

DISABILITY



Home Alone

The Urgent Need for Home Visits
for People with Disabilities
in New York City's Welfare System

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses, income, and any other financial activity.

The second part of the document provides a detailed breakdown of the accounting cycle. It outlines the ten steps involved in the process, from identifying the accounting entity to preparing financial statements. Each step is explained in detail, with examples provided to illustrate the concepts.

The third part of the document discusses the various types of accounts used in accounting. It categorizes accounts into assets, liabilities, equity, revenue, and expense accounts. It also explains how these accounts are used to record and summarize financial transactions.

The fourth part of the document discusses the importance of adjusting entries. It explains how these entries are used to ensure that the financial statements accurately reflect the economic reality of the business at the end of the accounting period. Examples are provided to show how adjusting entries are recorded and how they affect the financial statements.

The fifth part of the document discusses the preparation of financial statements. It outlines the steps involved in preparing the balance sheet, income statement, and statement of owner's equity. It also discusses the importance of providing a clear and concise explanation of the financial results.

The sixth part of the document discusses the importance of internal controls. It explains how these controls are used to prevent and detect errors and fraud. It also discusses the various types of internal controls, such as segregation of duties, authorization, and documentation.

The seventh part of the document discusses the importance of ethics in accounting. It explains how accountants are expected to act in a fair and honest manner, and how they should handle any conflicts of interest. It also discusses the various codes of ethics that govern the accounting profession.

The eighth part of the document discusses the importance of communication in accounting. It explains how accountants must be able to communicate financial information effectively to management and other stakeholders. It also discusses the various methods of communication, such as written reports and oral presentations.

The ninth part of the document discusses the importance of technology in accounting. It explains how the use of computers and software has revolutionized the accounting profession, making it more efficient and accurate. It also discusses the various types of accounting software and how they are used.

The tenth part of the document discusses the future of accounting. It explains how the profession is evolving and how accountants must stay up-to-date on the latest developments. It also discusses the various career opportunities available in the field of accounting.

DISABILITY



Home Alone

The Urgent Need for Home Visits
for People with Disabilities
in New York City's Welfare System

BY CARY LACHEEN

welfare law center

I Introduction

FOR THOSE IN NEW YORK CITY WHO ARE POOR and have severe physical or mental disabilities that make it difficult for them to leave their homes, things cannot get much worse.

Welfare benefits are supposed to keep them from going hungry. The Americans with Disabilities Act is supposed to protect them from discrimination. But in New York City their lives continue to be marked by desperation, because the New York City Human Resources Administration [HRA] routinely ignores laws designed to protect them.¹

People who are homebound because of severe disabilities—whether physical or mental—are effectively barred from applying for welfare benefits by a daunting application process that even the healthy have trouble negotiating. Stranded in their homes, they all too often cannot get out to an HRA office to apply for benefits, cannot get anyone to talk to them on the phone, cannot get a worker to come to them to begin the application process. And for those with mental disabilities, it is especially bad because HRA is particularly dismissive of psychiatric disabilities.

► **HRA's failure to provide the homebound poor with access to the welfare-benefits system is not just callous; it is illegal.**

What makes the situation particularly frustrating is that this problem is fixable. One change in HRA practice would enable New Yorkers who are poor and homebound to get the help they need and are entitled to by law: providing home visits from welfare caseworkers to all persons who need them, so that they can apply for benefits from home.

HRA'S OWN POLICY states that people with disabilities who cannot wait at welfare offices have a right to home visits, to enable them to apply for assistance even though they are homebound. The bad news is that hardly anyone at HRA knows about the policy. Furthermore, information regarding how to set up home visits is too often incomplete or just plain hard to obtain.

The Welfare Law Center believes that uniformly providing home visits to those who need them is a practical, achievable reform that will have a dramatic impact on the lives of poor New Yorkers with severe physical or mental disabilities. It will enable them to get the medical help they need, and to benefit from other programs.

► **Providing home visits is also an important step toward bringing HRA into compliance with federal law.**

Our proposal does not recommend new programs or policies, but simply a better and fairer administration of what already exists. In fact, the implementation of our recommendations will actually save the City money, because it will keep families from homelessness and will give them quicker and more efficient [and therefore less costly] access to health care and to benefits such as food stamps.

Given this reality, the only real mystery is why HRA has been out of compliance with federal law — and out of touch with the challenges faced by poor New Yorkers with severe disabilities — for so long.

WHY THIS SYSTEM NEEDS TO CHANGE:

MARY D., 47, has severe rheumatoid arthritis that makes walking and standing for more than a few minutes very difficult and painful. She lives alone in the Bronx, cannot work, and has no income. Her application for disability benefits was denied because she did not have enough medical documentation.

But she cannot submit better documentation because she has no health insurance or Medicaid, and therefore no way to pay for medical visits and tests.

Her son drove her to an HRA welfare office to apply for public assistance, Food Stamps, and Medicaid. Because her arthritis made it impossible for her to wait at the welfare office to see a worker, she brought the application home, filled it out, and faxed it back to the welfare office with a letter explaining why she was unable to go to the welfare office for an interview.

She asked instead that HRA send someone to her home to interview her. When no one came or called to schedule a visit, she called the welfare office, which told her they would send someone within a few days.

Four weeks later, Ms. D. was still waiting. In the meantime, she had no food and no money.

JORGE G., 35, owned his own business before he became severely depressed and developed agoraphobia, which makes him afraid to leave his apartment, use public transportation or go to unfamiliar places. He takes medication for anxiety and depression and has been hospitalized for his mental health problems. He lives alone and rarely leaves home.

When he first applied for public assistance, he went to the welfare office, but his condition worsened and he could not return. Mr. G.'s therapist faxed a letter to the welfare office explaining his mental health problems and his difficulty attending appointments, but the welfare office never offered him a home visit.

Instead, he continued to get notices for appointments that required him to go to the welfare office. Each time he received one of these notices, he tried calling his worker to explain why he could not come, but the worker's phone line was always busy.

HRA has stopped Mr. G.'s cash assistance benefits many times for missing appointments.

MARY AND JORGE ARE NOT ALONE IN THIS SITUATION.

An alarming number of poor New Yorkers receiving or applying for welfare benefits have serious physical and mental disabilities that make it difficult or impossible for them to go through the arduous process of applying for cash assistance, and the equally arduous process of staying on assistance once an application is approved.²

New York City's public assistance programs should be a lifeline that makes it possible for poor people with severe disabilities and their families to survive and avoid homelessness. In fact for thousands, the application process is not a gateway, but a barrier.

The reality is that HRA's application process for public assistance is a byzantine, multi-borough obstacle course that requires applicants to travel from one end of the city to another many times. The process is difficult enough for the healthy.



FOR MANY PEOPLE WITH DISABILITIES — ESPECIALLY
THOSE WITH MENTAL DISABILITIES — THE PROCESS IS,
QUITE SIMPLY, IMPOSSIBLE.

Findings and Recommendations

IN THIS REPORT WE LOOK AT NEW YORK CITY'S complex welfare benefits application process. We describe the roadblocks faced by applicants with disabilities. We highlight key provisions of the Americans with Disabilities Act and show some of the ways HRA is out of compliance. We also show that HRA's own policy regarding home visits has never been fully implemented. And we recommend some practical steps that the City can take *right now* to bring about this badly needed reform.

