Franklin County Department of Job and Family Services

ADA Compliance Plan

Effective January 5, 2015

Ohio Department of Job and Family Services
ADA COMPLIANCE PLAN

ADAAA & Section 504 of the Rehabilitation Act Plan

Franklin County Department of Job and Family Services
Referred to here as (CDJFS)
County Department of Job and Family Services

January 1, 2015
Effective/Revised Date

Katy Rees
Civil Rights Coordinator(s)

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I. Purpose

The purpose of this policy is to establish clear requirements and guidelines regarding how the Franklin County Department of Job and Family Services (CDJFS) will deliver services to individuals with disabilities.

II. Authorities

This plan adheres to and implements the following State and Federal statutes and regulations:

The Amendments to the Americans with Disabilities Act (ADAAA), Pub. L. No. 110-325, § 8, 122 Stat. 3553, 3559 (2008)

Rehabilitation Act, 29 U.S.C. Section 504

O.A.C. 5101:9-2-02, Americans with disabilities act plan

III. General requirements of the ADAAA/504

The general requirements of the ADAA/504 require the CDJFS to:

Provide an equal and meaningful opportunity to all individuals with disabilities to participate in, and benefit from, the CDJFS' programs.

Not operate its programs in a way that has a discriminatory effect on individuals with disabilities.

Make reasonable accommodations, where necessary, to avoid discrimination.

We will at the same time apply state and federal criteria for program eligibility and provide services and programs using finite staffing and fiscal resources. For some programs and services, demand may exceed, or fiscal resources may limit, our ability to provide or continue same, regardless of disability.

IV. Definitions

1. "Applicant" means a person who on behalf of himself or herself, his or her family, or another individual makes an application for a benefit provided by the CDJFS.

2. "Participant" means a person who participates in a program administered by the CDJFS.

3. "Employee" means a person who is employed by the CDJFS to work for the CDJFS as a civil servant, pursuant to R.C. Chapter 124. This definition is not intended to apply to individuals who work for the CDJFS as a part of any work or alternative assignment, as a means of maintaining eligibility for a federal or state benefit program.

4. "Individual with a disability" means:

   An individual with a physical or mental impairment that substantially limits one or more major life activities.

   (i) Physical impairments include: physiological disorders or conditions; cosmetic disfigurement; or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs (which would include speech organs that are not respiratory such as vocal cords, soft palate, tongue, etc.); respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine.

   (ii) Mental impairments include mental or psychological disorders, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

   An individual who has a record of a physical or mental impairment that substantially limits one or more of the individual's major life activities. Major life activities include such activities as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

   An individual who is regarded as having a physical or mental impairment that substantially limits one or more major life activity, regardless of whether or not that individual actually has the impairment.

5. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working, and impairments of major bodily functions.

6. "Discrimination" includes segregation and separation. Discrimination also occurs when a policy or practice negatively impacts individuals with a disability, even though discrimination is not the intent or purpose of the policy.

7. "Disability" means:

   (a) A physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques; or

   (b) A record of such an impairment; or

   (c) A condition regarded by others as such an impairment, provided, however, that in all provisions of this article dealing with employment, the term shall be limited to disabilities which, upon the provision of reasonable accommodations, do not prevent the complainant from performing in a reasonable manner the activities involved in the job or occupation sought or held.

8. "Reasonable modification" means actions taken which permit a program applicant or participant with a disability access to CDJFS programs or to perform the essential activities involved in the job or occupation sought or held and include, but are not limited to, provision of an accessible worksite, acquisition or modification of equipment, support services for persons with impaired hearing or vision, job restructuring and modified work schedules. An accommodation will not be considered reasonable if it imposes an undue hardship on the CDJFS or fundamentally alters the program.

9. "Service animal" means a dog that is individually trained to do work or perform tasks for a person with a disability.

V. Effective Date

Effective immediately, all Franklin CDJFS staff will adhere to this policy.

