

SUBJECT: The Americans with Disabilities Act (ADA) Procedure

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DATE: October 28, 2011

**IMPLEMENTATION RESPONSIBILITY:
All Children's Services and Provider Agency
Staff**

PURPOSE: Consistent with Federal, State, and City laws, reasonable accommodations must be made to all eligible clients with physical or mental disabilities in all Administration for Children's Services (ACS) and provider agency programs and facilities that provide services or other benefits to the clients that come in contact with ACS. This procedure sets forth ACS's and provider agencies' responsibility so that clients with physical or mental disabilities (except where an accommodation will impose an undue hardship on the operation of the facility or any of its programs) are provided reasonable accommodations.

SCOPE: Except as noted below, this procedure applies to all ACS and provider agency staff that provide preventive and foster care services, child care and Head Start services, and juvenile justice services, to all children and families who utilize any ACS or provider agency facilities. All clients of ACS and its provider agencies may use this procedure to exercise their rights if they believe that they require a reasonable accommodation; have been subjected to discrimination on the basis of disability; or have been denied access to services or reasonable accommodations required by law. This procedure is effective immediately.

POLICY: No qualified individual with a physical or mental disability should be excluded from participation in, or denied the benefits of, any ACS programs or services or be subjected to discrimination by any ACS programs or services, including ACS's provider agencies. No person shall be subjected to discrimination by any ACS program or services, including ACS provider agencies, because of his or her known relationship or association with an individual who has such a disability. As with any individual without a disability, an individual with a disability is "qualified" for the same preventive and foster care services by ACS and its provider agencies, if needed.

Title II of the Americans with Disabilities Act (ADA) protects individuals with disabilities who:

- have a physical or mental impairment that substantially limits one or more major life activities;
- have a record of physical or mental impairment that substantially limits one or more major life activities; or
- are regarded as having an impairment, regardless of whether or not the impairment actually exists.

The protections for individuals with disabilities cover a wide array of impairments. Whether an individual is disabled under this standard must be decided on a case-by-case basis. Individuals with physical and mental disabilities are protected by:

- the Americans with Disabilities Act;
- the Rehabilitation Act of 1973;
- state and local laws; and,
- regulations promulgated pursuant to these federal, state and local laws (hereinafter collectively referred to as the "ADA").

The ADA protections for individuals with disabilities specifically exclude:

- disadvantages due to environmental, cultural or economic factors, such as poverty or having a criminal record;
- age alone, unless age causes a physical or mental impairment that limits one, or more, of an individual's major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working); and,
- current and illegal use or abuse of drugs.

I. DEFINITIONS

1. The term "provider agency" shall mean any organization or agency that has a contract with ACS for the provision of services, including foster care services, preventive services, juvenile justice services, child care, and Head Start.
2. The term "client" shall mean any child or parent or guardian who:
 - a. has a physical or mental impairment that substantially limits one or more major life activities;
 - b. has a record of physical or mental impairment that substantially limits one or more major life activities; or
 - c. is regarded as having an impairment, regardless of whether or not the impairment actually exists.
3. The term "reasonable accommodation" shall include, but not be limited to, the reasonable modification to the program's or facility's policies or practices, removal of impediments created by architectural, communication or transportation barriers, and the provision of auxiliary aids or services.
4. The term "staff/designee responsible for approval" shall mean ACS or provider agency staff responsible for decision making and approval of requests for a reasonable accommodation. Examples of such staff, as specified below, include Case Planner Supervisor (both in the Division of Child Protection (DCP) and at the provider agencies), DCP Zone Deputy Director, Assistant Commissioner, provider agency Program Director, and provider agency Executive Director.

II. DISPLAY OF NOTICE

All ACS and provider agency programs and services serving children and families must prominently display CS 1028 - *Notice of Client Disability Rights* (see Appendix A) in any area(s) ordinarily used for posting client information.

The ACS Office of Advocacy provides flyers/brochures for distribution to clients if needed.