We base our conclusions on actual visits made by Welfare Law Center researchers to every HRA public assistance office in New York City to get information regarding the scheduling of home visits. Even though these researchers are better informed and more persistent than most of the clients the welfare offices serve, they were frequently stymied. Our report on their efforts is as eye-opening as it is shocking. We draw our recommendations from their findings.

To bring about real reform, the Welfare Law Center urges the City to make home visits a priority and to immediately implement these recommendations:

- 1 ▶ Set uniform standards for home visits
- 2 ▶ Train all staff on all aspects of home visits
- 3 ▶ Ensure adequate staffing at all job centers
- 4 ▶ Let the public know about the right to home visits
- 5 ▶ Monitor all job centers
- 6 ▶ Work more closely with the advocacy community

New York City can no longer condone the present inhumane, illegal mistreatment of people who suffer from both poverty and severe disabilities. They deserve much better, and the city must do much better.

OUR RECOMMENDATIONS will alleviate human suffering without breaking the City's budget. We strongly urge HRA to use this report as a blueprint for immediate action.

II The HRA Obstacle Course

THE PREPOSTEROUSLY DIFFICULT PROCESS of applying for benefits begins with the submission of an 11-page application and supporting documentation to the area Job Center—the HRA office where people apply for cash assistance, Food Stamps, and Medicaid.

The application process is further complicated by the following required procedures:

- Eligibility Verification Review [“EVR”] appointment;
- Appointment to obtain an Electronic Payment File Transfer [“EPFT”] card so the individual can access benefits if the application is approved;
- Employment planning interview at the Job Center;
- Financial eligibility interview at the Job Center;
- Up to six weeks of job search;
- Three-day employability assessment;
- Another employment planning interview if the individual does not find a job during the job search;
- Mandatory finger-printing.

In addition, some applicants must attend an appointment at the Substance Abuse Case Control program; travel to the Office of Child Support Enforcement; go to other agencies to obtain documents needed to verify eligibility; and— if the applicant informs HRA that he or she has a disability that limits work— attend two or three additional appointments at a private company under contract with HRA.

Some of these appointments are far from applicants' homes. EPFT cards can be obtained at only two locations. There is only one Office of Child Support Enforcement for all five boroughs.

Once an application for cash assistance is approved, individuals must then attend more HRA appointments to "recertify" their eligibility for benefits and keep their cases open, to obtain an employability assessment and plan, and to fulfill work requirements. Even when HRA finds that an applicant is too disabled to work, the agency often requires the person to keep numerous appointments in the PRIDE program³ or to comply with a Wellness Plan.⁴

III A Punitive Approach

THE PENALTIES FOR FAILING TO COMPLY at any stage of this exhausting process are draconian. When an applicant misses or is late for even one appointment during the application process, HRA denies the application, and the person has to start again from the beginning — which requires more appointments, and a longer wait before the individual or family receives benefits.

Once HRA approves an application for cash assistance, if the person misses one appointment, HRA closes the entire household's cash assistance case and the entire family loses cash assistance. If a person misses one day at a work activity, HRA "sanctions" the person by reducing the household's cash assistance grant.

To get HRA to reopen a case or to appeal a sanction, the person must go to even more appointments and then, if nothing has been resolved, attend an administrative hearing held by the New York State Office of Temporary and Disability Assistance.

HRA does not ask clients whether a physical or mental disability was the reason they were late or did not come to an appointment—even when HRA already knows that the person has a serious physical or mental disability. Nor does the agency find out what would make it possible for the person with the disability to attend future appointments.

HRA's complex application process and inflexible policies have devastating consequences for many of New York City's poorest and most vulnerable residents. Because HRA uses one common application for cash assistance, Food Stamps, and Medicaid, people with disabilities who cannot complete the application process cannot obtain any of these benefits for themselves or their families. As a result, they have no access to food or health care.

Without medical or mental health treatment, their conditions worsen. And the more severe their disabilities become, the more difficult it is to navigate the welfare system. Something is terribly wrong.

IV The Americans with Disabilities Act |

SETTING THE STANDARDS

IN 1990, CONGRESS PASSED the Americans with Disabilities Act [ADA] “...to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities.”⁵ The ADA requires state and local governments to operate all of their programs, services, and activities in a manner that does not discriminate against people with disabilities.⁶

The law defines “discrimination” as, among other things, excluding people with disabilities from a program;⁷ providing an opportunity to participate that is not equal to the opportunity provided to others;⁸ and using policies and practices that appear neutral but in fact have a discriminatory effect on people with disabilities.⁹

There is a further piece to the definition that is of crucial importance. According to the ADA, a state, county, or city is being discriminatory if it fails to make “reasonable modifications” in policies and practices for people with disabilities.¹⁰

A reasonable modification can be any reasonable change in a program rule or requirement or in the way that an agency does something—such as allowing a person to do something at another time or place, or in another way; giving a person more time to fulfill a program requirement; allowing a person to do something for fewer hours; and waiving a program requirement entirely.

Reasonable modifications are the “ramps” that make otherwise inaccessible programs accessible to people with disabilities.

In 2001, the Office for Civil Rights at the U.S. Department of Health and Human Services [HHS] clarified the impact of federal disability rights laws on welfare programs.

Among the points made in HHS's Policy Guidance are the following:

- Welfare agencies must train their staff to provide equal access to people with disabilities, and to recognize probable disabilities.¹¹
- Welfare agencies may need to simplify a complicated application process to ensure that people with disabilities have an equal opportunity to obtain welfare benefits.¹²
- Home visits are a reasonable modification for people with disabilities who cannot go to a welfare office for appointments. [The Guidance includes a sample notice that mentions home visits as a reasonable modification [see Appendix A, p.33] .]¹³

V HRA's ADA Policies | A DROP IN THE BUCKET

INEXPLICABLY, HRA HAS NOT ADOPTED many of the practices suggested in the HHS Policy Guidance, and it has a long way to go to bring its policies and practices into compliance with the ADA.

HRA's first ADA policy, issued in 1999, barely scratched the surface in terms of addressing the rights of people with disabilities.¹⁴ While the policy began with some general statements about these rights under the ADA, it faltered when it came to the specific reasonable modifications that HRA staff were required to provide.¹⁵ The policy did not say that people with disabilities have a right to reasonable modifications in all aspects of HRA programs, including appointments, work activities, job search, and the disability evaluation process.

Even one of the few reasonable modifications that HRA did include proved to be less than met the eye. The policy required staff to provide shorter waiting times and/or home visits for people with disabilities who came to a Job or Food Stamp Center, but could not wait to see a worker because of their disability.¹⁶

▶ The home visit policy, however, was full of holes.

- IT DID NOT CLEARLY STATE THE RIGHT to a home visit by people whose disabilities were so severe that they could not come into a Job or Food Stamp Center.
- IT REQUIRED HRA STAFF TO OFFER home visits only to people who told a receptionist or other worker that they could not wait for an appointment.
- IT DID NOT REQUIRE STAFF TO OFFER home visits even when it was obvious that the person had a disability and needed this reasonable modification.

