

Department of Human Services 2012 Language Access Training



(rev. 1/4/2012)

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Overall Goals

Increase awareness and ability to provide language access services with standardized interpreter procedures including the following:

- What clients rights are
- How to provide services
- How to document.

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Training Goals

- Increase our awareness of and ability to provide, language access services.
- Prevent discriminatory practices.
- Ensure that individuals with language needs understand their rights and our services.
- Standardize interpreter procedures.
- Promote data collection about populations with language access needs.

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Agenda

- I: Background
- II: What to do When You Encounter an LEP Individual
- III: Discrimination Complaint Procedure
- IV: Summary

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Part I: Background

- Population changes in Hawaii
- Laws
- Policies
- Meaningful Access
- Interpreter and Translation Services
- Vital Documents

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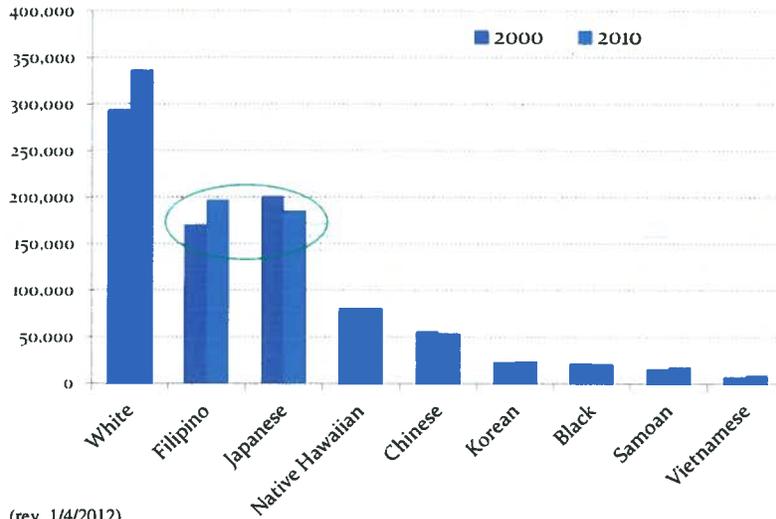
What the 2010 Census tell us about our population

- Continued to be the most diversified cultural state in the nation with 23.6% mixed population
- Significant increase in White, Hispanic, and Micronesians
- Filipino population over took Japanese population to become the largest Asian group in 2010

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Japanese and Chinese decreased, White and Filipino increased. Filipinos now outnumber Japanese



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U.S. Census Bureau, 2010 Census

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More Ilocano, Chinese, Korean, Vietnamese, and Visayan speaking people need help in English

Language	English ability very well	English ability well	English ability not well	English ability not at all
Tagalog	51.3%	34.9%	12.9%	0.9%
Japanese	54.8%	27.2%	17.0%	1.0%
Ilocano	38.8%	36.4%	22.7%	2.1%
Chinese	45.1%	23.6%	21.5%	9.8%
Spanish	72.9%	16.2%	9.7%	1.3%
Hawaiian	90.1%	8.4%	1.3%	0.1%
Korean	34.5%	34.4%	27.3%	3.8%
Other Pacific Island languages	47.3%	34.8%	17.2%	0.7%
Samoan	70.6%	22.0%	6.0%	1.3%
Vietnamese	24.1%	33.1%	33.4%	9.4%
French	89.3%	7.9%	2.8%	0.0%
German	79.9%	16.4%	3.5%	0.1%
Tongan	59.4%	30.5%	6.2%	3.9%
Visayan	37.9%	32.4%	25.8%	3.8%
Thai	47.1%	37.5%	13.9%	1.5%
Other	74.8%	16.6%	6.5%	2.0%

Source: U.S. Census Bureau, American Community Survey, 2005-2009

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Federal and State Laws regarding Limited English Proficiency

- Federal: Title VI of the Civil Rights Act of 1964 (*National Origin*)
- State: Hawaii Revised Statutes chapter 371, Part II (2006, *Language Access*)
 - Applies to all State public contact activities
 - Ensures competent, timely, free language assistance services

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Applicable DHS Policies and Procedures

You need to be familiar with and follow these policies:

- 4.10.1 Non-Discrimination in Employment and Services Discrimination Complaint Procedure (Revised 2011)
- 4.10.3 Opportunity to Participate in Programs, Services and Activities (Revised 2007)
- 4.10.4 Access (Revised 2009)

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Who is a Limited English Proficient Person?

