

**Madison County Department
Of Social Services
Americans with Disabilities Act Policy
January 2012**

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Madison County DSS Americans with Disabilities Act Policy

In April 2006, the New York State Office of Temporary and Disability Assistance issued 06-ADM-05, *Providing Access to Temporary Assistance Programs for Persons with Disabilities and/or Limited English Proficiency (LEP)*. This policy is being issued to implement 06-ADM-05 and the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504) in Madison County DSS programs and services.

I. General requirements of the ADA/504

- DSS must provide an equal and meaningful opportunity to people with disabilities to participate in and benefit from DSS programs.
- DSS cannot use methods of program administration with a discriminatory effect on people with disabilities.
- DSS shall make reasonable accommodations when necessary to avoid discrimination.

The specific actions that must be taken by staff to meet these requirements are discussed below.

II. Who must comply with this policy

This policy applies to all Madison County DSS programs, including but not limited to Family Assistance, Safety Net Assistance, Medicaid, Food Stamps, Emergency Assistance, Child Support, and Children and Family Services programs. The policy also applies to DSS programs provided by contractors, such as employment services contractors.

III. Who is protected by the ADA and Section 504

The ADA and Section 504 apply to all individuals who have a physical or mental impairment that substantially limits a major life activity. This is a very broad definition that covers many individuals, including many people who do not receive and do not qualify for disability benefits (such as SSI or SSD).

Examples of physical impairments: Blindness, low vision, deafness, hearing limitations, arthritis, cerebral palsy, HIV, AIDS, traumatic brain injury, high blood pressure, asthma, irritable bowel syndrome, quadriplegia, cancer, diabetes, multiple sclerosis, anatomical loss, alcoholism, and past illegal use of drugs for which the person received or is receiving treatment. This is not a complete list of physical impairments.

Examples of mental impairments: Clinical depression, bi-polar disorder (manic depression), anxiety disorder, post traumatic stress disorder, learning disabilities (e.g., dyslexia), attention deficit disorder, mental retardation. This is not a complete list of mental impairments.

Examples of major life activities: Engaging in manual tasks, walking, standing, lifting, bending, performing manual tasks, speaking, hearing, seeing, breathing, eating, sleeping, taking care of oneself, learning, reading, concentrating, thinking, and working. Major life activities also include major bodily functions such as bladder, bowel, digestive, immune system, cell growth, brain, neurological, circulatory, endocrine, and reproductive functions.

Illegal use of drugs and the ADA: Individuals currently engaged in the illegal use of drugs are not protected by the ADA when DSS acts on the basis of that drug use. People who are participating in drug treatment and individuals who have successfully completed treatment are protected by the ADA if they are not currently engaged in illegal drug use. People wrongly believed to be engaging in illegal drug use are protected by the ADA.

The determination of whether someone has a disability under the ADA is not a searching inquiry: The focus of DSS staff should be on ensuring that individuals have equal and meaningful access to our programs and services, not a detailed analysis of whether the individual meets the ADA/504 definition of disability.

DSS applicants, recipients, and members of the public: The ADA and Section 504 protect individuals receiving DSS benefits and services, those applying for benefits and services, and others. For example, an individual with a disability who wants information about DSS programs who has not yet applied for benefits has a right to access that information and a right to reasonable accommodations (see below) to do so. Family members and others who accompany someone applying for benefits shall not be discriminated against by DSS.

The individual must meet essential program eligibility requirements: If an individual does not meet essential program eligibility requirements (e.g., income, resource, and immigration requirements), it is not discriminatory to exclude the person from a DSS program.

Past history of a disability: The ADA/504 also protects those with a past history of a disability from discrimination based on that history.

Regarded as having a disability: The ADA/504 protects individuals who DSS staff believes have a disability from discrimination. For example, DSS cannot discriminate against someone based on a belief that a minor condition is much more limiting than it is. Nor can DSS discriminate against someone because he/she takes medication, and DSS believes that means he/she has some type of disability.

IV. ADA/504 Coordinator

Inez DeGroat, Deputy Commissioner of Financial Programs, at 315-366-2211 is the ADA Coordinator for Madison DSS. It is her responsibility to oversee and monitor ADA/504 compliance, to advise staff in accommodating clients, and recommending policy and procedure changes to improve ADA compliance, and take the other actions specified in this policy. The ADA Coordinator has the authority to instruct staff to modify rules and procedures to accommodate individuals with disabilities. The Coordinator is also responsible for investigating and deciding ADA/504 grievances. However, it is each worker's responsibility to comply with the ADA and to provide accommodations to clients. Staff is instructed to provide routine, obviously reasonable accommodations to clients without seeking the Coordinator's permission. In the absence of the Coordinator, all responsibilities and authority regarding ADA/504 will be assigned to **Steve Chaires, Deputy Commissioner of Administrative Services at 315-366-2211**

V. ADA/504 grievance procedure

Everyone has a right to file a grievance with Madison DSS if the person believes he/she was denied an accommodation or was discriminated against in another way as a result of a disability. Madison DSS has a grievance form that individuals can use to file a grievance [Appendix A], but they are not required to use it. DSS staff must help individuals fill out a grievance form if they need help as a reasonable accommodation. If a grievance is submitted to a DSS staff person, the staff person must forward it to the ADA/504 Coordinator. DSS staff must tell anyone who requested accommodations who are dissatisfied and anyone who believes he/she was treated unfairly because of a disability about the right to file a grievance and offer them a grievance form.

Grievances must be investigated and decided within 10 business days of when they are received by ADA/504 Coordinator or Assistant Coordinator. While a grievance is pending, DSS should not reduce the client's benefits, close the client's case, or take other adverse action against the client. If the individual has also requested a fair hearing, the ADA/504 Coordinator must still investigate and decide the grievance. If the grievance is denied, the ADA Coordinator must issue a written denial explaining the reason for the denial.

The ADA Coordinator should consider whether one or more grievances on an issue indicates the need for changes in policies or practices, and if so, take steps to obtain these changes.

VI. Physical accessibility

If a building or part of a building where DSS services are provided is not physically accessible, DSS must ensure that the individual is provided meaningful access to services other ways, i.e.: holding appointments with clients in another office in the building or at a different location, holding an appointment at the client's home, conducting appointments over the phone, allowing an authorized representative to attend the appointment for the individual, or by other means.

VII. No separate programs

People with disabilities cannot be put in separate programs (e.g., separate education and training programs) just because they have disabilities. If a person meets the essential eligibility requirements for a program, he/she has a right to participate in that program.

VIII. Services must be provided in the most integrated setting

DSS must provide services to people with disabilities in the most integrated setting appropriate to the needs of the person with a disability

IX. DSS must provide reasonable accommodations to individuals with disabilities

DSS must provide reasonable accommodations to individuals with disabilities. A reasonable accommodation is any reasonable change in the way DSS does something for a person with a disability or allows a person to do something.

Examples of accommodations that must be provided:

- Help with filling out an application for benefits and help with gathering documents showing eligibility for benefits or a disability;
- Accommodations in appointments, including scheduling appointments at time of day that will prevent long waits; seeing clients who cannot wait on a priority basis; scheduling appointments so they do not conflict with doctor's appointments, rehab, or therapy; combining appointments to reduce travel; home visits for individuals who have difficulty traveling to DSS or attending appointments at DSS for disability-related reasons; allowing clients to reschedule appointments when a disability prevents attendance;
- Giving a person more time to submit documents or complete other tasks;
- Providing additional explanations of forms and program rules;
- Allowing an individual to bring a friend, relative, neighbor, or advocate with them to DSS appointments and during the application process;
- With the client's consent, sending copies of notices to a client's friend, relative or neighbor who can remind the client of appointments and/or help the client attend an appointment;
- Reading notices and other program materials to the client;

- Providing notices, applications, and other program materials in alternative formats (e.g., large print, Braille, audiotape, etc.);
- Modifying welfare work activities (discussed below);
- Modifying agency policies for people with disabilities when necessary to avoid discrimination (e.g., shelter policies, appointment policies, no-animal policies, policies about how a task must be done);
- Allowing clients to submit documents by fax when needed for a disability-related reason.

Accommodations in program rules: Rules must be modified for people with disabilities when reasonable. For example, rules requiring staff to see clients in the order in which they arrive at DSS, rules requiring clients to come to DSS for appointments, and rules requiring clients applying for benefits to come to DSS on particular days of the week or times of day, must all be modified for people with disabilities when necessary to provide an equal and meaningful opportunity to participate in DSS programs.

Accommodations for family members: In some situations, DSS must accommodate family members with a disability so an applicant/recipient has meaningful access to the program. For example, if a parent receives SSI and is applying for cash assistance for her child, DSS must accommodate the parent so their child has an equal and meaningful opportunity to participate in the cash assistance program.

Accommodations in work activities: Clients may be entitled to a number of different types of accommodations in cash assistance work requirements, including:

- Assignment to a particular program, work site, or job appropriate for the individual given their disabilities;
- Part-time activities (less than 30 hours per week) if the client cannot participate full-time because of a disability or disability-related treatment;
- Accommodations at a job site or education and training program (e.g., equipment, modification of rules or procedures, job coaches, tutors, modified training materials);
- Assignment to activities that are not countable towards federal work participation rates (e.g., rehab or therapy for more than 4 consecutive weeks a year);
- Exemptions from work activities if the person cannot participate as a result of a disability, even with the accommodations listed above.

The client's employability plan should contain information about the client's disability-related limitations, the accommodations needed, and whose responsibility it is to ensure that they are provided.

Accommodations needed on an ongoing basis: Many accommodations are needed on an ongoing basis. Once a staff person determines that an accommodation is necessary, they should indicate the need for this accommodation (though not the client's diagnosis) in the comment sheet in the client's electronic record and prominently on the outside of the client's paper case folder so other staff are aware of it. In addition, the staff person must take the steps needed to make sure that the accommodation is provided without request in the future (until the client's condition changes or the accommodation is no longer needed), so the client does not have to ask for it each time.

Using information the agency already has to accommodate clients: The agency should use information it already has about a client (e.g., from past applications or receipt of benefits) to offer accommodations to clients even if the client hasn't requested an accommodation.

Accommodations for those with mental health problems and/or cognitive disabilities: DSS staff shall not assume that all clients with a cognitive disability or mental health problem have someone to assist them. Those who have mental and/or cognitive disabilities, as a result, may need accommodations. Some clients have a relative, friend, advocate, or service provider who can assist them, but many do not.