FURTHERMORE, THE POLICY DID NOT REQUIRE HRA staff to tell everyone that people with disabilities may have a right to home visits. Nor did it instruct HRA staff on what medical documentation they could require people to submit.

Not surprisingly, many people with disabilities who needed home visits did not get them. Because HRA did not tell clients about home visits, few requested them. Most of the people who were given “homebound” status by HRA received it only because they were fortunate enough to have an advocate who knew about home visits.

But the majority of applicants for, and recipients of, HRA benefits do not have advocates. In addition, home visits were handled differently from one Job Center to another, so it was difficult to know how to obtain a home visit and delays were common.

The ADA policy also required that posters explaining the rights of people with disabilities had to be “prominently displayed in all waiting areas,” but the posters provided little actual information or guidance. The posters instructed people to “notify the receptionist or your worker” if they needed help with an application or could not wait to be interviewed, but they did not mention the ADA. They did not mention that people with disabilities have a right to reasonable modifications. And they did not tell people what to do if reasonable modifications were not provided.

To make matters worse, even when HRA agreed that someone needed home visits, it usually continued to treat the person as if he or she were not homebound, sending notices for appointments at the Job Center. When the person failed to attend any one of these appointments, HRA sent another notice, saying that the client’s or household’s case would be closed for failure to attend the appointment.

VI The “New” Policy

IN THE FACE OF HRA’S FAILURE TO COMPLY with the ADA, in April 2002 the Welfare Law Center, Urban Justice Center, and Legal Services of New York City filed a civil rights complaint against HRA with the Office for Civil Rights at the U.S. Department of Health and Human Services.

The complaint, which charged broadly that HRA did not comply with the ADA and Section 504 of the Rehabilitation Act, focused specifically on the needs of those with serious mental health problems.

It claimed that HRA designed and operated its cash assistance programs in a manner that made it more difficult for people with serious mental health problems to apply for cash assistance, navigate the welfare system, and keep their cash assistance cases open once their applications have been approved.¹⁷

Among the problems noted in the complaint were HRA’s failure to give home visits to people with disabilities who needed them, and its practice of sending notices for appointments at Job Centers to those whom it had already found to need home visits. The complaint also claimed that ADA consumer education materials— including the ADA posters required at every Job Center— failed to specify reasonable modifications such as home visits.

In March 2003, HRA released a “new” ADA policy for Job and Food Stamp Centers. This policy addresses some of our concerns on issues not related to home visits, and is in some respects, an improvement over the old policy.¹⁸

However, concerning home visits, the new policy is as abysmal as the old. It still fails to make clear that people who are too incapacitated to go to a Job or Food Stamp Center are entitled to home visits.

The policy does not require HRA staff to offer home visits to anyone, and it says nothing about documentation requirements for home visits. Nor does the policy instruct staff on how to ensure that once an individual is found to need home visits, that HRA does not send the person notices for appointments at Job and Food Stamp Centers.

► **Moreover, the new posters issued with the new policy are still inadequate.**

Despite the fact that the new policy resulted in changing the term “disabled” to “physically or mentally disabled,” and that a complaint procedure is mentioned in the posters—the posters still lack important information:

- They do not mention the ADA or home visits.
- They do not say that the failure to provide a reasonable modification is a type of discrimination.
- They do not have a phone number to call to schedule home visits.

VII Putting HRA to the Test | THE STUDY

In the months following HRA's issuance of its new ADA policy, advocates continued to find that individuals with severe disabilities were having difficulty obtaining home visits from HRA.

Many questions needed to be answered:

- ▶ Had HRA actually implemented the new ADA policy?
- ▶ Were the staff at every Job Center aware of the policy concerning home visits?
- ▶ Did the Centers have effective procedures in place for individuals to request and obtain home visits?
- ▶ Did Center staff know that people with mental as well as physical disabilities were entitled to home visits?
- ▶ Were there documentation requirements for obtaining home visits; and if so, were they the same at every Job Center?
- ▶ Were the new ADA posters prominently displayed, in English and Spanish, in all waiting areas?

To answer these questions, the Welfare Law Center sent researchers¹⁹ to Job Centers in all five boroughs of New York City.²⁰ At each Center, the researcher asked the receptionist, application worker, or other HRA staff person at the waiting-room information desk for information for a friend who had no food or money and needed to apply for benefits but was unable to come to the Center because of a psychiatric disability — severe depression.²¹

We gave the fictitious friend a psychiatric disability because we wanted to assess the effectiveness of HRA's new policy, and especially to find out whether HRA's staff were trained to implement it. [See Appendix B, p.34, for a fuller description of survey methods.]

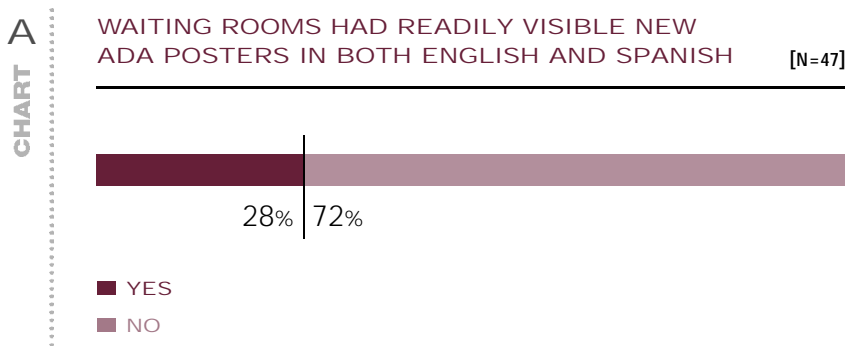
▶ **What we found was deeply troubling.**

Failing the Test

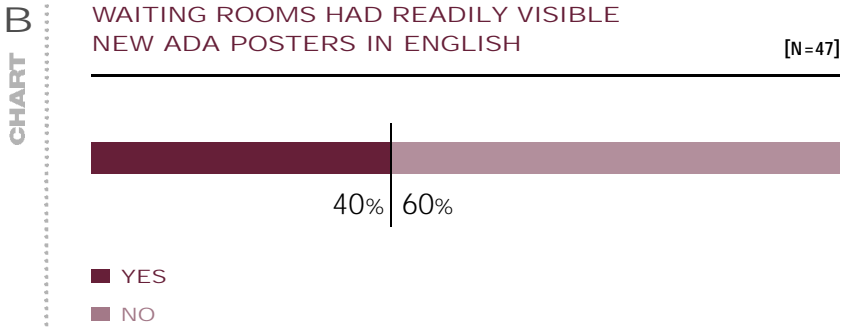
By any standard, HRA is doing an abysmal job of making home visits available to people with disabilities. The problems begin with the posters, which are the first opportunity for clients to find out that they may have a right to reasonable modifications in the application process. In too many cases, the posters are neither new nor visible.