VI. Application

The ADAAA and 504 of the Rehabilitation Act and this policy apply to the operations of our CDJFS as well as to federal and state programs we operate, although specific requirements may vary from program to program. The ADAAA and 504 of the Rehabilitation Act and this policy apply to many of our programs, including, but not limited to Ohio Works First (OWF) and the Supplemental Nutrition Assistance Program (SNAP). This policy will be provided to all our contractors and subcontractors who are required to be in compliance with the ADAAA and 504. A copy of this plan will be provided to all of the our current contractors or upon the formation of the contract.

VII. ADAAA and Section 504 of the Rehabilitation Act

The ADAAA and Section 504 of the Rehabilitation Act apply to all individuals who have a physical or mental impairment which substantially limits a major life activity. This is a very broad definition that covers many individuals, including many who do not otherwise receive and/or do not qualify for disability benefits, such as Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits.

Examples of physical impairments: Blindness, low vision, deafness, hearing limitations, arthritis, cerebral palsy, HIV, AIDS, traumatic brain injury, asthma, irritable bowel syndrome, quadriplegia, cancer, diabetes, multiple sclerosis, anatomical loss, alcoholism, and past illegal use of drugs. This list is meant to provide examples of physical impairments, but is not intended to be a complete list of physical impairments subject to this policy.

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 list is meant to provide examples of mental impairments, but is not intended to be a complete list of mental impairments subject to this policy.

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.

The ADAAA and Section 504 protect individuals inquiring, applying, or receiving benefits and services that are provided by our CDJFS. For example, an individual with a disability who wants information about CDJFS programs who has not yet applied for benefits has a right to access that information and a right to reasonable accommodations that make it possible for him or her to do so.

We will not discriminate against family members and others who accompany someone applying for benefits.

The individual must meet essential program eligibility requirements: If an individual does not meet essential program eligibility requirements, it is not discriminatory for us to exclude him or her from a program. "Essential program eligibly requirements" include, but are not limited to: residency, income, and citizenship.

Past history of a disability: The ADAAA and 504 also protect individuals who previously had a disability from discrimination because of that history.

Regarded as having a disability: The ADAAA and 504 protects individuals who are not actually disabled from discrimination that results from a perception by our staff that they are disabled. For example, the CDJFS cannot treat someone unfavorably based upon a belief that a minor condition is much more limiting than it is.

VIII. ADAAA/504 Coordinator

Katy Rees is the ADAAA Coordinator for our CDJFS. It is his/her responsibility to oversee and monitor ADAAA/504 compliance, train and advise our staff on how to accommodate clients, and to recommend policy and procedure changes to improve ADAAA compliance, and take the other actions specified in this policy. The ADAAA Coordinator has the authority to instruct staff to modify internal policies and CDJFS rules and procedures to accommodate individuals with disabilities. The ADAAA Coordinator is also responsible for investigating and resolving ADAAA/504 grievances. However, it is the responsibility of all our staff to comply with the ADAAA and to provide reasonable accommodations to clients. Our staff does not need the ADAAA Coordinator's permission to provide routine, obviously reasonable modifications to clients.

IX. Physical Accessibility

The entrance and public areas of the building meet requirements for physical accessibility. If a building or part of a building where services are provided becomes physically inaccessible, we will ensure that an individual is provided meaningful access to services through other means (e.g., holding appointments with clients in another office in the building or at a different location, conducting appointments over the phone, allowing an authorized representative to attend the appointment for the individual).

X. Reasonable Modifications

If there is an identified need, we will provide reasonable modifications without cost or reduction in benefits to individuals with disabilities. A reasonable modification is any reasonable change in the way we do something for an individual with a disability or which would allow the individual to participate in or enjoy equal access to programs we administer. All staff - not just supervisors and administrators - have authority to make reasonable modifications as appropriate. Supervisory staff will ensure that all our employees understand their obligations to make reasonable accommodations for disabled individuals and to assist staff in resolving complicated situations.

Possible modifications: We will consider the unique facts and circumstances presented by each individual with a disability so that the modification will truly result in full access to the program or service being offered. The following is a list of modifications we may provide; this list is not meant to reflect the only modifications we may provide:

- Help filling out an application for benefits and help 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, rehabilitation, or therapy; combining appointments to reduce travel; home visits for individuals who have difficulty traveling to the CDJFS or attending appointments at the CDJFS for disability-related reasons; allowing clients to reschedule appointments when a disability prevents attendance.