Accommodating clients based on behavior: Some clients are not aware that they have disabilities (e.g., mental disabilities) and are therefore unlikely to request reasonable accommodations, even though they need and are entitled to them. Some clients behave in a hostile or disruptive manner because of a disability (e.g., a mental disability). When a client is acting this way, the agency should always consider the possibility that the client has a disability and offer accommodations to the client even if the client hasn't requested them.

Clients should not be referred to other agencies as an accommodation: Applicants and recipients with disabilities may need other services (e.g., mental health care) that DSS does not provide. Referring clients to other agencies and services may be appropriate in such instances, but it is not a substitute for providing accommodations at DSS so the applicant/recipient can obtain DSS services.

Who is responsible for providing reasonable accommodations at DSS: Every worker has a responsibility to provide accommodations. If the worker is not sure if an accommodation is reasonable, the worker should consult with Inez DeGroat, the ADA Coordinator. However, many accommodations needed by clients are routine and should be provided as a matter of course.

Accommodations by contractors: DSS must ensure that DSS contractors provide accommodations to DSS clients with disabilities. Staff should not assume that contractors have done so unless and until they follow up with the client and/or contractor.

Time frame for providing accommodations: Many accommodations (such as help with completing an application) shall be provided on the same day they are requested. Other accommodations should be provided in time to prevent a denial of equal and meaningful access to programs and services.

DSS cannot require clients to accept an accommodation: DSS gives consideration to the client's request; however, after discussing the alternatives, individuals have a right to refuse accommodations. If an individual refuses an offered accommodation and as a result, cannot comply with a program requirement, DSS staff can initiate an adverse action against the client. Before doing so, however, staff should re-offer the accommodation and inform the client that an adverse action may be taken if the client is unable to comply with a requirement as a result of refusing the accommodation.

X. Client disclosure of a disability and obligation to document a disability

Disclosure of a disability is voluntary: Workers must tell clients that they have a right to disclose a disability. Workers should also tell clients that they have a right not to disclose a disability, but if they want a reasonable accommodation, they must disclose a disability.

When can DSS require documentation of a disability? If a client asks for accommodation, DSS staff reserves the right to require the client to submit documents from a doctor or other healthcare professional showing the existence of a disability and need for an accommodation.

- If a disability is obvious (e.g., blindness, quadriplegia, mental retardation) DSS staff cannot require documentation of the disability.
- If an individual needs an accommodation during the application process but does not have documentation of a disability, DSS must accommodate the person and give the individual a reasonable amount of time to get documentation.
- If an individual needs an accommodation, has no documentation and does not yet have medical coverage or other means to pay for doctor's visits, lab tests, etc., DSS must accommodate the individual until he/she has the means to obtain documentation.

Disability documentation from clients' own providers: Some clients have previously diagnosed disabilities and have or can obtain documentation of disabilities from their own treating professionals. Staff must consider and give appropriate weight to these documents.

XI. DSS's obligation to record disability-related information in the case record

Staff must record the following information in the client's case record: the client's disability, the type of accommodation requested, whether the request was granted or denied, whether the accommodation was provided, and the reason an accommodation request was denied. DSS must keep a record of all accommodation requests.

XII. Confidentiality of disability-related information

Staff must comply with all applicable confidentiality laws regarding client's disability-related information. At the same time, staff must inform relevant staff at the agency about an individual's need for an accommodation so they can arrange for and/or provide accommodations. DSS staff must get client consent before sharing information about client's disability with contractors or other agencies.

XIII. Disability screening of cash assistance applicants and recipients

DSS staff and/or JOBS staff must offer cash assistance applicants and recipients an opportunity to be screened for disabilities, so they can determine whether the individual has a disability that affects the ability to engage in work activities, the type and amount of work activities the individual can engage in, and the accommodations needed to engage in those activities. DSS staff and/or JOBS staff must offer this screening to cash assistance applicants and recipients at application. Additionally, staff is required to inquire at recertification, and whenever there is a reason to believe that an individual has a physical or mental impairment, whether the individual has a medical condition which would limit his/her ability to participate in work activities. The New York State Employment Assessment and Employment Plan Guide and Assessment [Appendix B], is the specific tool Madison County utilizes. Staff must inform clients that they have a right not to answer the disability-related questions. Staff should routinely explain to the clients of the benefits of the screening (i.e., DSS can draft an employment plan tailored to the client if the agency knows what the client can and can't do; and DSS is more likely to know what accommodations the client needs and has a right to) and the disadvantages of declining screening (employment plan may not be right for the client, client may not be able to do activities in the plan, client may be at risk of a sanction if she cannot do activities in the plan).

If screening shows that the client has a physical, mental, or learning disability, the client must be given an opportunity to submit documentation of the disability to DSS. DSS staff must help the client to get these documents if client needs help because of a disability. If screening shows that the client may have a disability, including a disability that has not yet been diagnosed, DSS must refer the client for a professional evaluation from Industrial Medical Associates (IMA) or another professional if more appropriate. If a client needs help finding the appropriate professional for an evaluation or making an appointment with the professional, DSS staff must provide this help.

Information from disability screening and evaluation, and from the client's own treating professional, must be considered and incorporated into a client's employment plan.

If a client says she has a disability that limits her ability to engage in work activities, she cannot be assigned to a work activity until after the results of the evaluation are available, unless it is an activity that is consistent with the individual's claimed limitations.

Information about a client's disabilities obtained from either IMA or the client's own treating professional must be shared with the DSS worker (with the client's consent), as it may show that the client needs accommodation in DSS procedures or rules other than work activities.

If a client says she doesn't want to be screened for disabilities and she is unable to comply with work activities, DSS and/or JOBS staff should offer the client an opportunity to be screened again prior to taking adverse action against the client. Any reasonable accommodations that were offered and refused should be offered again as well.

XIV. Service animals

DSS cannot exclude service animals from its programs, or impose limits on access to programs and services. A service animal is any animal trained to perform a task for an individual with a disability, including individuals with vision impairments, hearing impairments, manual impairments, seizure disorders, balance problems, mental health problems, and other impairments. The service animal need not have a harness or be trained by a professional trainer, and individuals with disabilities cannot be required to provide certification proving the animal is a service animal. If it is obvious that a person has a disability and an animal has been trained to perform a task for the individual, DSS staff cannot ask about the person's disability or whether the animal is a service animal. If it is not obvious, staff can only ask (1) whether the animal is needed for a disability, and (2) what task or work the animal is trained to perform. All animals must be on leashes. If the service animal poses a direct threat to the health or safety of others, such as displaying vicious behavior, it can be excluded, but staff cannot make assumptions about how a particular animal is likely to behave based on past experience with other animals. Each situation must be considered individually. Even when the service animal can be excluded on this basis, however, the client has the right to enter DSS facilities without the service animal.

XV. Effective communication with people with disabilities

DSS staff must ensure effective communication with individuals with disabilities, including applicants, participants, members of the public, and companions with disabilities is as effective as communications with others. Companion is defined as a family member, friend, or associate of an individual seeking or receiving services or information, if the companion is someone it is appropriate for DSS to communicate with.

Effective in-person communication with people with speech and hearing impairments: If an applicant, recipient, member of the public, or companion has a hearing impairment and uses American Sign Language, DSS must provide a qualified interpreter free of charge for in-person substantive appointments and other significant interactions with the agency (e.g. eligibility

interviews, disability evaluations, employability plan development, conciliation, Child Welfare and/or Child Protective interviews). DSS staff cannot require, pressure, or encourage individuals to use an applicants/recipient's friends or family members to interpret. DSS can use an adult family member friend or other person accompanying the individual to interpret in only two situations: (1) An emergency involving an imminent threat to the safety or welfare of the individual or the public where there is no interpreter available, or (2) the individual with a disability specifically requests that the accompanying adult interpret or facilitate communication, the person agrees to do so, and using that adult to interpret is appropriate. Minor children should not be used to interpret or facilitate communication except in an emergency involving an imminent threat to the safety or welfare of the individual or the public when no interpreter is available.

If the deaf or hearing impaired individual can read and write English sufficiently well, DSS staff are permitted to write notes to communicate with the person, but only for brief, simple interactions (such as making an appointment with the agency or submitting a document).

Madison County has a contract with an interpreter service. To arrange for an interpreter, staff shall contact **Diane Crompt, Director of Administrative Services**. In the absence of the Diane Crompt, request for interpreter services are to be directed to **Commissioner Michael Fitzgerald**.

Effective telephone communication with people with disabilities:

DSS uses an automated-attendant system, including but not limited to voicemail, and messaging, or an interactive voice response system, for receiving and directing incoming telephone calls, the system provides effective real-time communication with individuals using auxiliary aids and services, including TTYs and all forms of FCC-approved telecommunications relay systems, including Internet-based relay systems. DSS shall respond to telephone calls from a telecommunications relay service in the same manner that it responds to all other calls.

Some individuals with speech and hearing impairments use the following technology/procedures to make and receive phone calls:

TTY (teletext typewriter). If one party to the call doesn't have a TTY (e.g., DSS), the two parties communicate through a relay operator, who has a TTY and can read the TTY text to the party without the TTY and type responses.

To make a call to a TTY user: Dial 7-1-1 and give the relay operator the phone number you want to call.

To receive a call from a TTY user: Just answer the call and communicate through the relay operator.

Video relay: The caller uses a video phone (a computer or TV monitor) and uses sign language to communicate. If one party to the call doesn't have video relay equipment, the

two parties communicate through a video relay operator who uses American Sign Language to facilitate communication between the deaf and hearing person.

To make a call to a video relay user: Dial the number given by the client.

To receive a call from a video relay user: Just answer the call and communicate through the relay operator.

To return messages from a relay user: Pay attention to the number of the message. The number may be the client's direct number or it may be the number of a relay operator. If the client uses voice or video relay, you may need to call a relay operator and give the operator the number.

Speech to speech relay: Specially trained relay operators serve as the voice of the person with a speech disability that may be difficult to understand.

Effective communication for individuals with vision impairments: When DSS provides information in a written paper form, it must provide it in an alternative format (e.g., large print, Braille, CD) to individuals with vision impairments who request materials in alternative formats. There is no single format that is effective for everyone with disabilities, or everyone with vision impairments. The alternative format used must be one that is effective for the individual, though it need not be the person's first choice. To arrange to have materials put into alternative formats, contact the ADA Coordinator, **Inez DeGroat, Deputy Commissioner of Financial Programs, at 315-366-2211.** In the absence of the Coordinator, all responsibilities and authority regarding ADA/504 will be assigned to **Steve Chaires, Deputy Commissioner of Administrative Services, at 315-366-2211.**

XVI. Notice of ADA/504 rights

DSS staff must provide applicants, recipients, and members of the public with information about the ADA and Section 504. DSS staff must provide an ADA/504 Notice of Rights pamphlet [Appendix C] to all applicants, and renewals. Copies shall be available in waiting rooms. Staff must also verbally explain the information in the pamphlet to all applicants and recipients. All staff will be provided with an Interpreter Services Desk Guide [Appendix D]. In addition, a poster [Appendix E] shall be posted in DSS waiting room, and in the waiting room of DSS employment services contractors and other contractors serving DSS clients.