Some waiting rooms had the new ADA posters, but posted them in locations where they were unlikely to be seen by applicants, recipients, and others. In others, the ADA posters were posted below eye level.²² And in others, they were almost completely covered up by other posters²³ or were posted high above a bulletin board.²⁴

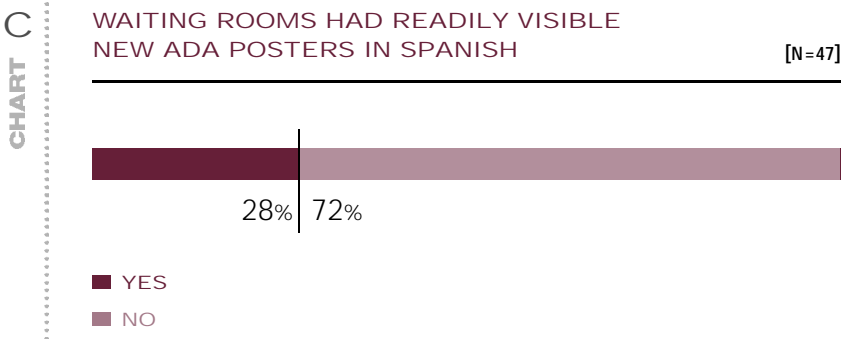
Researchers visited 47 waiting rooms in 30 Centers. Only 13 waiting rooms [28%] had the new ADA poster, in both English and Spanish, posted in a location where it was easy to see. **[Chart A, below, and Table I, p.36]** Five waiting rooms [11%] had no ADA posters at all, in either English or Spanish.



Only 19 waiting rooms [40%] had a new, well-located English poster.
[Chart B, below, and Table I, p.36]



Only 13 waiting rooms [28%] had a new, well-located Spanish poster.
[Chart C, below, and Table I, p.36]



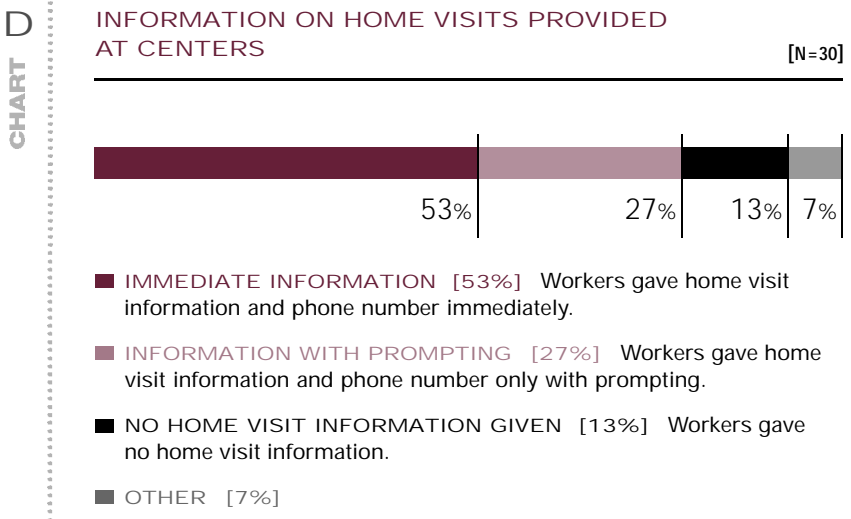
Home Visits: A Well-Kept Secret

The survey found that close to half of the Centers did not provide basic information on home visits.

Only 16 of the 30 Centers [53%] told the researcher about home visits and provided a phone number to call without any prompting.²⁵ At another eight Centers [27%], workers provided information about home visits and a phone number to call only after prompting. At some of these Centers, a great deal of prompting was required to obtain the information. In several cases, researchers continued to prompt even after the worker stated that nothing could be done for the friend.

For example, at one Center the worker finally provided a phone number after telling the researcher that her friend would have to “show her face” at the Center.²⁶ At another Center the worker first told the researcher, “You can’t do it for her. She’ll have to do it herself.”²⁷ But after further prompting, she gave the researcher a telephone number.

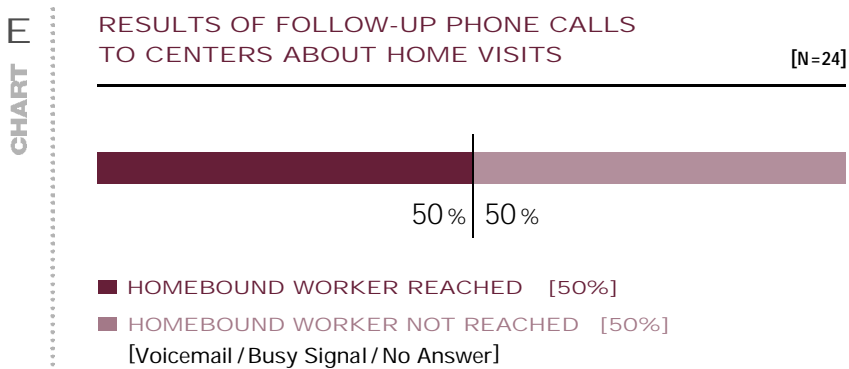
At four Centers [13%], workers provided no information about home visits and appeared to be unaware that home visits were available. Workers insisted that a person who needed to apply for benefits would have to come into the Center.²⁸



Workers at the remaining two Centers [7%] acknowledged that home visits are available for at least some people, but they failed to provide the information needed to find out whether the friend was eligible and to schedule a home visit. The worker at one of the Centers eventually acknowledged that home visits were available, but did not provide a phone number to call.²⁹ At the other, the worker acknowledged that home visits exist and told the researcher to call the number on the application to arrange for a home visit.³⁰ But HRA applications for benefits do not contain such a number. [Chart D, bottom p.20, and Table II, p.37]

A Scheduling Nightmare

Of the 26 Centers where workers acknowledged that home visits existed, 24 gave the researcher a telephone number to call for further information and/or to schedule a home visit.³¹ Although the researchers called each of these numbers at least three times, and often called at different times of the day or on different days, they were unable to reach a person in half [12 of 24] of the Centers for which they were given phone numbers. At one Center, the researcher had to make a total of six phone calls to six different numbers to obtain information about scheduling and requirements for home visits. [Chart E, below, and Table III, p.38]



At eight of the 12 Centers [67%], the researcher reached a voicemail message. In two of these Centers, voice mailboxes were full over a several day period. At the other six Centers, it was possible to leave a message—but that was not much help, since it is impossible to make an appointment without speaking to a live person, and HRA staff rarely return messages. Moreover, some people applying for or receiving cash assistance do not have telephones, so HRA would be unable to return some calls even if a caller were able to leave a message.³²

And of course, the longer the delay in reaching someone on the phone to schedule a home visit, the longer the delay before the individual or family receives benefits.