- Giving an individual a reasonable amount of time to submit documents in addition to any regulatory or statutory timeframe.
- Allowing an individual to bring a friend, relative, neighbor, or advocate with them during appointments and during the application process.
- Sending copies of notices to a third party, such as a relative, friend, neighbor, or advocate.
- Reading notices and other program materials to the client or providing more explanation of the program rules or forms.
- Providing notices, applications, and other program materials in different formats (e.g., large print, Braille, audiotape, etc.).
- Providing accommodations to assist individuals in their workplace assignments. Some options may include providing auxiliary aids, services or equipment to be used to assist the individual participate in work activities, flexible schedules (including reducing the number of hours assigned when necessary), and longer periods of on-the-job training.
- Allowing clients with disabilities to communicate and submit documents with a staff member via e-mail, fax, etc.
- Allowing a disabled individual access to the staff bathroom, if the public bathroom will not permit wheelchair access.
- Granting a hardship extension of time-limited benefits in order to provide the participant with additional time to achieve self-sufficiency, when appropriate.

It may be necessary for our staff to modify local rules for individuals with disabilities if doing so would provide a needed reasonable modification. For example, rules requiring staff to see clients in the order in which they arrive, rules requiring clients to come to the CDJFS for appointments, and rules requiring clients applying for benefits to come to the CDJFS on particular days of the week or times of day, may need to be modified for individuals with disabilities when necessary to provide an equal and meaningful opportunity to participate in programs we administer. Our staff cannot modify rules to the extent that the modification would fundamentally alter the nature of the service, program, or activity.

We will accommodate family members with a disability so that an individual has meaningful access to the program. For example, if a parent receives SSI and is applying for cash assistance for her child, the CDJFS must accommodate the parent so her child has an equal and meaningful opportunity to participate in the cash assistance program.

The Job Accommodation Network, a free internet website, provides good information on accommodations of many different types, go to: http://askjan.org/ .

XI. Reasonable Modifications in OWF and SNAP

We will ensure equal access to OWF and SNAP applicants and participants with disabilities by delivering services that are: (a) appropriate in view of their particular physical or mental impairment; and (b) provide an equal opportunity to benefit from the CDJFS' job placement, education, skills training, employment, food assistance employment and training programs, and other OWF or SNAP activities.

In ensuring equal access to people with disabilities, we will use a comprehensive and effective screening tool for disability assessments. When an applicant discloses, has, or appears to have a disability, we will offer to conduct additional screening. We will, however, inform applicants and participants that their participation in screening and disclosure of a disability is voluntary. The screening tool will be administered by trained staff.

Sometimes, people with disabilities may be unable to complete job placement, education, skills training, employment, food assistance employment and training programs, and other OWF or SNAP activities without modifications to local policies, practices, and procedures. One size does not fit all in regards to modifications. We will assess the needs of the individual applicant or recipient to make reasonable modifications tailored to those needs. Modifications may be needed in the: (1) application process; (2) procedures related to notifying the applicant or recipient of their rights; and (3) policies and practices that aid the individual in sustaining program participation.

We will explain to applicants and recipients that they do not have to disclose a disability, but it will also be made clear that unless the disability is obvious, a modification cannot be granted unless we know what the disability is and how it limits the applicant or recipient's ability to perform work or engage in activities.

The determination of whether an individual has a disability under the ADAAA is not intended to take a lot of research or analysis by our staff member. The key role of our staff is determining whether a modification is necessary to provide meaningful access to the programs for which the individual is eligible.

We can require documentation if an individual has a disability and asks for accommodation. However, if a disability is obvious (e.g., blindness, quadriplegia), we will not require documentation of the disability.

If an individual seems to have a disability and may need a modification, but has no documentation supporting the disability, and does not have Medicaid coverage or other means to pay for doctor's visits, lab tests, etc., we will accommodate the individual until he has the means to obtain documentation.