XVII. Staff training

All DSS staff and contractor staff must be trained on the ADA and on this policy. This training will be included in the orientation of new DSS staff, as well as held annually. It is the responsibility of the ADA Coordinator to ensure that DSS staff and contractor staff receive this training.

Appendix

A

Grievance Form (Page 3 in Policy)



Michael A. Fitzgerald, Commissioner
Madison County Complex, Building 1
North Court Street
P.O. Box 637
Wampsville, New York 13163

APPENDIX A

Madison County Department of Social Services Americans with Disabilities Act Grievance Form

DATE: _____

NAME OF PERSON FILING A GRIEVANCE: _____
(Please Print)

ADDRESS: _____

PHONE NUMBER WHERE WE CAN GET IN TOUCH WITH YOU: _____

CASE NUMBER: _____

WHAT HAPPENED? (attach extra sheets of paper if necessary) _____

WHEN DID IT HAPPEN? _____

WHAT TYPE OF DISABILITY DO YOU HAVE? _____

Phone (315) 366-2248

Fax (315) 366-2553

SIGNATURE OF PERSON FILING GRIEVANCE: _____

SUBMIT THIS GRIEVANCE FORM TO:

**INEZ DEGROAT
Madison County Department of Social Services
PO Box 637
Wampsville, New York 13163
(315) 366-2211
(315) 366-2253 Fax**

(For Internal Use Only)

DATE WHEN GRIEVANCE DECISION DUE (10 Business Days from receipt): _____

STEPS TAKEN TO INVESTIGATE GRIEVANCE:

Interview relevant DSS staff _____

Interview grievant _____

Review client case record _____

Other (explain): _____

DECISION ON GRIEVANCE: _____

DATE GRIEVANT NOTIFIED OF DECISION: _____

HOW GRIEVANT NOTIFIED (denials must be in writing):

Phone _____ Letter _____ Email _____ Fax _____ In Person _____

DATE ACCOMMODATION GIVEN/OTHER ACTION TAKEN (if applicable): _____

Appendix

B

NYS Employment Assessment and Employment Plan Guide and Assessment
(Page 8 in Policy)

New York State Employment Assessment and Employment Plan Guide

Introduction

Each social services district is responsible for developing effective strategies to help all individuals applying for or receiving Public Assistance (PA) achieve financial independence through participation in meaningful activities together with the provision of appropriate services and supports. A range of factors may affect an individual's ability to work. In order to develop effective strategies for individuals and families, it is important to identify strengths and skills that could facilitate economic security and any barriers that could impede it. There has been growing recognition of the existence and effects of "hidden" or unidentified barriers that may interfere with an individual's ability to obtain and maintain employment. These barriers are recognized to be more prevalent within the long term welfare population and typically influence many areas of an individual's life. Individuals may be unaware of the barrier and/or how to mitigate its interference on efforts to enter and retain employment.

Purpose of the NYS Employment Assessment

The New York State Employment Assessment (Assessment) has been developed to provide districts with a State model employment assessment tool and includes questions that help identify an individual's abilities, skills, interests, experience (both work and life) and barriers which should be considered when developing the employment plan. For example, an individual who volunteers at his/her church or child's school may have obtained skills (e.g. time management, clerical, soft skills) from this participation that are transferable to employment and should be considered when developing the employment plan and job resume.

Screening, as described in this guide, is the process of asking an applicant or recipient a series of questions as part of the employment assessment that are designed to determine if an individual is likely to possess a barrier that could affect his/her ability to work or comply with employment program rules. The Assessment includes questions in each section that help screen for potential barriers including, for example, medical, legal and housing barriers. The Assessment also includes questions to identify potential strengths that should be considered when developing employment goals, determining appropriate work assignments, and making job referrals. The Assessment is separated into sections which are explained in the section descriptions below.

A primary goal of administering public assistance programs is to provide services to help individuals prepare for and engage in work to the extent they are capable. Additionally, federal and State regulations require that districts engage public assistance recipients in appropriate work or work preparation activities consistent with the individual's abilities. Therefore, it is important for districts to take advantage of an individual's strengths and address any barriers to facilitate full, productive engagement that will help individuals achieve economic independence.

Who should receive an employment assessment and when?

Districts are required to provide employment assessments within 90 days of the date on which eligibility is determined for households with children and one year of the application date for households without children. (More specific employment assessment requirements are outlined below.) Additionally, districts are required to inquire at application, recertification and whenever there is reason to believe that an individual has a physical or mental impairment, whether the individual has a medical condition which would limit his/her ability to participate in work activities. Completing Sections I, II and III of the Assessment fulfills these minimum employment assessment and medical limitations inquiry requirements. Districts are encouraged to complete employment assessments as soon after an individual has applied for Public Assistance as is practicable and to thereafter reassess individual circumstances and activity assignments as circumstances warrant, no less frequently than annually.

Social Services Law (SSL) § 335 and 18 NYCRR § 385.6 require that individuals applying for or receiving PA who are members of a household with dependent children and are 18 years or older, or 16 or 17 years of age and not attending secondary school (who have not completed high school or an equivalency program) are provided an employment assessment within 90 days of eligibility. These individuals are required to comply with the employment assessment consistent with SSL § 335-a(4) and 18 NYCRR 385.6.

Social Services Law (SSL) § 335-a and 18 NYCRR § 385.7 require that non-exempt individuals applying for or receiving PA who are members of a household without dependent children are provided an employment assessment within one year of the application for assistance to the extent that resources are available. Additionally, all adults applying for or receiving PA who are members of a household without dependent children may be required to comply with an employment assessment consistent with SSL § 335-a(4) and 18 NYCRR § 385.7(a)(6).

The basic employment assessment must include, but is not limited to, a review of the individual's:

- Education level, including literacy and English language proficiency;
- Basic skills proficiency;
- Child care and other supportive services needs;
- Skills and prior work experience;
- Training and vocational interests; and,
- Family circumstances including the special needs of a child.

State Policy – Employment Assessments and Employment Plans

These basic requirements are addressed in the questions in Sections I and II of the Assessment and the district may fulfill the minimum employment assessment requirements by administering these two sections within the required timeframes (within 90 days of eligibility for households with children and 1 year of application date for households without children). Additionally, consistent with SSL § 335(6) and § 335-a(6) and 18 NYCRR § 385.6(e) and § 385.7(d), districts are encouraged to and may provide employment assessments that are more detailed and comprehensive than what is required. Districts are also required consistent with SSL § 332-b and 18 NYCRR 385.2(d) to inquire at application, recertification and whenever there is reason to believe an individual might have a physical or mental impairment if the individual has a medical condition which would limit his/her ability to participate in work activities and can fulfill this requirement by administering Section III of the Assessment. Any information about medical barriers, limitations and required accommodations must be considered when conducting the employment assessment and developing the employment plan. Districts are encouraged to complete the entire Assessment, to the extent that local resources permit, for individuals who would most benefit from a more comprehensive approach, including for example,

- Individuals who have received assistance for 12 months or more;
- Individuals who have had multiple sanctions;
- Individuals who have repeatedly failed at work assignments or repeatedly lost jobs;
- Individuals with uneven work histories; and,
- Individuals who seem to have unstable circumstances that might interfere with employment (e.g. criminal backgrounds, frequent emergencies, CPS involvement).

The State model Assessment expands the scope of the employment assessment to include additional areas (e.g. housing and financial management) that may not have been addressed from an employment perspective and which may be posing barriers to an individual's ability to find or keep a job. By considering the factors addressed in the full Assessment, districts may be able to better identify factors interfering with full-time stable employment and develop strategies along with the recipient to address these factors.

An employment plan is also required, based on the employment assessment, and must include:

- The services which the district will provide, including child care;
- The work activities to which the recipient will be assigned; and,
- The recipient's employment goal.

The plan must take into account:

- The recipient's supportive services needs;
- The available program opportunities;
- The local employment opportunities;
- If the recipient is assigned to an education program, his/her liability for student loans, grants and scholarship awards; and,
- the need for the district to meet federal and state work activity participation rates.

For individuals residing in households with dependent children, districts are required to consider an individual's preferences when developing the employment plan and, if the preferences cannot be accommodated, the employment plan must describe the reasons. Additionally, for individuals residing in households with dependent children, districts are required to explain an individual's employment plan to the individual and discuss any changes to the employment plan and document the changes in writing. While districts are not required to do the same for individuals residing in households without dependent children, they are encouraged to consider individual preferences, explain employment plans and discuss and document any changes to the employment plan in writing for individuals residing in households without dependent children; doing so helps ensure the individual's investment in and compliance with the employment plan activities. For all households, districts should update employment plans as updated employment assessment information warrants.

All of the information collected during the employment assessment process should be considered when developing an individual's employment plan. The New York State Employment Plan (Plan) summarizes the information collected through the Assessment and includes all of the elements required for the employment plan. Districts may use the State model Employment Plan, a local equivalent or the Welfare to Work Caseload Management System (WTWCMS) or (New York City Work Accountability and You) NYCWAY employment plan functions so long as the required elements are included. The State model Employment Plan is providing the template for changes to the WTWCMS employment plan.

Administering the Assessment

The questions included in the Assessment are intended to help guide discussions between worker and client in specific areas (e.g. education and training, the availability of family and community resources) and in order for the district to effectively assess the individual, a worker is required to complete the Assessment with the client. While districts may not fulfill employment assessment requirements through "self-assessment" alone whereby an individual completes an assessment form without a worker meeting with the individual to conduct the assessment, districts may incorporate elements of "self-assessment" into their employment assessment processes. For example, districts may give entire sections or question sets from the Assessment to individuals to first complete alone and then review together when the worker meets with the individual to conduct the employment assessment, unless there are indications the individual may have difficulty completing the form without assistance. Additionally, if the individual requests reasonable accommodations because of a disability to participate in the employment assessment, the district must address the request consistent with its Americans with Disabilities Act (ADA) related policies (see 06 ADM 05) including maintaining a record of the request and how it was addressed. However the Assessment is administered, the worker should address all areas that are indicated as being possible barriers as appropriate. The Assessment elements are scheduled to be incorporated into WTWCMS; however, much of the information collected through the Assessment can be accommodated in the applicable areas currently available in WTWCMS. Additional guidance will be provided to districts upon the completion of changes to the WTWCMS Evaluation function, including the requirement to record on WTWCMS or NYCWAY systems certain employment assessment data elements.