Overly Restrictive and Irrational Requirements

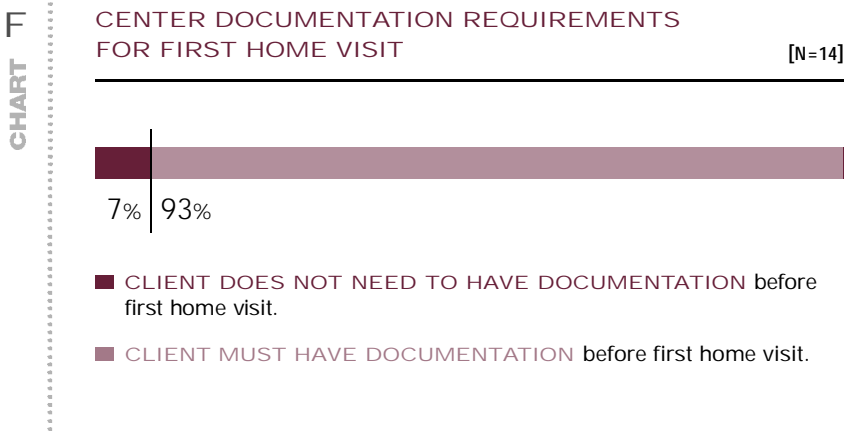
Many of the requirements for home visits that were described to our researchers made no sense, and some were so restrictive that they would preclude people who need home visits from getting them. At some Centers, for example, workers required the fictional “friend” or someone who could come on her behalf to make additional visits to the Center before a home visit would be scheduled—a requirement that some people obviously could not satisfy, and that effectively put home visits out of reach for some who needed them.

[See Appendix C, p.35, for more examples.]

Inconsistent Documentation Requirements

HRA's written ADA policy does not say whether someone must provide medical proof of the need for a home visit, and if so, when such proof must be provided. During their visits and phone calls, our researchers tried to learn what the requirements are, and whether they differed from Center to Center.

Researchers were able to obtain information about documentation requirements for home visits at only 14 Centers. [Chart F, below, and Table IV, p. 40]



At all but one of these Centers [93%], researchers were told that the person seeking the home visit must have medical proof of need before the first home visit. The remaining Center said it “would help” if the friend had a doctor’s letter but the Center would make a home visit without one.³³ Of the 13 Centers requiring the person to have documentation before the first home visit, all but one required a letter or other documentation from a doctor; one Center said that the letter could be from a doctor or a social worker.³⁴

► **But inconsistency reigns.**

Workers at seven of the 13 centers indicated that the person could give the worker the documentation during the first home visit. At the other six centers, requirements were more stringent. Two Centers required the person requesting the home visit to have medical documentation at the time of the request.³⁵ Another Center required a person seeking a home visit to submit a letter stating that she had medical documentation.³⁶ [“We can’t just go to people’s houses based on a phone call” was the explanation given for this requirement.] The remaining three Centers require that medical documentation be provided to the Center before the first home visit.³⁷

Requiring an individual to have medical documentation before or at the time of the first home visit creates an unreasonable barrier to obtaining home visits. Some homebound applicants for public benefits lack medical documentation for the same reasons that they are homebound: namely, they are too incapacitated by their disability to travel to appointments to obtain this documentation. Others may lack documentation because they do not have Medicaid or any other means to pay for the medical or mental health appointments needed to obtain this documentation.

Discriminating Against Those with Mental Health Problems

Researchers found that as hard as it is for people with physical disabilities to get home visits, it is even tougher for people with mental disabilities. The responses of HRA workers to our researchers reflected a stereotypical and discriminatory view that psychiatric problems are not “real” disabilities, and that people with mental health problems do not need or are not entitled to the same reasonable modifications needed by people with physical disabilities.

At four of the Centers visited [13%], HRA staff indicated that home visits might not be provided to the researcher’s friend because he or she had a mental

health problem, even though the researchers made clear that the mental health problem was so debilitating that the friend was unable to come to the Center [Table II, p.37].

A worker at the Richmond Center indicated that the home visits are for people with conditions such as epilepsy but not for mental illness.

A worker at the Seaport Center asked whether the friend could walk, implying that people with physical or mental disabilities who have any ability to walk would be ineligible for home visits.

A worker at the East End Center insisted that the researcher's friend would have to come to the Center unless he or she was hospitalized for her mental health problems. The worker then suggested that the researcher call the police to have her friend hospitalized against her will. [This odd requirement makes it impossible for anyone with a mental health problem to obtain a home visit, since the only people eligible for home visits are not at home to receive them.]

A worker at the Refugee Annex informed the researcher that depression might not "count" as eligibility for a home visit.

Clearly, HRA has not adequately trained its staff on HRA's ADA policy and the fact that people with mental health problems are also entitled to home visits.

VIII The Welfare Law Center's Recommendations

IT IS CLEAR FROM OUR RESEARCH that HRA does not make home visits readily available to people with severe physical or mental disabilities. We believe that developing a clear citywide home-visit policy, with carefully spelled-out procedures that HRA staff are trained to follow, is essential if the City is to meet its legal and moral obligations to people with disabilities.

To bring about real reform, the Welfare Law Center urges the City to make home visits a priority and to immediately implement these recommendations:

- 1 ▶ Set uniform standards for home visits
- 2 ▶ Train all staff on all aspects of home visits
- 3 ▶ Ensure adequate staffing at all job centers
- 4 ▶ Let the public know about the right to home visits
- 5 ▶ Monitor all job centers
- 6 ▶ Work more closely with the advocacy community

1 ► Set Uniform Standards for Home Visits

We call upon HRA to develop a uniform, citywide home-visit policy that all Job Centers and Food Stamp offices must follow. The policy must:

- Provide home visits to all applicants and recipients with physical or mental health problems that severely limit their ability to travel to appointments or wait in waiting rooms for extended periods of time;
- Make clear that people are entitled to home visits even if they cannot come to a Job Center or Food Stamp office to request a home visit;
- Require HRA staff to offer home visits to individuals who obviously have difficulty traveling to a Center or waiting at a Center for appointments;
- Allow individuals who need home visits, but lack documentation to receive home visits for a reasonable period of time while they obtain documentation;
- Require HRA staff to offer help, if necessary, with arranging for the medical appointments necessary to obtain this documentation;
- Require HRA staff to record in an individual's case file all requests, made by the individual or on the individual's behalf, for home visits, the date of the request, the reason for the request, the reason the request was granted or denied, and the date each home visit was made;
- Refer to "home visits," rather than to "the homebound," to convey that an individual need not be completely unable to walk or leave home to qualify for home visits.

2 ▶ Train All Staff on All Aspects of Home Visits

HRA must train all new and existing staff on the availability of home visits, eligibility for home visits, and documentation requirements. It must also train all staff about the nature of both physical and mental disabilities, including some of the common signs and symptoms of disabilities and the reasonable modifications frequently needed by individuals with disabilities. Finally, it must make sure that receptionists and workers in Center waiting rooms or entry points know about the existence of home visits, the number to call to arrange for visits, and when to provide this information.

3 ▶ Ensure Adequate Staffing at All Centers

HRA must make sure enough staff are assigned to answer phones, so that people seeking information on home visits can reach a live person when they call. HRA also must ensure that if staff are not able to answer these lines, voice mail instructs callers when to call back; and that HRA staff listen to voicemail messages, empty their voice mailboxes, and return all calls within 24 hours.

4 ▶ Let the Public Know About the Right to Home Visits

While the new ADA posters still lack important information, they are a starting point and should be posted immediately in visible locations in all waiting rooms.

At the same time, it is essential that the posters [as well as other consumer-education material] be revised as soon as possible, so that they are comprehensive in describing eligibility for home visits and the process for obtaining them.