III. INFORMAL REASONABLE ACCOMMODATION PROCESS

All ACS and provider agency staff responsible for providing services to ACS clients must routinely take into account the requirements of each client, including the special needs of the client with physical and/or mental impairments and/or conditions.¹

The following requirements are applicable to all ACS staff when interacting with ACS clients. These requirements are also applicable to all provider agencies, unless the provider agency has its own reasonable accommodations procedure which has been approved by ACS. If a provider agency opts to develop its own procedure, this procedure shall be followed in the interim until such procedure is approved by ACS. Provider agencies which have their own reasonable accommodations procedure must send their procedure for approval to the Office of Equal Employment Opportunity, 150 William Street, 6th Floor, New York, New York 10038.

In the absence of a formal Reasonable Accommodation Request (discussed below), ACS and provider agency program area staff are expected to work collaboratively with the client to address his/her special needs where these needs might impact access to facilities or services. **This informal process should always be the first step in addressing a client's request for reasonable accommodations.** Staff must incorporate this informal reasonable accommodation process into the activities of such client whenever a client raises such an issue or concern.²

Note: All ACS and provider agency frontline staff are required to immediately discuss all requests for a reasonable accommodation with their supervisors. Such staff shall not provide the client with a decision regarding their request for a reasonable accommodation until the matter has been discussed with their supervisor. Supervisors are encouraged to consult with the ACS Office of Equal Employment Opportunity (OEEO) in attempting to reach an agreeable resolution and to gain clarity on matters regarding the client's rights.

Whether an informal request for a reasonable accommodation is granted or not, all decisions and pertinent information regarding the request for a reasonable accommodation should be documented in the progress notes in CONNECTIONS (CNNX) or in the appropriate record keeping system if CNNX is not used.

If an agreeable resolution cannot be made, transfer to another provider agency facility should be considered so that the client's needs are met. If an informal request is not granted, staff are required to inform the client of his/her right to submit a formal Reasonable Accommodation Request, as discussed in Section IV below. This formal Reasonable Accommodation Request may be filed at any time by the client.

¹ Best practice suggests that this information be collected during assessment and engagement of the client.

² If child is too young then the parent/guardian or attorney representing the child may perform this task.

IV. FORMAL REASONABLE ACCOMMODATION PROCESS.

Where the informal reasonable accommodation process, as discussed in section III above, fails to produce a mutually agreeable outcome, the client may obtain a CS 1029 - *Reasonable Accommodation Request* (RAR) form (see Appendix B) from his/her case planner or from the ACS OEEO. ACS and provider agency staff may retrieve copies of this form from Docushare on the ACS intranet at <http://10.239.3.195:8080/docushare/dsweb/View/Collection-46>. All clients may obtain assistance from a family member or their attorney in completing the RAR form.

PROCEDURE:

A Filing A Formal Reasonable Accommodation Request

1. *Filing a Formal Reasonable Accommodation Request at DCP*

- i. DCP Case Planner Supervisor will accept the completed RAR and forward it along with supporting medical documentation to the DCP staff/designee responsible for approval. This person may consult with the ACS OEEO (if necessary) to determine if the request requires additional research before a decision can be rendered.
- ii. Copies of the completed RAR must be provided to the client, placed in the client's case record and forwarded to the ACS OEEO for record keeping and tracking via the ACS OEEO Tracking System.
- iii. DCP staff will enter a progress note in CNNX indicating the receipt of the formal as well as the informal request described in III above.³
- iv. Client information relevant to his/her RAR and/or medical documentation must be kept confidential, except as may be necessary in resolving the RAR.

2. *Filing a Formal Reasonable Accommodation Request At Foster Care Provider Agency*

The following requirements are applicable to all Foster Care Provider Agencies and their staff when interacting with ACS clients, unless the provider agency has its own reasonable accommodations procedure which has been approved by ACS. If a Foster Care Provider Agency opts to develop its own procedure, this procedure shall be followed in the interim until such procedure is approved by ACS. Foster Care Provider Agencies which have their own reasonable accommodations procedure must send their procedure for approval to the Office of Equal Employment Opportunity, 150 William Street, 6th Floor, New York, New York 10038.