Voluntary Disclosure of a Disability

Workers should routinely explain to clients that the employment assessment interview is intended to help develop an employment goal and identify the factors that support that goal or that must be addressed to support the employment goal. Workers should present the employment assessment as an opportunity to identify skills and preferences to help develop appropriate, specific goals and also to identify needs and barriers that the district can help address to help the individual achieve his/her goals in order to encourage all individuals to fully participate in the interview. An individual may

be required to cooperate with completing the Assessment, but an individual may not be required to disclose a disability or answer any of the health related questions included in Section III (Health Review) of the Assessment unless he/she:

- agrees to answer the questions;
- claims to be unable to participate fully in work activities because of a health related issue; or,
- demonstrates an inability to successfully participate in work activities consistent with the voluntary disclosure requirements included in Section 2 of the Public Assistance and Supplemental Nutrition Assistance Program (SNAP) Employment Policy Manual.

Districts may want to use the state model “What You Should Know About Your Rights If You Have a Disability” form and discuss the benefits of disclosure when asking an individual if he/she has any health related barriers to encourage the individual to disclose.

Confidentiality Requirements

Districts are reminded that they must adhere to the confidentiality provisions required by SSL § 136 when collecting and recording employment assessment information, including health related information. Districts must also protect the confidentiality and privacy of information regarding an individual’s disability and may only share the accommodations required, not the nature of a disability, to individuals and entities providing client services. An individual’s medical information may only be re-disclosed to a third party if the district has obtained the individual’s signature and the re-disclosure is consistent with the purposes described in the signed authorization (see 06-INF-17). Districts must also ensure that persons acting as interpreters for persons with Limited English Proficiency (LEP) understand their obligation to maintain client confidentiality.

Section Descriptions

There are various conditions and circumstances that may interfere with an individual’s ability to achieve or maintain self-sufficiency and all may need to be explored at some point. An individual may also possess strengths, abilities or experience that could facilitate self-sufficiency. Each section of the Assessment includes questions which are intended to allow the worker to help the individual uncover strengths and potential barriers that may influence his/her ability to become self sufficient. The sections are described below.

Introduction

The Assessment begins with an Introduction that the worker must read to the individual before beginning to ask any of the Assessment questions. If the individual indicates that he/she needs reasonable accommodations to complete the interview, the district must address the request prior to beginning the Assessment consistent with its ADA related procedures regarding the provision of reasonable accommodations.

Arrows

Certain questions throughout the Assessment are denoted with an arrow. These questions require attention and/or follow up. For example, question 5 in Section I asks if an individual needs a language interpreter. If an individual indicates “yes”, then the district is required to address the request and provide language interpretation services if appropriate before proceeding. Other questions denoted with arrows require districts to follow up (e.g. address child care) before an individual may be assigned to a work activity. The denoted questions are described further in each section description below.

Diamonds

Questions that are denoted with a diamond indicate potential strengths, abilities or experience that should be explored and considered when developing the employment plan.

Worker Notes

Each section contains an area to summarize additional notes including actions taken as a result of the information gathered in that section. The Worker Notes area at the end of each section allows workers to record any additional information or observations gathered during the assessment interview.

Domestic Violence

Districts must administer the LDSS-4583 *Domestic Violence Screening Form* consistent with the requirements described in 98-ADM-03 “*Domestic Violence: Family Violence Option under the WRA of 1997*”. If domestic violence (DV) is an issue, clients must be provided with the opportunity to discuss their situation with the DV liaison (DVL). If an individual checks “yes” on the DV Screening form and/or wants to meet with the DVL, he/she should be referred to the DVL using local procedures. All assessments, including the employment assessment, are pended until the DVL meets with the individual and determines the waiver status. No reference to domestic violence may be noted in either the employment assessment or plan for individuals granted waivers. However, districts must also consider safety concerns when developing the employment plan for individuals who have disclosed DV and have chosen not to see a DVL and/or have not requested a waiver.

Drug and Alcohol Screening and Referral

Districts must administer the LDSS-4571 *Alcohol and Drug Abuse Screening and Referral Form* consistent with the applicable drug/alcohol requirements, including guidance provided in 01 ADM-10, 97 ADM-23 and 96 INF-28. Any documented drug/alcohol barriers and treatment requirements must be considered when determining employability (see also 01 INF-08), conducting the employment assessment and developing the employment plan.

Section I – Abilities, Experience and Training

This section contains the following areas:

- English/Language Proficiency; collects information regarding the individual’s ability to read, write and speak English, whether language interpretation services are needed, past participation in English for Speakers of Other Languages (ESOL) classes, and fluency in additional languages. Districts must provide meaningful access to benefits, programs and services for individuals with limited English proficiency (LEP) consistent with the requirements described in 06 ADM-05. This includes, for example, providing interpreter services when necessary. The worker should consider the individual’s comfort with his/her ability to read, write, speak and understand English, the worker’s observations of these abilities, and past ESOL participation when determining whether it is appropriate to include ESOL participation in the employment plan.
- Education and Training; collects information regarding the client’s education level, current education and training participation, interest in continuing secondary school education or GED, and prior training (including military training) and accreditations. Question 8 asks if the individual is a High School graduate, has a General Equivalency Diploma (GED) or has completed an Individual Education Plan (IEP). Completing an IEP alone is not considered to be the equivalent of completing high school and receiving a high school diploma. Individuals who have completed an IEP but who have not attained either a high school diploma or GED diploma should be treated consistent with all individuals who do not have a high school diploma or GED for purposes of work activity assignments and access to education activities as described in 09-ADM-16. Also included is an area to record basic literacy and math proficiency levels testing results (e.g. TABE scores). Question 12 lists the most commonly used proficiency tests, as well as an “other” option if the district uses a test not included on the list. The worker should discuss referring the individual to an education activity based on education history, math and literacy levels, and interest information collected in this section. Please note, consistent with the requirements 18 NYCRR 385.6 and 18 NYCRR 385.7 and 09-ADM-16 districts are required to encourage (and may require) nonexempt recipients who have not attained a “basic literacy level” to enroll in a basic literacy program, high school equivalency program or other educational program in combination with work activities consistent with the employment plan; and, offer (and may require) nonexempt recipients who have attained a “basic literacy level” but have not attained a high school diploma or the equivalent the opportunity to enroll in an educational program designed to improve basic literacy level and/or prepare an individual for attainment of a high school diploma or the equivalent in combination with other work activities and consistent with the employment plan. Basic literacy level has been defined in regulation as a literacy level equivalent to the ninth grade. When developing the employment plan, if the individual is assigned to an education program, the worker must take into account the individual’s liability for student loans, grants and scholarship awards.

- Current Employment/Volunteer Status; collects information about current employment or volunteer activities, union membership and receipt of unemployment benefits (UIB). Allows the worker to record and utilize current employment (e.g. enter schedule into WTWCMS, updating resume, discussing advancement opportunities) and volunteer activities (e.g. adding to resume, counting activity as community service, exploring employment opportunities at volunteer site or someplace similar). Also asks why the individual is not currently working or volunteering if he/she is not currently engaged in such activities (WTWCMS will include the menu of choices included on the Assessment).
- Employment/Volunteer Experience; collects specific information regarding employment and volunteer experience including the employer/site name and address, dates of participation, type of work performed, schedule and salary information and reasons why the job/volunteer activity ended (if applicable). Once changes are completed, WTWCMS will offer the worker a menu of choices to describe the type of work and reason for leaving. The section also includes 2 questions which collect information about the individual's perceptions of past employment experiences. This area is intended to provide an individual the opportunity to reflect on prior employment experiences to identify strengths, barriers and preferences. The discussion can allow the worker to assist the individual to identify the elements that contributed to a past positive employment experience and how to incorporate and build upon these elements in future employment. The worker can also assist the individual to identify strategies for dealing with negative employment experiences that may arise in the future.
- Job Skills; collects information about the individual's job skills obtained through training, education, employment, volunteer and life experiences and personal strengths. The menu of choices included in the Assessment will be available on WTWCMS once changes are completed.
- Employment Preferences and Goals; collects information about employment goals based on the interests, abilities, experience and skills information collected throughout Section I. Once WTWCMS changes are complete, workers will be provided with a menu of occupational areas from which any combination of choices may be selected. When helping an individual determine his/her employment preferences and goals, workers should consider, in addition to the individual's skills, interests, history and abilities, information about the occupational area of interest including whether it is locally in-demand, the long term prospects and minimum required qualifications. Such information is available on the NYS Department of Labor website at <http://www.labor.ny.gov/stats/lproj.shtm>.
- Job Readiness; collects information about whether the individual has a current resume, tools, positive references, the ability to be contacted by prospective employers, including by email, and access to the internet. Allows the worker to explore the need for services and programs to address deficiencies (e.g. resume preparation class, phone card), and discuss developing positive reference sources with the individual.
- Occupational Skills Testing Results; collects any occupational skills testing results provided by the individual or conducted by the district.

➔ **Arrows**

Question 5; if the individual indicates the need for language interpretation services, the district must address the request before proceeding consistent with the requirements included in 06-ADM-05.

Section II – Support Services and Resources

This section contains questions intended to determine the household's need for supportive services and ability to identify and access available community resources. If applicable, the worker may need to also discuss the district's definition of "reasonable distance" for going from home to child care to employment as included in the district's child care plan.

- Child Care; collects information about children in the household, whether they have special needs, and child care arrangements. Allows the worker to explore and address any child care issues and discuss the need to arrange back up child care with the individual. If back up child care is not available, the worker should discuss with the individual some ways to handle child care issues that may arise.
- Transportation; collects information about transportation arrangements, access, needs, and licenses. If applicable, the reasons an individual is unable to legally operate a motor vehicle, including license suspensions or revocations, should be discussed and addressed if possible if the individual's ability to drive would help his/her employment efforts. Workers should assess an individual's ability to access employers and work activity sites, including assessing the availability of public transportation, when developing the employment plan, providing transportation related support services and determining work activity assignments.

- Other Support Services; collects information about the need for additional support services (e.g. tools, uniforms).
- Family/Community Resources; collects information about the individual's ability to access local resources and allows the worker to discuss the benefits of identifying and utilizing the family and community resources that are available.

