anteojos?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. “¿Se le dificulta concentrarse, utilizar la memoria o tomar decisiones a raíz de su afección?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. “¿Padece usted de alguna afección que le dificulte el aprendizaje en general? Entre dichas afecciones se incluyen el trastorno de atención (ADD), la hiperactividad (ADHD) o la dislexia”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. “¿Padece usted de alguna afección emocional o psicológica, tal como la ansiedad, depresión, trastorno bipolar, trastorno de uso de sustancias o problema neurológico?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. “¿Padece usted de alguna discapacidad, tal como el autismo, la epilepsia o alguna afección neurológica, lesión cerebral o alguna discapacidad intelectual?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. “¿Se le dificulta caminar o subir escaleras, a raíz de su afección?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. “¿Se le dificulta caminar aproximadamente 5 cuadras o un cuarto de milla?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. “¿Afecta esta discapacidad o afección médica su aptitud para leer, escribir, y/o comunicarse oralmente?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. “¿Afecta esta discapacidad o afección médica su facilidad de transportarse en la ciudad?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. “¿Padece usted de algún otro tipo de discapacidad o afección médica (incluidos dolor crónico, dificultad para dormir, y efectos medicinales secundarios)?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 El personal debe proceder al **paso 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.

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

➔ 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.

Guión para Entrevista de Acomodamiento Razonable

Instrucciones: Haga las preguntas que correspondan a las respuestas marcadas "Sí" en el formulario de Guión para la Entrevista de la Discapacidad (**HRA-137**). Marque "Sí" o "No" para la pregunta correspondiente.

Pregunta sobre el Acomodamiento Razonable	Sí	No
"La Administración de Recursos Humanos (HRA, por sus siglas en inglés) tiene maneras de ayudar a las personas a que terminen el trámite de solicitud y a que sean partícipes de los servicios. Considerando su discapacidad o condición, ¿necesita usted que nosotros...		
"... utlicemos a un intérprete de señas de la lengua española, hoy o en citas futuras?"	<input type="checkbox"/>	<input type="checkbox"/>
"... ofrezcamos otro tipo de ayuda a los sordos o a los que tengan dificultad para escuchar? En caso afirmativo, ¿Que tipo de ayuda necesita usted?" [Si el/la cliente respondió "Sí," marque "Otros tipos de interpretación" en el formulario HRA-102c y anote el método preferido donde dice "Explicar: ____". Si necesitan algo más, anótelo bajo "Otra cosa" en el formulario HRA-102c .	<input type="checkbox"/>	<input type="checkbox"/>
"...le demos acceso a materiales con otros formatos para los ciegos o los que tengan visión pobre?" [Si el/la cliente respondió "Sí," marque el tipo de acomodamiento razonable en el espacio para "Otro" y anote en el formulario HRA-102c el formato que el/la cliente prefiere.]	<input type="checkbox"/>	<input type="checkbox"/>
"... ofrezcamos otro tipo de ayuda para los ciegos o los que tengan visión pobre? En caso afirmativo, ¿Que tipo de ayuda necesita usted?"	<input type="checkbox"/>	<input type="checkbox"/>
"... ¿Necesita que algún miembro del personal le ayude a leer los formularios?"	<input type="checkbox"/>	<input type="checkbox"/>
"... ¿Necesita que algún miembro del personal le ayude a rellenar los formularios?"	<input type="checkbox"/>	<input type="checkbox"/>
"... ¿Necesita que se realice la entrevista en una oficina silenciosa?" [Si el/la cliente respondió "Sí," marque el tipo de acomodamiento razonabl en el espacio para "Otro" y escriba en el formulario HRA-102c que el/lacliente solicita una oficina silenciosa.]	<input type="checkbox"/>	<input type="checkbox"/>
"... programemos citas futuras para que algún amigo o familiar pueda venir con usted?"	<input type="checkbox"/>	<input type="checkbox"/>
"... no programemos las citas durante las horas pico?"	<input type="checkbox"/>	<input type="checkbox"/>
"... programemos las citas para ciertos días y horas específicas?"	<input type="checkbox"/>	<input type="checkbox"/>
"... programemos las citas en un centro específico?"	<input type="checkbox"/>	<input type="checkbox"/>
"... pospongamos las citas en la oficina de la HRA hasta que usted solicite el servicio de transporte a domicilio de Access-A-Ride?"	<input type="checkbox"/>	<input type="checkbox"/>
"... ofrezcamos tiempos de espera más cortos?"	<input type="checkbox"/>	<input type="checkbox"/>
"... realicemos las citas en su hogar?"	<input type="checkbox"/>	<input type="checkbox"/>
"... le ofrezcamos otro tipo de ayuda? En caso afirmativo, ¿qué tipo de ayuda necesita?" [Si el/la cliente respondió "Sí," marque el tipo de acomodamiento razonable en el espacio para "Otro" y escriba en el formulario HRA-102c lo que el/la cliente solicita.]	<input type="checkbox"/>	<input type="checkbox"/>

➔ Si el/la cliente responde "sí" a cualquier opción de acomodamiento razanable, rellene la página 2 del formulario **HRA-102c**. No lea el guión o haga las preguntas del formulario **HRA-102c**. Anote la información sobre el/la cliente, seleccione los acomodamientos razonables que fueron aceptados en este formulario y rellene la última sección del formulario **HRA-102c**. Haga copia y entregue la copia original al/la cliente.

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.

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 ...**

OBSOLETE

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
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

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>

OBSOLETE

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

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).

OBSELETE

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.”

<p>“Do you want to answer these questions?” <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

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]