If an individual says he has a disability that limits his ability to engage in work activities, he 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 or unless it is an activity in which the individual agrees to participate. Information confirming a disability, whether by disclosure, screening, appraisal or assessment, will be used in making appropriate assignments to allow for the pursuit of self-sufficiency.

Modifications

Many modifications are needed on an on-going basis. If a modification is necessary, both the need for the modification and the actual modification made should be indicated prominently in the case records so other staff who interact with the client are aware of it. In addition, we will 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. For example, a client who needs an interpreter in order to communicate with staff should not have to request the interpreter each time the client has contact with staff.

A participant's self-sufficiency contract and/or employability plan will also include information about the need for modifications and the modifications provided.

Time frame for providing modifications: Many modifications (such as help with completing an application) must be provided on the same day they are requested. Other modifications should be provided in time to prevent a denial of equal and meaningful access to programs and services. For example, if a modification is required to

permit someone to perform an assignment, our staff should ensure that the work activity site is aware of the need for the modification prior to the first day of the assignment.

A request for a reasonable modification is the first step in an informal, interactive process between our staff and an individual. As part of the interactive process, the individual may suggest a particular accommodation and we may offer alternatives. If, after engaging in an interactive process, the individual refuses a reasonable modification and as a result, fails to perform or meet a program requirement, our staff can initiate an adverse action. Our staff will document all accommodations offered and refusals of same.

XII. Recording Information

When an individual has disclosed a disability and requests a modification, the staff member providing service will, with the individual's consent, document the disability and need for the modification prominently in the case record (alternatively, the modification, but not the diagnosis, can be listed on case file.).

If an individual's request for modification is denied, the staff member making that decision must notify the ADAAA Coordinator, who will maintain record of the denials. The notice must contain a description of the individual's disability, the type of accommodation requested, and the reason the request was denied.

XIII. Disability-related information should be kept confidential.

Our staff will comply with all applicable state and federal confidentiality laws regarding client's disability-related information. HIPAA rules must be strictly adhered to whenever protected health information (PHI) is collected, maintained or transmitted by the CDJFS. At the same time, our staff must inform other relevant staff or contractors about an individual's need for an accommodation so they can arrange for and/or provide accommodations. Our staff will obtain written consent before sharing information about an individual's disability with contractors or other agencies.

XIV. Grievance and Complaint Procedure

Individuals who believe that they were denied a reasonable modification may file a grievance with the CDJFS. Complaints that a reasonable modification has been denied or that the CDJFS has discriminated against an individual on the basis of his or her disability may be made to the Ohio Department of Job and Family Services, Bureau of Civil Rights. Each CDJFS has a grievance form that individuals can use to file a grievance regarding the requested accommodation. The CDJFS also has the complaint form that can be used to file other claims of discrimination. Those documents are attached to this policy as Attachments A and B. No one is required to use the provided forms, and grievances can be made orally. Helping a disabled individual complete a grievance or complaint form may be a reasonable accommodation that CDJFS staff must undertake.

If a grievance is submitted to CDJFS staff, it must be forwarded to the ADAAA/504 Coordinator upon receipt. Staff shall explain to those whose requested accommodations have been denied, as well as those individuals who believe they were treated unfairly because of a disability, about the right to file a grievance. Additionally, these individuals must be offered a grievance form and a copy of this plan.

Grievances must be filed within 10 business days of an alleged denial of a modification. All grievances received by the ADAAA/504 Coordinator must be investigated and resolved within 10 business days of receipt, unless good cause exists. Good cause may include circumstances that are beyond the CDJFS' control. The ADAAA Coordinator shall submit copies of ADAAA/504 grievances and decisions on those grievances to ODJFS's Bureau of Civil Rights.

Complaints of ADAAA/504 violations by should be referred to:

Katy Rees, ADAAA Coordinator
Franklin County Department of Job and Family Services
By mail at: 1721 Northland Park Ave., Columbus, OH 43229
By email at: wkds25@fcdjfs.franklincountyohio.gov

The ADAAA Coordinator should consider whether one or more grievances on a given issue indicates the need for changes or reviews in CDJFS policies and/or practices, or reflect intervening changes in rules, regulations or law and if so, take necessary and appropriate steps to address same, including implementing changes in policy or practices.