---> **Arrows**

Question 1; if the individual indicates child care is needed, it must be made available and the individual is responsible for making appropriate arrangements consistent with the applicable employment and child care requirements before assigning the individual to a work activity. Additionally, if the family has a child with special needs, it should be considered when determining the individual's employability and while the individual arranges appropriate child care. For example, the individual may need additional time to identify and arrange for appropriate child care. The worker should consider the need for additional services (e.g. case management) that may be available to help the individual address issues that may present themselves as a result of the special needs of the child.

Question 2; if there are problems with current child care arrangements that will interfere with the individual's ability to obtain or maintain employment, the worker should discuss how the individual plans to address them, including whether alternate arrangements should be explored.

Questions 4 and 7; the district should address any transportation related supportive services needs and barriers to transportation consistent with the policies described in the district's PA and SNAP Employment Plan and the requirements included in 18 NYCRR § 385.4. Districts must also provide reasonable accommodations (e.g. cab fare if individual is medically unable to access the bus or subway, alternate work sites) for individuals with confirmed barriers to transportation as a result of a disability consistent with Department Policy section 385.2 Part B and 06 ADM-05.

Question 8; if the individual is trained to work in a particular profession but is unable to work because he/she requires something to become employed in that profession (e.g. tools, renewed certification) the worker should consider providing what is necessary and reasonable to enable the individual to work.

Section III – Health Review

This section contains questions intended to determine whether an individual has any health related barriers to participating in work activities, if worksite accommodations are needed, and whether the individual is the caretaker of a disabled household member. Districts are required to ask (screen) clients at application, recertification and whenever there is reason to believe an individual might have a physical or mental impairment, whether the individual has any medical condition that would limit his/her ability to participate in work activities. Districts also may choose to have trained staff administer screening tools whose purpose is to identify individuals most likely to have certain medically related conditions (e.g. mental illness, learning disability). Because screening tools are only intended to identify the likelihood and not the existence of an issue and do not provide a diagnosis or any information about limitations, individuals whose screening results indicate some likelihood that he/she has the particular issue being screened for must be referred to an appropriate qualified professional for an evaluation. Unlike the requirement in New York State to comply with drug/alcohol screening, an individual cannot be required to disclose a disability and provide medical information or participate in a screening unless the individual alleges a medical issue would interfere with his/her ability to participate in work activities, or the district suspects a medical issue is a barrier to participation because the individual has demonstrated an inability to successfully participate in work activities or employment.

The script at the beginning of the section should be read to the individual and the worker should address any questions before proceeding. The worker may also provide the sample model document "What You Should Know About Your Rights If You Have a Disability" found in Section 15 of the PA and SNAP Employment Policy Manual and found at <http://otda.state.nyenet/dta/Manuals/employmentmanual.pdf> to the individual for additional information about voluntary disclosure. There is an area immediately following the Note allowing the district to record when an individual has chosen not to complete Section III and/or disclose a disability and that the individual understands that he/she will be required to participate in work activities without accommodations for any undisclosed disabilities.

An individual may not be required to disclose a disability or answer any of the health related questions included in this section unless he/she agrees, claims to be unable to participate fully because of a medical issue, or demonstrates an inability to successfully participate in work activities consistent with the voluntary disclosure requirements included in Section 2 of the PA and SNAP Employment Policy Manual.

The areas included in Section III are as follows:

- Medical Conditions; collects information about the individual's current medical conditions. The complete menu of choices available on the Tool will be available in WTWCMS once changes to the Evaluation section are completed. Workers should discuss and determine what documentation is needed to determine employability, identify treatment recommendations for inclusion in the employment plan, and to identify limitations that may require reasonable accommodations if appropriate.
- Medical Limitations; collects information about health related barriers to participation and allows the worker to explore the need for reasonable accommodations when making work activity assignments. Information collected in Question 3 about accommodations should be included in the individual's employment plan (Section B, 2 of the NYS Employment Plan). Once WTWCMS changes are completed, information entered for these two questions in the Evaluation function (employment assessment) will automatically feed into the WTWCMS employment plan. This area also allows the worker to discuss how the individual can address the need for reasonable accommodations with an employer and provide information about resources (e.g. see websites below) that provide ADA guidance for individuals with disabilities. (www.dol.gov/odep, <http://www.eeoc.gov/facts/jobapplicant.html>)
- Current Medical Care/Treatment/Rehabilitation; collects information about current treatment and health insurance. Workers should obtain current information and any prescribed treatment or follow up (e.g. evaluation frequency, type and frequency of therapy or rehabilitation) should correspond with the documented severity of any medical conditions. For example, an individual whose medical documentation indicates he/she is unable to work at all due to a bad back, but for whom no treatment is prescribed and is only seen by the treating physician annually should be evaluated further. The district may contact the treating practitioner for more detailed diagnostic and limitations information, or may choose to refer the individual to another practitioner or specialist for additional information.
- Treatment History; collects information about past physical and mental health treatment and alcohol or substance use treatment. Workers have discretion determining how much information to collect and record based on discussions with the individual and whether hidden barriers are suspected based on lack of success attending to program requirements or moving forward. This section also allows the worker to discuss and determine whether or not issues continue to pose a barrier and warrant a referral for further evaluation. Districts must administer the LDSS-4571 *Alcohol and Drug Abuse Screening and Referral Form* consistent with the applicable drug/alcohol requirements, including guidance provided in 01-ADM-10, 97-ADM-23, and 96-ADM-28. Substance use information collected through the application of drug/alcohol requirements, including barriers and treatment requirements, should be noted when conducting the employment assessment and developing the employment plan. The drug/alcohol treatment question (question #8) is not intended to replace current drug/alcohol requirements or screening and assessment processes; it is intended to help the worker determine whether issues warrant a referral for further evaluation. For example, if the individual indicates he/she has attended treatment a number of times in the past or has recently completed treatment, the worker might want to check with Public Assistance to confirm the individual's current status with drug/alcohol screening, assessment and treatment requirements or consider whether a referral to the district's CASAC is warranted consistent with the district's drug/alcohol referral processed.
- Learning Disabilities; collects information about learning disabilities and the worker should provide any reasonable accommodations that are identified as necessary when making work activity assignments. Districts may also choose to have trained staff administer the Learning Needs Screening Tool from Washington State to screen individuals who are not known currently to have a learning disability who are suspected of having barriers to work as a result of a learning disability.
- Caretaker Status; collects information about whether or not the individual is the caretaker of an ill or disabled household member and how such responsibilities affect the individual's ability to work, including gathering information about whether the disabled household member receives alternate care or services during the day which might allow the caretaker to participate in some capacity.
- Disability Benefits/Rehabilitation Services; collects information about application for or receipt of disability benefits and rehabilitation services including VESID and social security benefits. The worker should follow up on any new information that has not previously been addressed and determine whether continued follow up is warranted.

--> Arrows

Questions 1, 2, 3 and 10; if the individual indicates that he/she is limited in his/her ability to participate in work activities because of a health issue (including a learning disability), or requires reasonable accommodations to participate, the individual must provide relevant documentation and cannot be assigned to a work activity until the district has completed the disability review procedure as described in 18 NYCRR 385.2 and in corresponding policy information included in Section 2 of the PA and SNAP Employment Policy Manual unless the individual agrees to an assignment that accommodates the alleged limitation. Additionally, individuals with disabilities may need additional time and/or assistance to gather documents and other information to document their disability and/or reasonable accommodation needs. When completing questions 1, 2, 3 and 10, workers should clearly explain the requirement to document an impairment and its effect on the individual's ability to work and determine what assistance, if any, the individual needs to comply. Information about any identified limitations and accommodations should be included in the employment plan.

Questions 11 and 12; if the individual indicates he/she is unable to participate in work activities because he/she is caring for a disabled household member, the individual must provide relevant medical documentation and the district must consider the documentation when determining the individual's ability to participate in work activities.

Question 13; similar to treatment history above, if the individual indicates having applied for disability benefits or rehabilitation services, consider if barriers to participation still exist or if follow up is warranted.

VESID Referrals

Some outcomes the worker might consider to help address any issues or barriers identified in this section may include:

- Consult the Job Accommodations Network (JAN) which provides assistance determining appropriate work site accommodations for individuals with disabilities. JAN may be reached at 1-800-526-7234 or at <http://www.jan.wvu.edu>.
- Refer to SSA. If the district determines it is appropriate to refer an individual to apply for federal disability benefits because the individual reasonably appears to qualify, the individual cannot be assigned to any work activities. For additional information regarding requiring application for federal disability benefits, refer to 06-ADM-06.
- Refer to VESID (Vocational and Educational Skills for Individuals with Disabilities.) A variety of VR services are available from VESID or VESID service providers.
- The following are guidelines for making a referral to VESID:
 - ✓ Vocational rehabilitation (VR) services are designed to help individuals with disabilities prepare for obtain, retain or regain employment.
 - ✓ In order to be eligible for VR services an individual must have a documented physical or mental impairment that is a substantial barrier to employment.
 - ✓ The individual must be able to benefit from VR services.
 - ✓ The individual must require VR services prepare for, retain or regain employment.
 - ✓ An individual who receives SSI or SSDI is presumed to be eligible for VR services.

Section IV – Housing

This section contains questions intended to determine if a household has any emergency or ongoing housing issues. The section allows the worker to discuss how housing issues may affect employment and gives the individual an opportunity to begin to think about what he/she can do to improve the situation. If the individual is a resident of public housing and performing community service or self-sufficiency work as required by the Quality Housing and Work Responsibility Act (question 2), the worker should consider whether to include them in the employment plan and schedule work activity assignments that do not conflict when possible.

--> Arrows

Questions 1, 5 and 6; if the individual indicates his/her living situation is unsuitable, unstable or in an unsafe environment, or the individual is homeless, the district must consider when assigning to work activities and/or determining good cause for failing to comply with work requirements. Additionally, homelessness must be addressed consistent with the applicable Public Assistance requirements.

Section V – Financial Management

This section provides the basis for a discussion about long term planning, financial management, credit history, and budgeting, and the availability of community resources, including financial literacy instruction or counseling. Workers do not have to gather specific credit history information; however, if an individual indicates the possibility of credit problems when discussing credit cards in Question 1, the worker could refer the individual to the Federal Trade Commission website at <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre13.shtm> for information and resources to help address credit issues. Additionally, the Cornell Cooperative Extension (CCE) Financial Economics and Resource Management (FERM) program helps individuals and families adopt management behaviors which lead to more secure financial situations and affordable use of resources through education and practice. Workers can contact the local CCE at <http://www.cce.cornell.edu/> for more information about the availability of financial literacy and household management resources. Additional financial literacy information and resources may also be found at:

<http://www.financeproject.org/publications/FESunbanked.pdf>

Section VI – Legal Barriers

This section collects information about any legal issues, including services, and obligations that may pose scheduling conflicts or interfere with employment or work activity assignments for the individual. The section also allows the individual and the worker to discuss disclosure issues that may arise when applying for employment. Provided below are links to non-profit groups that provide employment guidance for individuals with criminal backgrounds. These organizations include:

- The National H.I.R.E. Network, Washington DC, <http://www.hirenetwork.org/>
- Legal Action Center, New York, NY <http://www.lac.org/>
- Re-entry Net, Bronx, NY <http://www.reentry.net/>
- National Institute of Corrections www.nicic.org/oes

Additionally, the New York State Department of Labor provides “The Prime Objective, A Guide to Preparing the Job Seeking Ex-Offender” http://www.labor.state.ny.us/formsdocs/does/ES302_1.pdf.