The posters should be revised to:

- Tell people that everyone with physical or mental disabilities has rights under the ADA;
- Convey that people with disabilities are entitled to reasonable modifications at every point of contact with HRA, including the application process, appointments, work activities, education and training programs, and all other aspects of HRA programs and services;
- Inform individuals how to exercise their rights;
- Include a phone number to call to schedule home visits;
- Be available in English, Spanish, Chinese, Russian, French, Creole, and all other languages used by a significant number of people served by the City.

HRA must also conduct a public information campaign that includes public service announcements on radio and television, consumer brochures, and other methods to inform the public about the availability of home visits and provide information on how to arrange such visits. The campaign should make clear that home visits are available for those who cannot wait for long periods of time in Centers, as well as for those who are too incapacitated to come into a Center for an interview or to obtain an application.

HRA needs to post information about the availability of home visits on its web site and provide a searchable list of relevant telephone numbers.

5 ▶ Monitor All Job Centers

HRA needs to monitor its Centers on a regular basis to make sure that eligible people get home visits. HRA must use site visits, client case reviews, and interviews with both providers and clients to put its house in order and become an effective provider of services to those with disabilities.

6 ▶ Work More Closely with the Advocacy Community

HRA can strengthen itself by working more closely with clients, advocates, disability rights organizations, mental health professionals, and other providers, to learn about the problems faced by applicants and recipients of public benefits who have a disability, and to develop solutions to address these problems.



WE URGE HRA TO IMPLEMENT AN EFFECTIVE AND
COMPASSIONATE HOME-VISITS PROGRAM IMMEDIATELY, SO
THAT A TERRIBLE INJUSTICE CAN BE BROUGHT TO AN END.

Endnotes

- 1 The New York City Human Resources Administration [HRA] is the agency in New York City responsible for the cash assistance, Food Stamp, and Medicaid programs, as well as other public benefits programs.
- 2 Many studies have found that one-third or more of adults receiving cash assistance have physical or mental disabilities, or both. For example, a study by the U.S. General Accounting Office found that 44% of TANF [Temporary Assistance for Needy Families] recipients reported having a physical or mental impairment. U.S. General Accounting Office, *More Coordinated Federal Effort Could Help States and Localities Move TANF Recipients with Impairments Toward Employment* [Oct. 2001].
- 3 PRIDE is an HRA program designed for people found by HRA to have serious work limitations as a result of disabilities.
- 4 Wellness Plans are required by HRA for some individuals with health problems or disabilities found by HRA to be currently unable to work, but able to be rehabilitated with medical or mental health care. Individuals given these plans are required to comply with medical or mental treatment and demonstrate compliance with treatment through phone calls and monitoring visits.
- 5 42 U.S.C.A. § 12101 *et seq.*
- 6 *Id.* § 12132. Section 504 of the Rehabilitation Act of 1973, which has been in effect for over 30 years, prohibits discrimination against people with disabilities by recipients of federal financial assistance, including HRA.
- 7 28 C.F.R. § 35.130[a].
- 8 *Id.* § 35.130[b][1][i]-[ii].
- 9 *Id.* § 35.130[b][3][i].
- 10 *Id.* § 35.130[b][7].
- 11 U.S. Department of Health and Human Services, Office for Civil Rights, *Policy Guidance: Prohibition Against Discrimination on the Basis of Disability in the Administration of TANF [Temporary Assistance to Needy Families]* [Jan. 2001], § B[b].
- 12 *Id.* § D[2].
- 13 *Id.*
- 14 New York City Human Resources Administration, Family Independence Administration, *The Americans with Disabilities Act [ADA]*, Policy Directive # 99-09 [Feb. 1999].
- 15 The Section of the ADA that applies to State and local governments and their agencies requires these entities to make “reasonable modifications,” for people with disabilities. 28 C.F.R. § 35.130[b][7]. HRA’s ADA policies use the term “reasonable accommodations,” which is found in the Section of the ADA that prohibits employment discrimination.
- 16 Other reasonable modification required by the policy are: helping individuals to complete forms if s/he notified the receptionist or other worker that s/he needed help; and reviewing the decision to deny an application or close a case when an individual disagrees with the decision, to see whether the denial or closing was related to the person’s disability, and if so, to “settle the case.”
- 17 This complaint is available on the Welfare Law Center’s web site at www.welfarelaw.org.

Endnotes [cont.]

- 18 For example, the new policy [New York City Human Resources Administration, Family Independence Administration, *The Americans with Disabilities Act [ADA]*, Policy Directive # 03-13-ELI [Mar. 2003]] lists additional modifications that should be made in the appointment process, including scheduling appointments to avoid conflicts with medical and mental health appointments, and allowing people to reschedule appointments when there is a disability-related reason.
- 19 The majority of the visits were conducted by the Welfare Law Center. Four visits were conducted by researchers from the Urban Justice Center.
- 20 One Center, the Colgate Center in Queens, was visited in November 2003. The Family Call-In Center was omitted from the survey because clients are not supposed to go to this Center in person.
- 21 The question was modified for the St. Nicholas, Senior and Union Square Centers, which handle only existing open cases. At these Centers, the researcher stated that she had a friend who received a recertification notice but was unable to come to the Center for a face-to-face recertification appointment due to an onset of severe depression. At the Transitional Opportunities [TOP] Center, which serves only working people, the researcher stated that she had a friend who works and needs to apply for benefits but was unable to come to the center because she was caring for her husband, who was severely depressed. At the Crotona Center, the researcher asked a customer service worker because she had already waited in line for an hour and did not want to wait in another line to ask the applications worker.
- 22 Waiting rooms in the Dekalb, Seaport and Refugee Centers.
- 23 Waiting rooms in the Dyckman and Euclid Centers.
- 24 One of the waiting rooms in the East End Center.
- 25 "Prompts" were the follow-up questions researchers asked in an effort to elicit information on the availability of home visits.
- 26 The Rockaway Center.
- 27 The Refugee Center.
- 28 This occurred in Crotona, Dyckman, Senior, and Union Square Centers.
- 29 The Melrose Center.
- 30 The Refugee Annex.
- 31 No phone numbers were provided at six Centers. This includes the four Centers that said home visits were not available to anyone; the Richmond Center [which acknowledged that home visits were available but did not provide a number because the worker did not believe the researcher's friend was eligible]; and the Melrose Center [which gave inconsistent information about the existence of home visits and did not provide a phone number].
- 32 Poor people are much less likely to own telephones. In March of 2002, more than 10 percent of the poorest households in New York State reported that they do not have telephones. U.S. Federal Communications Commission, *Telephone Penetration Income By State, at 18* [May 2003].
- 33 The Dekalb Center.
- 34 The Transitional Opportunities [TOP] Center.
- 35 The Rider and Jamaica Centers.
- 36 The Euclid Center.
- 37 The Coney Island, Greenwood, and Melrose Centers.