An individual's decision to file a complaint with the ADAAA Coordinator does not replace the individual's right to request a hearing in accordance with Division 5101:6 of the Administrative Code.

ODJFS Bureau of Civil Rights

Anyone who could file a grievance with the ADAAA Coordinator may also file a complaint with the Ohio Department of Job and Family Services, Bureau of Civil Rights, 30 East Broad Street, 30th Floor, Columbus, Ohio 43215. A complaint does not need to be made on a specific form, but it must contain all information necessary to allow an investigator to understand the reason for the complaint and provide enough contact information to permit someone from the Bureau to contact the individual making the complaint. The Bureau of Civil Rights will investigate the complaint and issue a response within 90 days of receipt of the complaint.

An individual's decision to file a complaint with the Bureau of Civil Rights does not replace the individual's right to request a hearing in accordance with Division 5101:6 of the Administrative Code.

U.S. Department of Health and Human Services Office of Civil Rights

Individuals who believe they have been discriminated against on the basis of disability (including failure to provide reasonable modification), race, national origin, (including the failure to provide access to services to people with limited English proficiency) may file a complaint with the Office of Civil Rights (OCR) at the U.S. Department of Health and Human Services. To file a complaint, the individual should contact:

Leon Rodriguez, Director
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue S. W.
Room 509F HHH Bldg.
Washington, D.C. 20201
202-619-0403 (voice) or 202-619-3257 (TTY)

Complaints to OCR must be filed within 180 days from the date of the alleged discrimination. OCR may extend the 180-day period if the person can show "good cause." A compliant form is available from OCR at http://www.hhs.gov/ocr/civilrights/complaints/index.html. The complaint can be filed online at OCRComplaint@hhs.gov, mailed or faxed to the office address as shown above.

If the individual chooses not to use the OCR complaint form, the written complaint must include:

1. Name, address and telephone number or other means of contacting the person alleging discrimination.
2. Location and name of the organization or office accused of discriminatory practices.

3. Nature of the incident, action, or the aspect of program administration that led the individual to allege discrimination.
4. Date on which the discriminatory actions occurred.
5. Reason(s) for the alleged discrimination (race, color, national origin, sex, religion, age, disability, or political belief).
6. Name, full address and telephone number of persons who may have knowledge of the alleged discriminatory act.
7. Any other relevant information.
8. Signature of the person making the complaint and date of complaint.

If the complaint it filed on someone else's behalf, also provide the name of the person on whose behalf the complaint is being filed.

The complaint may be mailed or faxed to Office of Civil Rights (OCR) office: or email the complaint to OCRComplaint@hhs.gov.

If the individual verbally alleges that a discriminatory act was committed but the individual is unable or reluctant to put the allegations in writing, the OCR employee receiving the complaint will do so. Complaints filed by telephone call require the same information as needed for a written complaint.

The Office of Civil Rights accepts complaints even if the information is incomplete. However, investigations are conducted only if information concerning: the location and name of the organization or office accused of discriminatory practices; the nature of the incident, action, or the aspect of program administration that led the individual to allege discrimination; and the reason(s) for the alleged discrimination (race, color, national origin, sex, religion, age, disability, or political belief).

The Office of Civil Rights accepts determines the action to be taken on individual complaints in accordance with current laws and regulations.

XV. Integrated Setting

We will provide services to individuals with disabilities in the most integrated setting appropriate to his or her needs. For example, modifications should be made to allow individuals with disabilities to fully participate in group activities with other participants, rather than carrying out those activities individually in another space.

Clients with disabilities cannot be given separate training and education programs, for example, just because they have disabilities. If an applicant or participant meets eligibility requirements for a program, he has a right to participate in that program. This policy should not be construed to prevent us from offering a separate training and educational program that is specifically designed to confer a particular benefit for disabled individuals.

XVI. Some disabled individuals need to use service animals.

We will not exclude individuals requiring guide dogs, hearing dogs or service dogs from its programs, or impose limits on access to programs and services. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADAAA. The service animal must be harnessed, leashed or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must control the animal at all times through voice, signal, or other effective controls. Individuals with disabilities cannot be required to provide certification proving the animal is a service animal.