Staff should review the applicable guidance with individuals with criminal histories during the assessment process and employment planning and should provide the individual with the information necessary to appropriately address the individual’s criminal history as it relates to applying for and maintaining employment (e.g. completing applications and during interviews)

Section VII – Military Service

This section collects information about military experience that should be considered when developing a resume and employment goals. The worker should also confirm that the availability of veteran’s benefits, programs and assistance for the individual have all been sufficiently explored.

New York State Employment Plan

The New York State Employment Plan (Plan) uses the information obtained through the Assessment to identify:

- employment and other goals;
- challenges and barriers to the individual’s ability to attain his/her goal(s);
- how the barriers are to be addressed, including any reasonable accommodations that are needed;

- supportive services provided in response to needs identified in the Assessment; and,
- Assessment outcomes, including work activity assignment(s).

The Plan begins by summarizing the employment and other goals identified through the Assessment. Once WTCMS changes are completed, any options chosen in Employment Preferences and Goals in Section I of the Assessment will automatically feed into the corresponding section of the WTCMS Employment Plan and there will be additional space to elaborate further, describe short term and long term goals, and include additional goals. Both short term and long term goals can be identified in this section. The Goals and Preferences section also includes an area to record additional goals (educational, personal, family, etc) that have been identified during the assessment. The worker is then directed to indicate any challenges and barriers to the individual's ability to attain the goal(s), including for example, language barriers, medical barriers, criminal history and lack of appropriate training or education and how the barriers are to be addressed, including any reasonable accommodations that are needed. The next section addresses the supportive services provided to the individual in response to the needs identified through the Assessment.

The outcomes section records the decisions made regarding the individual's next steps and includes choices allowing for a description of why an individual's preferences and goals could not be accommodated if applicable. Workers may choose more than one outcome and should include additional information to describe the choice(s) as appropriate. The Plan then includes sections to record work activity assignments and worker notes. When determining appropriate work activity assignments, the worker should consider the following:

- information collected in the Assessment (e.g. scheduling conflicts, medical limitations);
- the individual and family goals;
- the individual's preferences (including training and education);
- the supportive services that are needed and available;
- the available programs;
- the local employment opportunities; and
- the need for the district to meet minimum participation rate requirements.

Work activity assignments should support the district approved goals and preferences identified through the Assessment. If an individual's goals and preferences cannot be accommodated, the Plan should describe why not and the district should work with the individual to develop appropriate goals that can be accommodated. Individuals who have not attained a basic literacy level and who are not otherwise subject to educational requirements should be encouraged to enroll in appropriate educational activities consistent with the requirements described in 09 ADM-16. The worker should also discuss an individual's liability for student loans, grants and scholarship awards if the individual is assigned to an education program.

An individual is not required to sign the Plan, and cannot be penalized for refusing to do so; however the Worker Notes section should include an explanation if this occurs. The individual should also be given a copy of the completed Plan.

New York State Employment Assessment

Client Name: _____

Date: _____

- ➔ Arrows: These questions may require attention and/or follow up.
- ◆ Diamonds: Questions that are denoted with a diamond indicate potential strengths, resources, abilities or experience that should be considered when developing the employability plan and self sufficiency goals.

Introduction: This is your Employment Assessment. We are asking these questions so that we can work together with you to find out what services, programs and activities are most able to help you to obtain and maintain employment. You are required to answer most of the questions you will be asked; however, some questions are voluntary. We will tell you when you do not have to answer a question and why. If you do not answer the questions you are required to answer, or otherwise cooperate with this Assessment, your Temporary Assistance benefits may be reduced or terminated. If you have any questions now or as we are going through this assessment, please ask. We will ask you questions about your health, but if you need any reasonable accommodations to complete this interview, please let me know at this time. Do you have any questions before we begin?

Section I: Abilities, Experience and Training

English/Language Proficiency

1. **What is your primary language?** _____

- ◆ 2. **Identify fluency in any other languages.** _____

3. **Have you taken English for Speakers of Other Languages (ESOL) classes in the past?**

<input type="checkbox"/> Completed: <i>(describe where and when)</i> _____	Program Name: _____
<input type="checkbox"/> Attended but did not complete: <i>(describe where and when)</i> _____	Dates attended: _____ to _____ Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I need to learn English but have never enrolled in ESOL class	Program Name: _____
<input type="checkbox"/> N/A not applicable	Dates attended: _____ to _____
<input type="checkbox"/> other	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No

4. **Describe your comfort level with your ability to do the following in English:**

Read	<input type="checkbox"/> very comfortable	<input type="checkbox"/> somewhat comfortable	<input type="checkbox"/> not at all comfortable
Write	<input type="checkbox"/> very comfortable	<input type="checkbox"/> somewhat comfortable	<input type="checkbox"/> not at all comfortable
Speak	<input type="checkbox"/> very comfortable	<input type="checkbox"/> somewhat comfortable	<input type="checkbox"/> not at all comfortable
Understand	<input type="checkbox"/> very comfortable	<input type="checkbox"/> somewhat comfortable	<input type="checkbox"/> not at all comfortable

- ➔ 5. **Do you need language interpretation services to complete this Employment assessment interview?** Yes No

Client Name: _____

Date: _____

12. Basic Literacy and Math Proficiency Levels if applicable: N/A- Individual has not had or does not need testing

Test Name	Subject Area	Score	Test Date	Grade Level/Test Results
<input type="checkbox"/> TABE	_____	_____	_____	_____
<input type="checkbox"/> TABE language	_____	_____	_____	_____
<input type="checkbox"/> TABE language mechanics	_____	_____	_____	_____
<input type="checkbox"/> TABE reading	_____	_____	_____	_____
<input type="checkbox"/> TABE applied mathematics	_____	_____	_____	_____
<input type="checkbox"/> TABE math computation	_____	_____	_____	_____
<input type="checkbox"/> TABE spelling	_____	_____	_____	_____
<input type="checkbox"/> TABE vocabulary	_____	_____	_____	_____
<input type="checkbox"/> BEST Plus	_____	_____	_____	_____
<input type="checkbox"/> BEST Literacy	_____	_____	_____	_____
<input type="checkbox"/> WRAT	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	_____

Current Employment/Volunteer Status

◆ 13. Are you currently working? Full time Part time unemployed no recent attachment to labor force

If you are currently working, what kind of work do you do? _____

◆ 14. Do you currently spend time helping out in the community (child's school, hospital, church, community agency, food pantry, library etc)?

Full time Part time not currently volunteering

15. If you are not currently working or volunteering, what do you believe is preventing you from doing so?

n/a currently working or volunteering

- | | | |
|---|---|---|
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> Needs more education | <input type="checkbox"/> Religious restrictions |
| <input type="checkbox"/> Family member objections | <input type="checkbox"/> No adequate jobs available | <input type="checkbox"/> Scheduling conflicts |
| <input type="checkbox"/> Health problems - family | <input type="checkbox"/> No child care | <input type="checkbox"/> Wants to stay home with children |
| <input type="checkbox"/> Health problems-individual | <input type="checkbox"/> No jobs available | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> No references | <input type="checkbox"/> No reason given |
| <input type="checkbox"/> Lack of work experience | <input type="checkbox"/> Past work history | |

16. Are you a union member? Yes No

If yes, are you subject to recall rights? Yes No Union name if applicable: _____

Client Name: _____

Date: _____

17. Are you currently receiving unemployment insurance benefits (UIB)?

Yes No Describe start date if applicable, including when they are expected to end: _____

18. Have you completed UIB job seeker registration, if applicable? Yes No

Employment/Volunteer Experience
(Includes Military experience if applicable)

19. Have you ever been employed, served in the military, or volunteered in your community? Yes No

Employer/Site Name and address	Dates of Participation	Type of work	Hours/week And Hourly rate	Benefits	Reason for Leaving (if applicable)	Type of Experience
	___/___ to ___/___			<input type="checkbox"/> Health insurance <input type="checkbox"/> Paid sick/vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other		<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Military
	___/___ to ___/___			<input type="checkbox"/> Health insurance <input type="checkbox"/> Paid sick/vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other		<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Military
	___/___ to ___/___			<input type="checkbox"/> Health insurance <input type="checkbox"/> Paid sick/vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other		<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Military
	___/___ to ___/___			<input type="checkbox"/> Health insurance <input type="checkbox"/> Paid sick/vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other		<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Military

◆ 20. Describe the best job you ever had and what you liked about it. _____

21. Describe the worst job you ever had and what you did not like about it. _____

Client Name: _____

Date: _____

Job Skills

◆ 22. What job skills have you gained through training, education, employment, volunteer or life experience? Check all that apply:

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Assembly | <input type="checkbox"/> Bartending | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Cashier | <input type="checkbox"/> Certified Nurse's Aide | <input type="checkbox"/> Child Care | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Computer Repair | <input type="checkbox"/> Construction | <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Delivering Goods | <input type="checkbox"/> Dietary Aide | <input type="checkbox"/> Dishwashing | <input type="checkbox"/> Drafting/Drawing |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Electrical Repair | <input type="checkbox"/> Equipment Operator | <input type="checkbox"/> Farming | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Foreign Language Translation | <input type="checkbox"/> Fork Truck Operator | <input type="checkbox"/> Fundraising | <input type="checkbox"/> HVAC | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Heavy Equipment Operator Landscaping | <input type="checkbox"/> Housekeeper | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Lab Technician | <input type="checkbox"/> Lawn Care/ |
| <input type="checkbox"/> Loading Unloading | <input type="checkbox"/> Machine Operator-CNC | <input type="checkbox"/> Machine Operator-non CNC | <input type="checkbox"/> Machine Repair | <input type="checkbox"/> Management |
| <input type="checkbox"/> Mechanic/Car Repairs | <input type="checkbox"/> Painting | <input type="checkbox"/> Paralegal | <input type="checkbox"/> Photography | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Record Keeping | <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Roofer | <input type="checkbox"/> Sales | <input type="checkbox"/> Secretarial/Paraprofessional |
| <input type="checkbox"/> Security | <input type="checkbox"/> Sewing | <input type="checkbox"/> Taking Inventory | <input type="checkbox"/> Teacher | <input type="checkbox"/> Telephone Operator |
| <input type="checkbox"/> Telephone Sales | <input type="checkbox"/> Telephone Work | <input type="checkbox"/> Training Others | <input type="checkbox"/> Typing | <input type="checkbox"/> Waiter/Waitress |
| <input type="checkbox"/> Warehouse Worker | <input type="checkbox"/> Welding | <input type="checkbox"/> None | <input type="checkbox"/> Other – Describe: _____ | |

◆ 23. Describe personal strengths you have that would be valuable to an employer.