■ Appendix A ---

Language from Sample Notice in HHS Office for Civil Rights Policy Guidance

If you have a physical or mental condition that substantially limits one or more major life activities, you may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Physical or mental conditions include, for example, a learning disability, mental retardation, a history of drug or alcohol addiction, depression, a mobility impairment, or a hearing or vision impairment. You can let us know if you have a disability. If you cannot do something we ask you to do, we can help you or we can change what you have to do. Here are some of the ways we can help: *We can call or visit you if you are not able to come to the office [emphasis added].*

■ Appendix B

Procedure Followed by Researchers in Job Center Survey

Welfare Law Center researchers all posed the same initial question in visits to the Job Centers: How could a severely depressed friend who could not come to the Center apply for benefits? We did not specifically request a home visit, because most people do not know about home visits and are not likely to request them directly. We wanted to find out whether HRA staff would give information about home visits even when not specifically asked, and also whether they would provide a phone number to call to obtain more information and make the arrangements.

If the worker did not volunteer information about the existence of home visits and the process for obtaining a home visit, the researcher prompted the worker with follow-up questions such as, “Are you sure there’s nothing my friend can do to apply for benefits?” At some Centers, researchers asked several follow-up questions, giving the worker many opportunities to respond with the relevant information.

The researchers were more persistent than many individuals would be in similar circumstances. If the worker asked the researcher for her friend’s number so the Center could call the friend directly, the researcher continued to seek a telephone number she could give to the friend, on the assumption that a person would need a number to call in the event that the Center did not call.

If the worker mentioned home visits and gave the researcher a telephone number to call for information on how to request one, the researcher tried the number at least three times, and at different times of the day. If the researcher reached an actual person [as opposed to a recording], she asked about the waiting time for home visits, the number of visits needed to complete the application process, the kind of documentation required to obtain a home visit, and at what stage in the process documentation must be provided.

Researchers also visited waiting rooms in each Center to see whether the new ADA posters were posted in English and Spanish in locations that were easy to see. Researchers checked the main waiting room in each Center, as this is the place that people come to apply for benefits. At many Centers, the researchers also visited other waiting rooms on other floors for individuals applying only for Food Stamps, recertifying Medicaid, or applying for child care or other programs and services other than cash assistance. In some Centers, however, the layout of the Center, security guards, or Center staff prevented the researchers from reaching these other floors and waiting rooms.

■ Appendix C

An Example of Troubling Responses to Researchers' Questions

In many Centers, HRA staff acknowledged that home visits were available, but described eligibility requirements that were irrational, overly restrictive, or discriminatory.

Overly Restrictive and Irrational Eligibility Requirements

At six of the Centers visited, staff acknowledged either right away or after prompting that home visits exist, but they then described the process for obtaining a home visit, or eligibility requirements for home visits, in terms that exclude many people who need home visits from getting them. **For example:**

When a researcher called the number given by the East End Center, she was told that her friend would have to come to the Center herself to be interviewed, which was obviously not possible if the friend needed a home visit.

At the Melrose Center, the worker told a researcher that the researcher would have to bring proof of her friend's need for a home visit to the Center before a visit could be scheduled.

At the Riverview Center, the worker told a researcher that someone would have to come to the Center to explain the friend's situation so the Center could decide if the friend was eligible for a home visit — a requirement that puts home visits out of reach for people who lack a friend or relative to go to a Center on their behalf. Moreover, the researcher had already explained the friend's situation.

At the Rockaway Center, the worker said that the friend needed a doctor's letter stating that she cannot leave home. But the ADA does not require that an individual be completely unable to leave home at all times to be entitled to a home visit.

At the Refugee Center, the worker said that the friend would have to prove that she "can't move or be around the public," suggesting that to qualify for a home visit, a person has to be paralyzed or so debilitated by an anxiety disorder or other mental health problem that he or she can never leave home.

Table I ADA Posters at Job Centers*

Job Center	Center No.	Waiting Room Had New ADA Poster that Was Easily Seen		Waiting Room Had New ADA Poster that Was Not Easily Seen		Waiting Room Had No Poster		
		English	Spanish	English	Spanish	English	Spanish	
Bayridge	70	●	●					
Bergen	48	●	●					
Bushwick	66	●	●					
Colgate	32							
Concourse	45	●	●					
Coney Island	63	●	●					
Crotona	46	Floor 1	●	●				
		Floor 2	●	●				
		Floor 3	●	●				
		Floor 4					●	●
DeKalb	64	Floor 1			●	●	●	●
		Floor 2						
Dyckman	35			●	●			
East End	23	Floor 1						●
		Floor 3	●					●
Euclid	78	Floor 1	●			●		
		Floor 2	●					●
		Floor 3						
Greenwood	85	F.S. Only	●	●				
		Job Center	●	●				
Hamilton	28					●	●	
Jamaica	54	Floor 1						
		Floor 3			●	●		
Linden	67							
Melrose	40	Floor 3					●	●
		Floor 4						
		Floor 5						
		Floor 6						
Queens	53	Floor 1			●	●		
		Floor 2						
		Floor 4	●					●
Refugee	47			●	●			
Refugee Annex	49							
Richmond	99							
Rider	38						●	
Riverview	37							
Rockaway	79							
Seaport	80			●	●			
Senior Center	84	●	●					
St. Nicholas	26	●	●					
TOP	32							
Union Square	39	Floor 2	●	●		●		
		Floor 4	●	●				
		Floor 11	●			●		
Waverly	13					●		
Yorkville	19	Floor 1					●	
		Floor 2					●	●

* Some waiting rooms had old ADA posters and are not indicated on this table.

Table II Information About Home Visits Provided at Job Centers

Job Center	Center No.	Worker Gave Home Visit Information and Phone Number		Worker Did Not Give Home Visit Information or Did Not Appear to Know that Home Visits Existed	Worker Indicated that Home Visit Might Not Be Available Because the Person Had a Mental Health Problem	Worker Indicated that Home Visit Might Not Be Available for Another Reason	Worker Gave Other Incorrect/Incomplete Information
		Immediately	Only with Prompting				
Bayridge	70	●					
Bergen	48		●				
Bushwick	66	●					
Colgate	32	●					
Concourse	45	●					
Coney Island	63	●					
Crotona*	46			●			
DeKalb	64	●					
Dyckman	35			●			
East End	23		●		●		
Euclid	78	●					
Greenwood	85	●					
Hamilton	28	●					
Jamaica	54		●				
Linden	67	●					
Melrose	40					●	●
Queens	53	●					
Refugee	47		●			●	
Refugee Annex	49				●		●
Richmond	99	●			●		
Rider	38	●					
Riverview	37		●			●	
Rockaway	79		●			●	
Seaport	80		●		●		
Senior Center	84			●			
St. Nicholas**	26	●					
TOP	32	●					
Union Square	39			●			
Waverly	13	●					
Yorkville	19		●				

* At this Center, the question was posed to a customer service worker after a one hour wait in line. The worker said she knew nothing about applications and referred the researcher to an even longer line for applicants, but the researcher did not wait in this second line whereupon the intern left the Center.

** At this Center, information about home visits was obtained over the telephone because the address given for the Center was not in the geographic area served by the Center so the researcher was referred to another Center and instructed to ask that Center for information on home visits.