- i. The Provider Agency Case Planner Supervisor will accept the completed RAR and forward it along with supporting medical documentation to the agency staff/designee responsible for approval. This person may consult with the ACS OEEO (if necessary) to determine if the request requires additional research before a decision can be rendered. Copies of the completed RAR must be provided to the client, placed in the client's case record and forwarded to the ACS OEEO for record keeping and tracking via the ACS OEEO Tracking System.

³ Staff may also copy and paste a scanned version of the RAR application in CNNX progress notes.

- ii. Provider agency staff (foster care) will enter a progress note in CNNX indicating the receipt of the Formal RAR Request as well as the informal request described in III above.
- iii. Client information relevant to his/her RAR and/or medical documentation must be kept confidential, except as may be necessary in resolving the RAR.

3. *Filing a Formal Reasonable Accommodation Request via Preventive Provider Agency*

The following requirements are applicable to all preventive provider agencies and their staff when interacting with ACS clients, unless the provider agency has its own reasonable accommodations procedure which has been approved by ACS. If a preventive provider agency opts to develop its own procedure, this procedure shall be followed in the interim until such procedure is approved by ACS. Preventive provider agencies which have their own reasonable accommodations procedure must send their procedure for approval to the Office of Equal Employment Opportunity, 150 William Street, 6th Floor, New York, New York 10038.

- i. The Provider Agency Case Planner Supervisor will accept the completed RAR and forward it along with supporting medical documentation to the agency staff/designee responsible for approval. This person may consult with the ACS OEE0 (if necessary) to determine if the request requires additional research before a decision can be rendered.
- ii. Copies of the completed RAR must be provided to the client, placed in the client's case record and forwarded to the ACS OEE0 for record keeping and tracking via the ACS OEE0 Tracking System.
- iii. Provider agency staff (preventive) will enter a progress note in CNNX indicating the receipt of the Formal RAR as well as the informal request described in III above. For ADVPO cases a progress note should be documented offline and placed in the case record.
- iv. Client information relevant to his/her RAR and/or medical documentation must be kept confidential, except as may be necessary in resolving the RAR.

4. *Filing a Formal Reasonable Accommodation Request at Child Care Head Start*

The following requirements are applicable to all Child Care and Head Start agencies and their staff when interacting with ACS clients, unless the provider agency has its own reasonable accommodations procedure which has been approved by ACS. If a Child Care or Head Start agency opts to develop its own procedure, this procedure shall be followed in the interim until such procedure is approved by ACS. Child Care or Head Start agencies which have their own reasonable accommodations procedure must send their procedure for approval to the Office of Equal Employment Opportunity, 150 William Street, 6th Floor, New York, New York 10038.

- i. The Division of Child Care and Head Start (CCHS) will accept the completed CS-1032 –Reasonable Accommodation Request Form for Child

Care and Head Start (see Appendix C) and forward it along with supporting medical documentation to the Assistant Commissioner for Program Development who with the assigned team leader and the Disabilities Coordinator may consult with ACS OEE0 to determine if the request requires additional research before a decision can be rendered.

- ii. Copies of the completed RAR must be provided to the client, placed in the client's case record and forwarded to the ACS OEE0 for record keeping and tracking.
- iii. Client information relevant to his/her RAR and/or medical documentation must be kept confidential, except as may be necessary in resolving the RAR.
- iv. The RAR should not be used in lieu of services provided by an Individualized Education Plan (IEP)⁴, or if a child is in need of an evaluation for an IEP.
- v. If the child has an IEP, the Early Intervention NYC Department of Health and Mental Hygiene (NYC DOHMH) or the Committee on Preschool Special Education NYC Department of Education (DOE) is responsible for the child's placement. If a child does not have an IEP and needs to be evaluated, the child care or Head Start program will refer the family to their Local Education Agency (LEA) located in each borough.
- vi. There may be circumstances under which an RAR is needed in addition to an IEP. Such situations include an RAR for a condition unrelated to the condition addressed in the IEP. For these situations, the RAR should be utilized.