- Primary language is not English
- Limited ability to read, write, speak, and/or understand English
- Self-identify as LEP individual

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Meaningful Access

Means individuals are informed of, able to participate in, and benefit from the services, programs and activities offered by the DHS.

Clients and program participants shall be informed of their right to:

- Interpreter services that are provided free of charge to DHS applicants and clients; and
- File a discrimination complaint.

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Language Access Services

Interpretation = Oral

In-Person

Telephonic

Oral interpretation of written documents
(in-person or telephonic)

Translation = Written

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Translation (Written)

- The Department and Divisions provide translated documents for expediency and understanding when appropriate.
- If a LEP client requires assistance to understand an English document, arrange for an interpreter to orally interpret the document first.

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Translation (Written)

- Check with your supervisor if:
 - a written translation is requested, or
 - you need a foreign language document translated into English.
- Foreign language documents may also be orally interpreted.

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Definitions

- **Safe Harbor**— 5% or 1000 of population served and/or 100 per office for some programs.
- **Four-Factor Analysis**—(1) number or proportion of LEP persons eligible to be served, (2) frequency with which LEP persons come into contact with program, (3) nature and importance and (4) resources available and costs of providing interpretation/translation services.
- **Vital Documents**—include, and are not limited to: applications, consent forms, complaint forms, letters or notices pertaining to eligibility for benefits, letters or notices pertaining to the reduction, denial or termination of services or benefits or that require a response, written tests that test competency for a particular license, job or skill, documents that must be provided by law; and notices regarding the availability of free language assistance services.

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Part II:

What to do When You Encounter an LEP Individual

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Step 1: Determine what language the LEP individual is speaking

- Application form
- Office of Language Access poster
- "I Speak" cards

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I Speak (with Flags)

I speak...

 Afrika أنا أتحدث اللغة العربية	 Hungary Beszélhet magyarul	 Qatar أنا أتحدث اللغة العربية
 España Puedo hablar español	 Slovenia Govorim slovenski	 Qatar أنا أتحدث اللغة العربية
 Bhutan འགྲུབ་ལྷན་ཁག་གི་སྐད་ལཱ་	 Poland Mówię po polsku	 Romania Vorbesesc românește
 Bosnia and Herzegovina Govorim bosanski	 Paraguay Aparokua'ũ ikatano	 Russia Я говорю по-русски
 Bulgaria Аз говоря български	 Italy Parlo italiano	 Slovakia Hovorím po slovensky
 Czechia Mluvím česky	 Japan 私は日本語を話します	 Serbia Ja govorim srpski
 China 我说普通话	 Korea 한국어를 합니다	 Somalia Waxaan ku hadasho Soomaali
 Catalonia Parlo català	 Kazakhstan мен білем қазақ тілін	 Spain Yo hablo español
 Ukraine Говорю українською	 Kyrgyzstan мен Кумангыя тилин	 Sri Lanka මම කතා කරන්නේ සිංහලයෙනි
 Tanzania Mwambao	 Lithuania Es runioju lietuviškai	 Philippines Magandang umaga Tagalog
 Tanzania Mwambao	 Lithuania Es runioju lietuviškai	 Thailand พูดภาษาไทย

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Poster of Languages (OLA)

OLA Please point here if you need an interpreter in this language (at no cost to you).

Arabic	أنا أتحدث اللغة العربية
Chinese	我说普通话
English	English
French	Je parle français
German	Ich spreche Deutsch
Hindi	मैं हिन्दी बोलता हूँ
Italian	Parlo italiano
Japanese	私は日本語を話します
Korean	한국어를 합니다
Malay	Saya berbahasa Melayu
Mandarin	我说普通话
Portuguese	Eu falo português
Russian	Я говорю по-русски
Spanish	Yo hablo español
Tamil	மேலும் தெலுங்கு
Tagalog	Magandang umaga Tagalog
Urdu	میں اردو بولتا ہوں
Vietnamese	Tôi nói tiếng Việt
Yoruba	Mo wambao

For more information, please contact: 

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Step 1: (cont.)
Determine what language the LEP individual is speaking

- Tele-Interpreters: 1-866-874-3972
Client ID# for _____ is _____
Dept. 6 digit
or Language Line 1-800- 811-7881
Be creative: What else could you use?
 - Maps
 - Flags

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Step 2:
Document offer of no-cost interpreter services

- Have the individual complete and sign the “Offer and Acceptance or Waiver of Free Interpreter Services” form, DHS 5000.
 - Document offer of no-cost interpreter services and whether the individual accepts or declines the offer.
 - Interpretation may be necessary to explain the form.