If it is obvious that an individual has a disability and a service animal has been trained to perform a task for the individual, staff cannot ask about the person's disability or whether the dog 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.

An individual with a disability will not be asked to remove his service animal from the premises unless (1) the dog is out of control and the handler does not take effective action to control it or (2) the dog is not housebroken. Allergies and/or fear of dogs are not valid reasons for denying access or refusing service to individuals using service animals. When there is a legitimate reason to ask that a service animal be removed, the staff member must offer the opportunity to obtain services without the animal's presence.

XVII. Effective Written Communication: Individuals with Hearing Impairments

We will ensure communication with individuals with disabilities is as effective as communications with others. This includes communications with applicants, participants, members of the public, and companions with disabilities. A "companion" is a family member, friend, or associate of an individual seeking or receiving services or information. We will provide, at no cost, a qualified sign language interpreter for deaf or hard of hearing individuals who need them to communicate effectively about their social services benefits. This includes, at minimum, discussions about eligibility for benefits, program rules, client rights and responsibilities, development of self-sufficiency plans, clients' disabilities and their effect on the ability to comply with work requirements or other program requirements, and/or conciliation meetings.

ADAAA regulations prohibit public entities from relying on an accompanying adult to interpret or facilitate communication, except:

- In an emergency involving an imminent threat to the safety or welfare of the individual or the public where there is no interpreter available, or
- Where the individual with a disability specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance under the circumstances is appropriate.

A family member or friend may not be an appropriate person to interpret if he lacks sufficient fluency in ASL and/or English, or if the subject matter of the communication makes it inappropriate for the family member or friend to interpret. Minor children will be used to interpret only in emergency circumstances, where there is no interpreter available and immediate communication is needed to prevent physical harm to the disabled individual and/or public.

For re-certifications or other on-going appointments, our staff will make appropriate sign language arrangements through a sign language interpretation services prior to the appointment.

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

To arrange for an interpreter, employees should contact 1-888-869-7405 access code 814789 or one of the other sign language interpretation services at the phone numbers listed above. To the extent possible, delays in providing interpreters cannot count against the client. When an appointment is rescheduled for an individual with a disability because reasonable accommodations cannot be made on the date the application is filed or the date an attempt is made to file an application, the delay will not affect the application filing date or any other dates relevant to processing of applications. We will address emergency/immediate needs such as impending homelessness, emergency food needs or utility shut-offs of such applicants.

XVIII. Effective Phone Communication: Individuals with Hearing Impairments

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., the CDJFS), 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 711 or 1-800-750-0750 and give the relay operator the phone number you want to call. The relay operator will type your message into the TTY and transmit it to the TTY user. The TTY user can then reply to the operator, who will read the response to you.

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: 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 individual with a speech disability that may be difficult to understand.

XIX. Effective Communication: Individuals with Vision Impairments

In appropriate cases, oral communication may be used to assist visually impaired individuals. However, simply reading documents to an individual, without more, may not always provide an effective opportunity to participate. Commonly used important documents (e.g., know-your-rights materials, materials describing CDJFS programs, appointment notices, adverse action notices, hearing notices, etc.) should be converted into alternate forms of communication when necessary.

Examples of alternative formats include Braille, large print, computer disc in a format that can be accessed by an individual with a computer using assistive technology (such as a screen reader), audiotape, or other formats. Staff should contact the ADAAA Coordinator for assistance with assessing how best to meet individual needs for materials in alternative format.

Staff working with the customer must document in the case record any accommodation provided so that it may be available for future appointments and necessary auxiliary aides and services can be scheduled in advance of the appointment.

XX. Notice of ADAAA/504 rights

In addition to mandatory notices provided to applicants, participants, employees and members of the public with information about the ADAAA and Section 504, we may make available printed materials such as pamphlets, fliers and posters that contain current basic information about the ADAAA and Section 504. This material will be in the languages required in rule 5101:4-1-05 of the Administrative Code and will include the food assistance program nondiscrimination statement; the phone number of the ADA coordinator; and information on filing ADA complaints.