5. Filing a Formal Reasonable Accommodation Request at DYFJ

- i. The Division of Youth and Family Justice (DYFJ) Case Manager Supervisor, Ombudsman, Borough Director or designee will accept the completed RAR from the client, client's Case Manager, or other DYFJ or provider staff working directly with the client responsible for approval. The Case Manager Supervisor, Ombudsman, Borough Director or designee may consult with ACS' OEE0 Liaison (if necessary) to determine if the request requires additional information before a decision can be rendered.
- ii. If the accommodation is temporary, the Case Manager Supervisor, Ombudsman, Borough Director or designee shall inform the ACS OEE0 Liaison as to the duration of the accommodation.
- iii. Copies of the completed RAR must be provided to the client, a copy shall be placed in the client's case file by the DYFJ or provider staff assigned to the youth and a copy shall be forwarded to ACS OEE0 for record keeping and tracking.
- iv. The DYFJ staff member or provider staff will enter a progress note in the appropriate DYFJ system of record indicating the receipt of the Formal RAR as well as the Informal Request for Reasonable Accommodation described in section III of this procedure.

⁴ In accordance with 8 NYCRR § 200.16.

- v. Client information relevant to his/her RAR and/or medical documentation must be kept confidential, except when deemed necessary in determining the outcome of the RAR.

B. Reasonable Accommodation Request Review

1. The RAR review process must be interactive. Upon receipt of a RAR, the ACS/provider agency staff as referenced in sections IV (A) (1) through (5) above must confer with the client, the ACS Director of Office of Child and Family Health (OCFH)⁵, if necessary, /the provider agency Medical Director or his/her designee (if necessary) to gather or confirm appropriate information that will help clarify the request. Additional guidance should also be sought from the assigned ACS OEEI Investigator in reaching a determination.
2. If the ACS/provider agency staff/designee responsible for approval approves the RAR, the staff/designee shall issue to the client a *CS 1030-Reasonable Accommodation Request Determination* form (see Appendix D) notifying the client of their decision. The determination form shall include a description of the accommodation to be granted, if any, and information regarding the filing of a formal grievance in accordance with the protocol set forth in Section C below.

If the client is unable to read, the facility or Program Director must also inform the client of the decision orally and document the discussion in the client's case file. This determination must be issued within ten (10) business days of the filing of a completed RAR. A progress note should be entered in the system of record and the request forwarded to ACS OEEI as resolved.

3. When necessary, the ACS/Provider agency staff/designee as referenced in the *Procedure* sections A (1) through (5) above may issue a *CS-1031-Request for Additional Medical Information* form (see Appendix E). The client must return the completed *CS 1031* form within ten (10) business days of receipt of the request. If a client requires additional time, a reasonable amount of time shall be granted if the client shows good cause.⁶
4. For the purposes of *Procedure* sections B (3), the RAR process will be deemed complete ten (10) business days after issuance of the *CS 1031* or when appropriate medical documentation (including where applicable any additional information requested by the ACS/Provider agency staff/designee) is provided.
5. If the ACS/provider agency staff/designee responsible for approval is unable to reach a determination, the ACS or Provider Agency Director staff/designee responsible for approval shall refer the RAR, along with a written recommendation from the provider agency's Medical Director, if appropriate, to the appropriate Associate/Assistant Commissioner or provider agency Executive Director for resolution. The appropriate Associate

⁵ Please send OCFH inquiries to Beatrice.Aladin@dfa.state.ny.us.

⁶ The determination of the length of time and what constitutes good cause shall be made by the ACS/Provider agency staff/designee.

Commissioner or provider agency Executive Director shall issue a determination to the client and the ACS/Provider Agency staff/designee responsible for approval, within ten (10) business days of the filing of a completed RAR. A progress note should be entered in the system of record and the request forwarded to ACS OEEO as resolved.

6. The Associate Commissioner and/or Program Executive Director will evaluate each RAR taking into account the specific nature of the disability; the nature of and essential eligibility requirements of the program, service or activity; the health and safety of others; and whether an accommodation would constitute a fundamental alteration to the program, service or activity or impose undue hardship on the facility, program, or ACS.
7. If the client is dissatisfied with the determination, the client or his/her representative may appeal the determination by filing a grievance in the manner described in Section C below, within ten (10) calendar days of receiving the determination form. A representative may be any individual authorized to act on the client's behalf.
8. If additional information or amendments related to the RAR is being submitted to supplement a grievance, it must be submitted within sixty (60) days after the initial determination is made. If, after a determination is made, a client and/or his/her medical provider furnishes additional medical documentation supporting the RAR, the ACS/Provider Agency staff/designee responsible for approval shall review the initial determination in consultation with the ACS/Agency Medical Director. After the ACS/provider agency staff/designee responsible for approval makes a re-determination of the RAR, the staff/designee responsible for approval shall issue to the client a completed CS 1030 form notifying the client of the agency's decision. A progress note should be entered in the system of record and the request forwarded to ACS OEEO as resolved.