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Get along well with others | <input type="checkbox"/> Good attendance | <input type="checkbox"/> Hard working | <input type="checkbox"/> On time, punctual |
| <input type="checkbox"/> Pay attention to details | <input type="checkbox"/> Polite, work well with public | <input type="checkbox"/> Responsible | <input type="checkbox"/> Well organized | <input type="checkbox"/> Other, Describe - _____ |

Employment Preferences and Goals

◆ 24. Based on your interests (including hobbies), abilities, experience and skills, what kinds of jobs interest you and what are your employment goals?

Job Readiness

25. Are you authorized to work in the United States? Yes No, Describe _____

◆ 26. Will any previous employers/supervisors provide a good reference for you? Yes No, If No, why? _____

◆ 27. Do you have a current resume? Yes No

◆ 28. Will you be able to get positive personal references from a good source? Yes No

29. Do you have a phone or contact number to arrange job interviews and work? Yes No

Client Name: _____

Date: _____

30. Do you have an email address and access to the Internet? Yes No Describe if applicable: _____

◆ 31. Does your preferred employment field (e.g. cosmetology, carpentry) require that you provide your own tools? Yes No

If yes, do you own or have access to the necessary tools? Yes No

(Note: If tools are required, see Section II, Other Support Services)

Occupational Skills Testing Results

32.

Subject/Test Name	Test Date	Test Results	Grade/Level

Worker Notes:

Client Name: _____

Date: _____

Section II: Supportive Services and Resources

Note: This section includes questions asking if you need help with things such as child care or transportation in order to participate in work activities, including employment. Supportive services are provided consistent with the applicable requirements and district policies. Not all of the specific services and programs listed below may be available in your district. If you indicate that you need help with any work activity related expenses, your worker will explain what services are available to you.

Child Care

- 1. Please list all your children, their ages, if they have any special needs (including problems in school or day care or frequently missing school or day care), and their child care arrangements: no children

Child's Name	Age	Special Need(s) Describe	Child care arrangements	Child care provider information
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Needed <input type="checkbox"/> Made <input type="checkbox"/> n/a	Name: _____ Address: _____ Phone: _____ Type: _____ Start date: _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Needed <input type="checkbox"/> Made <input type="checkbox"/> n/a	Name: _____ Address: _____ Phone: _____ Type: _____ Start date: _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Needed <input type="checkbox"/> Made <input type="checkbox"/> n/a	Name: _____ Address: _____ Phone: _____ Type: _____ Start date: _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Needed <input type="checkbox"/> Made <input type="checkbox"/> n/a	Name: _____ Address: _____ Phone: _____ Type: _____ Start date: _____

Client Name: _____

Date: _____

- 2. Are there any problems with current child care arrangements? Yes No If yes, describe problems with child care: _____
- 3. What are the child care arrangements if your children are sick or school is closed? _____

Transportation

- 4. Do you have reliable transportation to attend work activities and/or employment? Yes No n/a
 If yes, describe mode of transportation:
bicycle drive own vehicle get rides from other people public transportation taxi walk other
- ◆ 5. Are you legally able to operate a motor vehicle? Yes No Describe why not if applicable:
 License Type: Permit License License Status: Active Suspended Revoked Other
 Issuing State: _____ License Class: _____
 Restrictions/Endorsements: _____ Expiration Date: _____
- ◆ 6. Do you have access to public transportation? Yes No n/a
 Nearest bus/public transit stop? _____
- 7. Describe any transportation related supportive services that you need in order to work:
carpool or vanpool program driver education program public transportation allowance (e.g. bus pass, taxi fare, subway card)
vehicle insurance vehicle inspection vehicle fuel allowance (e.g. gas card or voucher, mileage reimbursement)
vehicle registration vehicle repairs other (Describe) _____
none

Other Supportive Services

- 8. Describe anything you need besides child care and transportation assistance to enable you to work.
Clothing License renewal Tools
Uniform None Other/describe

Client Name: _____

Date: _____

Family/Community Resources

- ◆ 9. Do you have reliable friends or family in the area on whom you can depend to help with emergencies (e.g. back up child care if child or provider is sick, back up transportation, help when food/money runs short)? Yes No Describe if applicable _____
- ◆ 10. Do your family and friends support your efforts to get a job/go to school? Yes No
- ◆ 11. Are you working with other programs or agencies now? Yes No If yes, Describe _____
- 12. Have you received help from community agencies in the past? Yes No
Describe, including the type of assistance received and what made it helpful: _____

Worker Notes:

Client Name: _____

Date: _____

Section III: Health Review

Note: You are not required to answer the questions in this section if you do not want to tell us about your disability and you can participate in work activities without accommodations. If you need accommodations, or you want us to know how your disability affects your ability to participate in work activities, you must answer these questions. If you choose not to disclose a disability and answer these questions, you will be assigned to work activities without accommodations for any undisclosed disabilities (disabilities that you have not told us about).

worker discussed note above with individual and individual has chosen not to complete this section and/or disclose a disability. The individual also understands that he/she will be required to participate in work activities without accommodations for any undisclosed disabilities (if applicable).

Medical Conditions

➔ 1. Do you have a physical or mental condition that greatly limits what you are able to do or that requires treatment? Yes No
Describe if applicable.

- | | |
|--|--|
| <input type="checkbox"/> Arthritis/Rheumatism | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gynecological Disorder |
| <input type="checkbox"/> Back/Arm/Leg | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Brain/Head Injury | <input type="checkbox"/> Mental/Emotional/Nerves |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Circulatory/Blood Disease | <input type="checkbox"/> Stroke/Heart |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Substance Use Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Other |

Medical Limitations

➔ 2. How does your health affect your ability to work and how long is the limitation expected to last (if applicable)? Describe:

➔ 3 Do you need accommodations to enable you to work (e.g. shortened work hours, refrigeration and/or time for taking medications, regularly scheduled breaks, assistive technology)? Yes No If yes, describe: _____

Current Medical Care/Treatment/Rehabilitation

4. Are you currently being treated for or are you taking medication for any health related issues or problems (including pregnancy)? Yes No

If yes, describe. _____

If pregnant include due date: _____

Client Name: _____

Date: _____

5. How often do you see doctor(s)/attend treatment? Describe medical care/treatment, frequency and anticipated end date (including date last seen):

Provider name: _____

Treatment: _____

Frequency: _____

Date last seen: _____

Anticipated end date: _____

Provider name: _____

Treatment: _____

Frequency: _____

Date last seen: _____

Anticipated end date: _____

6. Do you have health insurance? Yes No If yes, describe: _____

Treatment History

7. Have you ever received treatment for health related problems, including have you ever been hospitalized? Describe if applicable.

received treatment/hospitalized for physical health problem

no history of treatment for health problems

received treatment/hospitalized for mental health problem

other

8. Have you ever received alcohol or substance use treatment? Yes No If yes, describe: _____

Learning Disabilities

9. Do you have a learning disability? Yes No Unknown If yes, describe: _____

➔ 10. If you have a learning disability, does it affect your ability to work? Yes No n/a If yes, describe: _____

Caretaker Status

➔ 11. Are you caring for an ill household member or a household member with special needs? Yes No If yes, describe: _____

12. Does the household member who requires your assistance attend school, day program, rehabilitation or other program during the day? Yes No Describe if applicable: _____

➔ 13. If answered yes to #11, how does caretaker status affect ability to work? _____

Client Name: _____

Date: _____

Disability Benefits/Rehabilitation Services

➔ 14 Have you ever applied for any of the following:

Benefit	Application date	Outcome
<input type="checkbox"/> SSI/SSD	_____	_____
<input type="checkbox"/> VA disability benefits	_____	_____
<input type="checkbox"/> NYS disability benefits	_____	_____
<input type="checkbox"/> worker's compensation benefits	_____	_____
<input type="checkbox"/> rehabilitation services (e.g. VESID services)	_____	_____
<input type="checkbox"/> other	_____	_____
<input type="checkbox"/> none	_____	_____

Worker Notes:

Section IV: Housing

➔ 1. What is your current living arrangement? (check all that apply)

- Drug/alcohol facility Homeless Hotel/motel Live with family/not tenant of record Live with others (not related)/not tenant of record
- Medical facility Own home Rent-private Rent-public
- Roomer/boarder Section 8 Shelter Other/describe

2. If you live in public housing, are you required to participate in community service activities? Yes No n/a

Describe if applicable: _____

3. In the past 12 months, describe how many places you have lived? _____

4. How long have you lived at your current address? _____

➔ 5. Are you behind in rent/mortgage or are you facing the loss of your current housing? Yes No If yes, describe: _____

➔ 6. Is your current housing unsuitable, unstable or in an unsafe environment? Yes No Describe: _____

7. If yes to #6, have you thought about what you can do to change your housing situation? Yes No Describe

Worker Notes:

Client Name: _____

Date: _____

Section V: Financial Management

1. Do you have any bank accounts or credit cards?

- Certificate of Deposit (CD)
 Checking account
 Credit cards
 IRA
 Money market account
 Savings account
 none
 Other/describe _____

2. Are you responsible for paying child support?
 Yes, court ordered
 Yes, I pay informally
 No
 N/A
 Other

3. If yes, are you:
 up to date
 in arrears
 other

Worker Notes:

Section VI: Legal Barriers

1. Will any of the following affect your ability to work? Describe if applicable.

- felony conviction
 misdemeanor conviction
 violation
 sex offender registry
 none
 Other/describe

2. Please describe your involvement with any of the following if applicable:
 none

Requirement	Contact name, phone #, address	Frequency of required contact	Describe (including end date) requirement(s)/restrictions(s)
<input type="checkbox"/> Adult protective services	_____	_____	_____
<input type="checkbox"/> Child protective services	_____	_____	_____
<input type="checkbox"/> Community service	_____	_____	_____
<input type="checkbox"/> Court ordered treatment	_____	_____	_____
<input type="checkbox"/> Foster care	_____	_____	_____
<input type="checkbox"/> Parole	_____	_____	_____
<input type="checkbox"/> Probation	_____	_____	_____
<input type="checkbox"/> Work release	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

Worker Notes:

Client Name: _____

Date: _____

Section VII: Military Service

1. Are you a veteran? Yes No If yes, describe below.

Branch of service _____

Combat zone? _____

Service dates _____

Type of discharge _____

Military title _____

Selective service registration number _____

Registered with Veteran's Placement? _____

2. Are you receiving or eligible for any of the following veteran's benefits?

disability benefits

disability services

employment services

none

don't know

other

Worker Notes:

Appendix

C

Notice of Rights (Page 11 in Policy)

APPENDIX C

People with Disabilities Have Rights!