Table III Homebound Information Available by Telephone

Job Center Center No.	Live Worker Reached	If Yes, Number of Calls Required to Get Information	If Reached Worker, Reason for Successive Calls or If Didn't Reach Anyone, Reason for Successive Calls				
			No Answer	Busy	Voicemail	Voicemail Full	Gave New Number
Bayridge 70	NO	—	●	—	—	—	—
Bergen 48	NO	—	●	—	—	—	—
Bushwick 66	NO	—	●	●	—	—	—
Colgate 32	YES	1	—	—	—	—	—
Concourse 45	NO	—	●	●	●	—	—
Coney Island 63	YES	4	●	—	—	—	—
DeKalb 64	YES	2	—	—	●	—	●
East End 23	YES	1	—	—	—	—	—
Euclid 78	YES	1	—	—	—	—	—
Greenwood 85	YES	1	—	—	—	—	—
Hamilton 28	NO	—	—	—	●	—	—
Jamaica 54	YES	1	—	—	—	—	—
Linden 67	YES	1	—	—	—	—	—
Queens 53	NO	—	—	—	●	—	—
Refugee 47	YES	1	—	—	—	—	—
Refugee Annex 49	NO	—	—	●	●	—	—
Rider 38	YES	6	●	—	—	—	●
Riverview 37	NO	—	—	—	●	●	—
Rockaway 79	YES	1	—	—	—	—	—
Seaport 80	NO	—	—	—	●	—	—
St. Nicholas* 26	YES	1	—	—	—	—	—
TOP 32	NO	—	●	●	—	—	—
Waverly 13	NO	—	●	—	●	●	—
Yorkville 19	NO	—	—	—	●	—	—

* At this Center, information about home visits was obtained over the telephone because the address given to the Center was not in the geographic area served by the Center so the intern was referred to another Center and instructed to ask that Center for information on home visits.

Table IV Documentation Required for Home Visits

Job Center	Center No.	Information on Documentation Requirements Provided		Person Must Provide Medical Documentation or Say They Have It before First Home Visit	Medical Documentation Must Be Provided at First Home Visit	Medical Documentation Need Not Be Provided or Exist at or before First Home Visit
		In Person	By Phone			
Colgate	32	—	●	—	●	—
Coney Island	63	—	●	●	—	—
Dekalb	64	—	●	—	—	●
Euclid	78	—	●	●	—	—
Greenwood	85	●	—	●	—	—
Hamilton	28	●	—	—	●	—
Jamaica	54	—	●	●	—	—
Linden	67	—	●	—	●	—
Melrose	40	●	—	●	—	—
Refugee	47	—	●	—	●	—
Refugee Annex	49	●	—	—	●	—
Rider	38	—	●	●	—	—
Rockaway	79	—	●	—	●	—
TOP	32	●	—	—	●	—

Acknowledgements ---

The Welfare Law Center would like to thank Debra Greenberger, Kate Sablonsky, Amy Mulzer, Lexer Quamie, Sagit Mor, and particularly Dinah Luck, for conducting the surveys for this report, and the Urban Justice Center, which assisted with conducting the surveys.

Special thanks to Michelle Peebles and Susanne Evarts for their extraordinary efforts with the charts and tables, as well as assistance with putting the report into final form; and to Barbara Leish, Marc Cohan and Nancy Yanofsky for their invaluable editorial assistance; and to Nancy Goldstein, for the design of the report.

The van Ameringen Foundation, the Viola Bernard Foundation, the Robert Sterling Clark Foundation, FJC, the Moses Fund, the New York Community Trust and the New York Foundation provided invaluable support to the Welfare Law Center's work on behalf of welfare applicants and recipients with disabilities. Their support made the research and this report possible.

ABOUT THE AUTHOR

Cary LaCheen, J.D., is a Senior Attorney at the Welfare Law Center and the Director of the Legal Education and Advocacy Project [LEAP] for Persons with Disabilities. LEAP is a national project that uses policy advocacy, legal strategies, federal enforcement tools, coalition building, agency negotiation, and public education to spur meaningful access to public benefit and employment programs for poor persons with disabilities. Before joining the Center's staff, she was an Instructor in the Lawyering Program at New York University School of Law and a Staff Attorney at New York Lawyers for the Public Interest, where she practiced disability rights law. She is a graduate of Brown University and New York University School of Law.

About the Welfare Law Center ---

THE WELFARE LAW CENTER is a national law and policy organization dedicated to ensuring social and economic justice for the most disadvantaged members of society. The organization promotes systemic reform in the delivery of income support and related human services, safeguards important legal and constitutional rights of the poor, and supports civic participation and self-help efforts of low-income communities.

To that end, the Center provides legal advocacy, impact litigation, policy analysis, community education, advocacy training and national leadership to promote fairness and opportunity for those in need.

For more information, please visit our website at www.welfarelaw.org.

Staff of the Welfare Law Center

EXECUTIVE DIRECTOR

Henry A. Freedman

PROFESSIONAL STAFF

Marc Cohan Litigation Director

Askia Foreman Associate Circuit Rider, LINC Project

Amanda Hickman Associate Circuit Rider, LINC Project

Cary LaCheen Senior Attorney

Mary R. Mannix Program Director

Rebecca L. Scharf Senior Attorney

Dirk Slater Senior Circuit Rider, LINC Project

Nancy M. Yanofsky Director of Development

ADMINISTRATION

Susanne Evarts Secretary/Computer Specialist

Peter Kendall Systems Administrator

Kay Khan Office Manager

Michelle Peoples Secretary

Board of Directors

Penelope E. Andrews
CUNY School of Law

Gail Aska
Community Voices Heard

Cassandra Barham-Denton
Welfare Rights Coalition Contact Center

Paul J. Bschorr
Dewey Ballantine LLP

Douglas F. Curtis
Wilmer Cutler Pickering LLP

Martha F. Davis [SECRETARY]
Northeastern University School of Law

Matthew Diller
Fordham University School of Law

Paul M. Dodyk [CHAIR]
Cravath, Swaine & Moore LLP

Evelyn Dortch
Direct Action Welfare Group [DAWG]

Carey R. Dunne
Davis Polk & Wardwell

Steven M. Edwards [TREASURER]
Hogan & Hartson L.L.P.

Jeffrey E. Glen
Anderson Kill & Olick, P.C.

John DeWitt Gregory [VICE CHAIR]
Hofstra University School of Law

David Gruenstein
Wachtell, Lipton, Rosen & Katz

Henry B. Gutman
Simpson Thacher & Bartlett LLP

John H. Hall
Debevoise & Plimpton LLP

Stephen L. Kass
Carter Ledyard & Milburn LLP

Jennifer L. Kroman
Cleary Gottlieb Steen & Hamilton

Mary A. Lovings
Texas Welfare Reform Organization

Inez Mitchell
Monroe County Clients Council and WRO

Bruce Rabb
Kramer Levin Naftalis & Frankel LLP

Jennifer Selendy
Kirkland & Ellis LLP

Jill Shinn
Northeast Missouri Clients Council
for Human Needs

Diana Spatz
LIFETIME

Stanley S. Weithorn
Roberts & Holland LLP

Margo Westley
J.E.D.I. for Women