C. Filing a Grievance

1. A client may file a grievance regarding any ACS and/or provider agency action concerning one or more of the following:
 - Denial of a requested service, accommodation, or modification to an ACS or provider agency practice or requirement;
 - Inaccessibility of a program, service or activity;
 - Harassment or discrimination on the basis of a disability, perceived disability, record of disability, or known relationship or association with a person with a disability; and/or,
 - Violation of privacy in the context of a disability.
2. A grievance may be filed using this procedure regardless of whether a provider agency has its own procedure for handling reasonable accommodations.
3. Grievances should be directed to the ACS Office of Equal Employment Opportunity at 150 William Street, 6th Floor New York, New York 10038. Tel. (212) 442-2356 or (212) 442-5973/Fax (212) 676-6515 and shall

include:

- The complainant's name, address and telephone number;
 - A description of the program, service or activity that was denied complainant or in which the alleged discrimination occurred;
 - The date and nature of the alleged denial or discrimination; and,
 - The signature of complainant or his/her authorized designee.
4. Upon the request by the client and/or his/her representative, assistance in filing the grievance shall be provided by ACS/provider agency frontline staff.⁷

D. Investigation of a Grievance

1. Within five (5) business days of receipt of a grievance, the assigned ACS OEE0 investigator shall initiate an investigation. In undertaking the investigation, the ACS OEE0 investigator may interview, consult with, and/or request a written response from any individual whom he/she believes to have relevant information. All ACS and provider agency staff shall cooperate fully with such an investigation.
2. Upon completion of the investigation, the ACS OEE0 investigator will prepare and deliver to the complainant, the program administrator, the facility and/or the person against whom the grievance is directed, a final written report containing a summary of the investigation, findings, and a determination. This determination will be delivered within 15 business days of the ACS OEE0 receipt of grievance.
3. The Investigator shall maintain the ACS files and records relative to any grievances filed. Grievances shall be maintained in compliance with ACS and city-wide record retention policies.⁸

E. Case-by-Case Resolution

Each grievance involves a unique set of facts that includes, but is not limited to, the specific nature of the disability; the essential eligibility requirements for the program, service or activity; the nature of the program, service or activity; the health and safety of others; and whether an accommodation would constitute a fundamental alteration to the program, service or activity or impose undue hardship on the facility, program or ACS. Accordingly, the determination of a grievance at any level, whether through the granting of relief or otherwise, shall not constitute a precedent on which other complainants may rely.

F. Appeals

If the result of the grievance investigation does not satisfactorily resolve the issue, the client and/or his/her representative, may appeal the decision to the Director of the ACS OEE0.

I. Filing an Appeal

1. Appeals must be filed within 15 calendar days after receipt by the client

⁷ Children's Services offers interpretation services for the hearing impaired. Please refer to *Interpretation Services for Deaf and Hearing Impaired Children and Family Members Memorandum* dated 7/13/10, for additional information.

⁸ See *Children's Services Records Management Procedure* 2009/04 dated 7/9/09.

of the final written grievance report.

2. Appeals must be in writing, and should be directed to the Director of Office of Equal Employment Opportunity, 150 William Street, 6th Floor, New York, NY 10038, Tel. (212) 442-2356 or (212) 442-5973/Fax (212) 676-6515.

II. Appeals Process

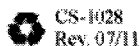
1. Within 10 days after the receipt of the Appeal, the ACS OEEO Director will meet with client to discuss the grievance, the investigation and the proposed accommodations and/or resolutions. In circumstances where the ACS OEEO Director determines that the decision requires interdisciplinary input, the ACS OEEO Director will contact the relevant areas (e.g. Office of General Counsel, Family Court Legal Services, Office of Child and Family Health, Office of Advocacy, etc.).
2. Additionally, within fifteen (15) calendar days after meeting with the client the Director of ACS OEEO will issue a written response to the Appeal with a final resolution of the issue.