If you have a physical or mental condition that makes it hard to do things we ask you to do, you may have the right to reasonable accommodations such as:

- Home visits if you cannot come to DSS
- Help reading our letters
- Referrals to other programs that you need
- Help with getting papers that show you qualify for benefits
- Help with getting fair hearing
- Changes in some program requirements
- Exemptions, part-time work activities or other changes to work activities

The Americans with Disabilities Act (ADA) protects people with the following conditions, and many others:

- Diseases (Diabetes, Epilepsy, Heart Disease)
- Learning Disabilities
- Mental Retardation
- Depression or other mental health problems
- Problems walking or standing
- Hearing or vision loss
- HIV, AIDS

To get a reasonable accommodation, ask your worker or the receptionist.

If you ask for an accommodation and don't get it, you have the right to file a grievance. To file a grievance, please contact:

Inez DeGroat
Madison County DSS ADA Coordinator
(315) 366-2211

Appendix

D

Desk Aid (Each employee will have desk aid available)
(Page 11 in Policy)

Interpreter Services Desk Guide

If someone comes to you for help and you don't know what language they are speaking, ask them to point to their language on the card. This is the first step in getting them help.



English	Do you speak...?	Please be seated while I call someone to interpret for you.	
Albanian	Flisni shqip?	Uluni ju lutem derisa të thërras një përkthyes për ju.	
Arabic	هل تتكلم اللغة العربية؟	تفضل بالجلوس بينما نستدعي لك مترجماً	
Bengali	আপনি কি বাংলা বলতে পারেন?	অনুগ্রহ করে বসুন যখন আমি আপনার হয়ে দোস্তায়ীর কাজ করার জরুরি কারণে সঙ্গে যোগাযোগ করছি।	
Bosnian	Govorite li bosanski?	Molimo vas da sjednete dok ja ne pozovem osobu koja će da prevodi za vas.	
Chinese	Mandarin	您說中文國語嗎？	我設法為您尋找一位翻譯，請坐下等待。
	Cantonese	您說廣東話嗎？	我設法為您尋找一位翻譯，請坐下等待。
	Fujian	您說福州話嗎？	我設法為您尋找一位翻譯，請坐下等待。
	Wenzhou	您說溫州話嗎？	我設法為您尋找一位翻譯，請坐下等待。
Farsi	آیا شما فارسی حرف می زنید؟	لطفاً بفرمائید، ضمناً برای ترجمانی شما کسی را احضار می کنم.	
French	Parlez-vous français?	Veillez vous asseoir, et je vais vous appeler un interprète.	
Haitian Creole	Èske w pale Kreyòl?	Tanpri chita, mwen pral rele yon entèprèt pou ou.	
Hindi	क्या आप हिन्दी बोलते हैं ?	कृपया अपनी सीट पर बैठे रहें जब तक कि हम किसी दुभाषिये (इन्टरप्रेटर) को आपको समझाने के लिए कॉल करें।	
Italian	Parla italiano?	Prego si accomodi e attenda mentre Le chiamo un interprete.	
Korean	한국어를 사용하십니까?	제가 귀하를 위해 통역해드릴 사람을 부르는 동안 앉아서 기다리십시오.	
Polish	Czy Pan/Pani mówi po polsku?	Proszę siadać, podczas gdy wołam tłumacza.	
Russian	Вы говорите по-русски?	Посидите, пожалуйста, и подождите, пока вам предоставят переводчика.	
Spanish	¿Habla español?	Favor de tomar asiento mientras le llamamos al intérprete.	
Tagalog	Marunong ka bang mag-Tagalog?	Maupo muna habang tumatawag ako ng taong magsasalín para sa iyo.	
Ukrainian	Чи Ви розмовляєте українською мовою?	Будь ласка, посидьте, поки я викликаю перекладача для Вас.	
Urdu	کیا آپ اردو بولتے ہیں؟	برائے مہربانی اپنی سیٹ پر بیٹھے رہیں جب تک کہ ہم آپ کو سمجھانے کے لیے کسی ترجمان (انٹریپرٹر) کو کال کریں.	
Vietnamese	Quý vị nói tiếng Việt phải không?	Xin ngồi chờ, tôi sẽ gọi thông dịch viên cho quý vị.	
Yiddish	צו רעדט איר אידיש?	ביטע זעצט אייך דערווייל וואס איך רוף עמיצן צו דאלמעטשן פאר אייך.	
Deaf / Hearing Impaired	 Do you use sign language?	Please be seated while I call someone to interpret for you.	

Appendix

E

Interpretation Service Available Sign

(Will be posted in all areas accessible to public)

(Page 11 in Policy)

If you need an interpreter

We provide free interpreter services on request. Please go to the reception desk now and we will call someone to interpret for you.



Albanian Shqip	Nëse keni nevojë për përkthyes... Ne sigurojmë shërbime përkthimi falas sipas kërkesës. Ju lutem shkoni tek banaku i regjistrimit dhe ne do të thërrasim dikë që të përkthejë për ju.
Arabic عربي	إذا كنتم بحاجة إلى مترجم فإننا نوفر لكم خدمة الترجمة حسب الطلب. الرجاء الذهاب إلى مكتب الإستقبال الآن وسنقوم بالاتصال بمترجم لخدمتكم.
Bengali বাংলা	যদি আপনার দোভাষীর প্রয়োজন হয়... আমরা অনুরোধসমক্ষে বিনামূল্যে দোভাষী পরিষেবা দিয়ে থাকি। অনুগ্রহ করে এখন অভ্যর্থনা ডেস্কে যান এবং আমরা আপনার হয়ে দোভাষীর কাজ করার জন্য কারও সঙ্গে যোগাযোগ করব।
Bosnian Bosanski	Ako vam treba prevodioc... Mi omoguđujemo besplatne prevodilačke usluge prema vašoj želji. Molimo uputite se do recepcije, a mi ćemo pozvati službenu osobu da prevodi za vas.
Chinese 中文	如您提出要求，我們可為您提供免費翻譯服務。請去前臺接待處，我們會打電話為您尋找翻譯人員。 如您提出要求，我们可为您提供免费翻译服务。请去前台接待处，我们会打电话为您寻找翻译人员。
Farsi فارسی	اگر شما در نیاز مترجم هستید... ما خدمات مجانی مترجم بر درخواست فراهم می کنیم. لطفاً اکنون به میز پذیرائی بروید و ما برای شما مترجم را احضار خواهیم کرد.
French Français	Si vous avez besoin d'un interprète... Nous fournissons des services d'interprète sur demande. Veuillez aller au bureau de réception, et nous vous appèlerons un interprète.
Haitian Creole Kreyòl	Si w bezwen yon entèprèt... Nou bay sèvis entèprèt gratis si w mande. Tanpri ale nan biwo resepsyon an kounye an epi nou pral rele yon entèprèt pou ou.
Hindi हिन्दी	यदि आपको दुभाषिये (इन्टरप्रेटर) की जरूरत है... हम अनुरोध पर निःशुल्क दुभाषिये की सेवा उपलब्ध कराते हैं। कृपया अब आप स्वागत डेस्क पर जाइये और हम आपको समझाने के लिए किसी दुभाषिये को कॉल करेंगे।
Italian Italiano	Se ha bisogno di un interprete... Offriamo servizi gratuiti di interpretariato dietro richiesta. Prego si rivolga alla reception desk e attenda mentre Le chiamo un interprete.
Korean 한국어	통역사가 필요하시면... 저희는 요청 시 통역사 서비스를 무료로 제공해 드리고 있습니다. 지금 접수처로 가시면 귀하를 위해 통역해드릴 사람을 불러드리겠습니다.
Polish Polski	Jeśli Pan/Pani potrzebuje tłumacza... Zapewniamy bezpłatnego tłumacza na żądanie. Prosimy zgłosić się do recepcji i zwołamy tłumacza.
Russian Русский	Если вам нужен переводчик, то в случае необходимости мы предоставим вам бесплатные переводческие услуги. Подойдите, пожалуйста, к секретарю, и вам предоставят переводчика.
Spanish Español	Si necesita un intérprete, proporcionamos servicio de interpretación gratis. Para solicitarlo, diríjase a la recepción; llamaremos al intérprete.
Tagalog Tagalog	Kung kailan mo ng tagasalin... Nagbibigay kami ng libreng serbisyo ng tagasalin kung kailangan man. Pumunta ka sa reception desk at tatawag kami ng taong magsasalin para sa iyo.
Ukrainian Український	Якщо Вам потрібний перекладач... Ми надаємо безкоштовні послуги перекладачів за проханням. Будь ласка, зверніться до секретаря приймальної і ми покличемо перекладача для Вас.
Urdu اردو	اگر آپ کو ترجمان (انٹریپرٹر) کی ضرورت ہے... درخواست کرنے پر ہم مفت میں ترجمان کی خدمت فراہم کرتے ہیں۔ برائے مہربانی اب آپ استقبالیہ ڈیسک پر جائیں اور ہم آپ کو سمجھانے کے لیے کسی ترجمان کو کال کریں گے۔
Vietnamese Tiếng Việt	Nếu cần một thông dịch viên... Chúng tôi cung cấp dịch vụ thông dịch miễn phí khi quý vị yêu cầu. Xin đến quầy tiếp tân ngay và chúng tôi sẽ gọi một thông dịch viên cho quý vị.
Yiddish אידיש	אויב איר דארפט א דאלמעטשער... מיר שטעלן צו אומזיסטע דאלמעטשער סערוויסעס אויפ'ן פארלאנג. ביטע גייט יעצט צום אויפנאם טישל און מיר וועלן רופן עמיצן צו דאלמעטשן פאר איך.
Deaf / Hearing Impaired	 If you need an interpreter . . . We provide free sign language interpreter services on request. Please go to the reception desk now and we will call someone to interpret for you.