We will display a notice of ADA rights alongside or near posters required by rule 5101:4-1-13 of the Administrative Code.

XXI. Staff training.

We will provide annual training on the ADAAA and on this Plan in accordance with rule 5101: 9-2-01(I)(2)(b)(i)(v) of the Administrative Code, to all staff that interact with the public, including clerical staff. This training will be done either electronically or in live training sessions. The ADAAA Coordinator will ensure that staff receive this training. The training will include, at minimum, the following topics:

1. General information about Title II of the ADAAA;
2. Detailed information about this Plan; and
3. Information about providing reasonable modifications in waiting room and reception area procedures.

Franklin County
Department of Job & Family Services

1721 Northland Park Avenue ★ Columbus, OH 43229
Phone: (614) 233-2000 Fax: (614) 233-2398

DISCRIMINATION COMPLAINT FORM

Upon request, assistance with completion of this form will be provided.

Name (Last)	**(First)**	**(Middle Initial)**
Home Address (Street Address)	**(City)**	
(State)	**(Zip Code)**	**Primary Phone Number**
On what basis do you believe you have been discriminated against? ☐ Race ☐ Age ☐ National Origin ☐ Ancestry ☐ Color ☐ Religion ☐ Disability ☐ Sex	**Program/Service Area** ☐ Medicaid ☐ Child Care ☐ OWF ☐ Food Assistance ☐ PRC ☐ Other _____	
Race of the Complainant ☐ Black/African American ☐ White/Caucasian ☐ Native American ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ Other	**Sex of the Complainant** ☐ Male ☐ Female	
Name of the location/department that you believe has discriminated against you:		
Date of Alleged Discrimination:	**Work/Training location where the incident occurred(if applicable):**	
Name(s) and title(s) of individuals who you believe discriminated against you:		
Please explain why you believe the treatment or incident you experienced was discrimination based on your race, color, sex, religion, national origin, age, disability, and/or protected beliefs **(Please attach additional sheet(s) of paper, if necessary**		
Date Complaint Written	**Complainant's Signature**	
FOR OFFICE USE ONLY		
Received By:	**Date Received:**	**Program Area (OWF, FA, Medicaid):**

Franklin County
Department of Job & Family Services

1721 Northland Park Avenue ★ Columbus, OH 43229
Phone: (614) 233-2000 Fax: (614) 233-2398

REASONABLE ACCOMMODATION REQUEST GRIEVANCE FORM

Upon request, assistance with completion of this form will be provided.

Contact Information

Customer Name	Primary Phone Number	Alternate Phone Number	
Home Address (Street Address)			
City		State	Zip Code

Reason for Grievance

Tell us why you think the agency incorrectly denied your request for an accommodation:

_____

_____

_____

_____

_____

_____

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_____

Individuals who believe they were denied a reasonable accommodation may file a grievance within 10 business days of an alleged denial of accommodation.

The agency's ADAAA/504 Coordinator will investigate and resolve the grievance within 10 business days of receiving the allegation, unless good cause exists.
The Coordinator will contact individuals when a final decision is made.

ACKNOWLEDGEMENT OF RECEIPT

As an employee of the Franklin County Department of Job and Family Services, I acknowledge that I have received, had an opportunity to examine, and accept the terms of the FCDJFS ADA Compliance Plan dated January 5, 2015. A copy of this Plan has been given to me to retain for future reference and I agree that it is my responsibility to familiarize myself with its contents and comply with the policies and procedures contained in the Plan.

Since the information, policies, and procedures described herein are subject to change at any time, I acknowledge that revisions to the Plan may occur. All such changes will be communicated through official notices and I understand that revised information may supersede, modify, or eliminate existing policies.

Additionally, I have signed the two copies of this Acknowledgement of Receipt, retained one copy for myself, and returned one copy to the FCDJFS representative listed below on the date specified. I understand that this form will be retained in my file.

_____ _____
Signature of Employee Date

_____ _____
Employee's Name (Printed) Date

_____
Department/Opportunity Center

_____
FCDJFS Representative
(Supervisor/Administrator)