G. Discrimination Complaints

This ADA Procedure is intended to provide equal access for clients with disabilities, but shall not impede the right of any client to file a complaint with an appropriate city, state, or federal oversight agency, or a court of competent jurisdiction. Complaints about violations by units of state and local government or violations by public accommodations and commercial facilities (private business and non-profit service providers) should be filed with the Department of Justice. Please send complaints to:

U.S. Department of Justice Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights Section - NYAV
Washington, DC 20530

You may also call the ADA Information Line to ask about filing a complaint with the Department of Justice and to order forms that can assist you in providing information about the violation. The numbers for the ADA information line are (800) 514-0301 (voice) and (800) 514-0383 (TTY).



Notice of Disability Rights

Title II of the Americans with Disabilities Act (the "ADA"), the Rehabilitation Act of 1973, state and local laws, and regulations promulgated pursuant to these Federal, State and local laws protect qualified individuals with a disability from discrimination on the basis of that disability in the delivery of or access to benefits, programs, services or activities of the Administration for Children's Services (ACS).

This notice is posted to inform the public of the privileges, protections and requirements created by Federal, State, and local laws regarding individuals with disabilities and their access to the benefits, programs, and services offered by ACS.

Accommodation Procedure

A "Reasonable Accommodation" includes modification to the programs or facility's policies or practices, removal of impediments created by architectural, communication or transportation barriers, and the provision of auxiliary aids such as TTD/TTY devices or services such as, sign language interpretation.

If you believe that you require a Reasonable Accommodation in order to fully access ACS programs or services, please contact your Program/Facility Director or your Case Worker.

Grievance Procedure

ACS and its provider agencies do not discriminate against any qualified individual with a physical or mental disability in their provision of services, programs or activities or exclude any qualified individual from participation in ACS and its provider agency benefits, programs and services.

If you believe that you have been discriminated against with respect to ACS services, programs, or activities because of a physical or mental disability, you may file a Grievance with the ACS Equal Employment Opportunity Officer:

ACS Office of Equal Employment Opportunity (EEO)
150 William, 6th Floor New York, NY 10038
Tel. 212-442-2356 and 212 442-5973
Fax (212) 676-6515

This notice is available in alternative formats upon request



Client Accommodation and Grievance Policy REASONABLE ACCOMMODATION REQUEST FORM

INSTRUCTIONS: *Clients must complete Section I and submit this form along with supporting documentation to the Program/Facility Director, or functional equivalent ("Director"). Any ACS or provider agency staff/designee receiving a completed form with appropriate medical documentation must complete Section II, return a copy to the client, and immediately transmit by facsimile the request and supporting documents to the appropriate Program Administrator, Program Analyst and the Office of Equal Opportunity. **NOTE: Please request information concerning the grievance process from your case planner/manager**

Section I: (This section must be completed by the client)

Name: _____

Address/Facility/Program: _____

Social Security # _____ Phone: _____

Describe the accommodation requested (attach additional sheets and supporting documentation as appropriate).

Section II: (To be completed by the Director or his or her designee).

Name/Title: _____

Facility/Program: _____

Address: _____

Phone: _____ Date Received: _____

Signature: _____

*After client/client representative completes this section, the DCP/DFYJ/CCHS or Provider Agency Program staff must give a copy of this form to the client and immediately forward the request to the appropriate DCP/DFYJ/CCHS or Provider Agency Director and the ACS Office of Equal Employment Opportunity (EEO) 150 William Street, 6th Floor, New York, NY 10038
Tel. Tel. 212-442-2356 and 212-442-5973 Fax (212) 676-6515*



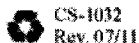
Name/Title: _____

Phone: _____ Date: _____

Signature: _____

Detailed record of the accommodation review process, including but limited to: a description of medical documentation received; Program Administrator comments; notes regarding consultations with ACS Medical Director and, as needed, Client Advocate; proposed accommodations; final determination.

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Client Accommodation and Grievance Policy REASONABLE ACCOMMODATION REQUEST FORM FOR CHILD CARE AND HEAD START

INSTRUCTIONS: *Clients must complete Section I and submit this form along with supporting documentation to the Program Director, or functional equivalent ("Director"). Any ACS or provider agency staff/designee receiving a completed form with appropriate medical documentation must complete Section II, return a copy to the client, and immediately transmit by facsimile the request and supporting documents to the appropriate Program Administrator, Program Analyst and the Office of Equal Employment Opportunity. **NOTE: Please request information concerning the grievance process from your case planner/manager**

Section I: (This section must be completed by the client)

Name: _____

Social Security # _____ Phone _____

Describe the accommodation requested (attach additional sheets and supporting documentation as appropriate).

Section II: (To be completed by the Director or his or her designee).

Name/Title: _____

Facility/Program: _____

Address: _____

Phone: _____ Date Received: _____

Signature: _____

After client/client representative completes this section, the CCHS or Provider Agency Program staff must give a copy of this form to the client and immediately forward the request to the appropriate DCP/DYFJ/CCHS or Provider Agency Director and the ACS Office of Equal Employment Opportunity (EEO), 150 William Street, 6th Floor, New York, NY 10038 Tel. 212-442-2356 and 212 442-5973, Fax (212) 676-6515.

**TO REQUEST A SPECIAL NEEDS ENHANCED RATE, CONTACT THE FAMILY
SUPPORT AND FAMILY SERVICES UNIT IN THE DIVISION OF CHILD CARE AND
HEAD START.**



Name/Title: _____

Phone: _____ Date: _____

Signature: _____

Detailed record of the accommodation review process, including but limited to: a description of medical documentation received; Program Administrator comments; notes regarding consultations with ACS Medical Director and, as needed, Client Advocate; proposed accommodations; final determination.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

TO REQUEST A SPECIAL NEEDS ENHANCED RATE, CONTACT THE FAMILY SUPPORT AND FAMILY SERVICES UNIT IN THE DIVISION OF CHILD CARE AND HEAD START.



REASONABLE ACCOMMODATION REQUEST DETERMINATION

DATE: _____
CLIENT: _____
CASE #: _____
CC (Facility Director) _____

On _____, the Administration for Children's Services received your request for a reasonable accommodation.

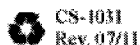
We have reviewed your request and the supporting medical documentation, and have made the following determination.

- ☐ Your request for a reasonable accommodation has been denied.
☐ Your request for a reasonable accommodation has been granted.

The Administration for Children's Services offers the following accommodation:

You or your representative may appeal this determination by filing a Grievance within ten (10) business days of receipt of this Determination. Grievances should be directed to the ACS Office of Equal Employment Opportunity (EEO), 150 William Street, 6th Floor, New York, NY 10038, Tel. 212-442-2356 and 212-442-5973, Fax (212) 676-6515, and must include:

1. The Client's name, address, and telephone number;
2. A description of the program, activity, or service that was denied to client;
3. The date and nature of the alleged denial; and
4. The signature of the client or his/her authorized designee.



REQUEST FOR ADDITIONAL INFORMATION

DATE: _____

CLIENT: _____

CASE #: _____

CC (Facility Director) _____

On _____, the Administration for Children's Services received your request for a reasonable accommodation.

We have reviewed your request and the supporting medical documentation, and require additional information. Please have your doctor or medical provider provide us with the following information:

- A detailed description of the specific physical and/or mental restrictions/limitations affecting your ability to access the ACS or its Provider Agency services;
- Whether your condition is permanent, chronic or temporary;
- Whether you are currently receiving any treatment(s) to mitigate the symptoms and/or limitations associated with your medical condition(s) including, but not limited to, any medication or therapy; and
- A complete description of the accommodation sought and the relationship between it and your disability.

You or your health care professional must return the attached form within ten (10) calendar days of receipt of this Request.

The requested medical documentation should be sent by fax or email to your DCP Case Planner, Supervisor of Child Care and Head Start or the Agency Executive Director.

Executive Director _____

Name _____

Division _____

at _____ / _____

Phone #

Fax