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Sample DHS 5000 Form

**OFFER AND ACCEPTANCE OR WAIVER OF
FREE INTERPRETER SERVICES**

Case Name: _____ Case Number: _____
Worker: _____ Unit: _____
Phone: _____

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1. ENGLISH is my primary language: YES NO

2. I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below.
 I need an interpreter for the following language: _____
If you need an interpreter, go to part 3, and check the box that applies to you.

3. I want DHS to provide an interpreter at no cost to me.
 I do not want an interpreter provided by DHS, and I will provide my own.

- I understand that DHS may require an independent interpreter to observe my interpreter to ensure the accuracy of the communications.
- I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides.
- I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors as interpreters.
- I understand that if I do not use interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or being an interpreter of my choice.

4. I have read and understand the information on this form. If I have questions or concerns, I can contact the worker listed above.

Print Name: _____ Date: _____
Signature: _____

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Step 2: Form DHS 5000 (cont.)

- The form is valid until a change is requested by the client.
- If the client has used no-cost interpreter services and changes to using their own interpreter, or vice versa, they must sign a new form to document and make the change.

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Step 3: Arrange Interpreter Services

- **Examples of interpreter services:**
 - **Volunteer**
 - DHS Employees
 - Other agencies and entities
 - **Paid Interpreters**
 - see Language Assistance Resources list
 - **Adult friends/family—no children; be sensitive of complexity of subject matter**
- **Follow your division procedures regarding the type of interpreter services to use, which may depend on the situation.**

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Volunteer Employee Interpreter

- **Bilingual staff employed by DHS, who have agreed to interpret on a volunteer basis.**
- **Contact volunteer employee within proximity of your office, if possible.**
- **Be considerate of the volunteer employee's time.**
- **Follow your division's procedures for use of volunteers, and for providing interpreter services if you are a volunteer interpreter.**

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Volunteer Staff Interpreter (cont.)

- If you are interested in becoming a volunteer, contact the DHS Civil Rights Compliance Section (CRCS) at
- 586-4955

- The list is updated by CRCS and made available to all divisions in DHS.

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Paid Interpreters

- If you are unable to find a volunteer interpreter, use a paid interpreter.
- Language Assistance Resources
 - list of agencies and individuals that provide interpreter services; maintained by CRCS.
- Follow your division's procedures, if available, to obtain a paid interpreter.

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Use of Family or Friends as Interpreters

- If, after the offer of free language assistance, an LEP individual elects to use a family member or friend, HDHS shall take reasonable steps to determine if the individual providing the interpretation is competent to provide this service.

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Need to take reasonable steps

- To determine whether conflict of interest, confidentiality or other concerns make use of the family member or friend inappropriate.
- Requires significant caution if the LEP asks to have a minor provide interpretation.
- If not appropriate or competent, DHS shall provide interpreter services in place of or, if appropriate, in addition to the person selected by the LEP individual.

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For LEP who declines the offer for DHS interpreter services

- DHS staff shall document:
 - A. That an offer was made for DHS to provide an interpreter free of cost;
 - B. That the offer was declined; and
 - C. The name of the family member or friend who provided language assistance at the LEP individual's request.

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LEP Individual Who Has Declined the Offer for Interpreter Services

- Shall be informed that the individual may reconsider and request an interpreter at any time.

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Interpreter Guidelines

- Use an interpreter who is proficient in English and in the other language.
- Complete Form DHS 5050.
- You may need to complete the DHS 5050 for a telephonic interpreter. Document that you completed the form with information provided by the interpreter.
- Use common sense: if an interpreter is not working out for a particular situation (regardless of fluency), get another one!

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Language Assistance Resources

INTERPRETATION (Oral)

Benjaman J. Boud (Chinese)	bcb@uphill.com	1 (800) 343-3133
East-West Concepts	Janos Samu	1 (808) 332-5220
Equality/Access to Courts	Court Interpreter List	539-4860
Hawaii Interpreting Svcs	Sign Language	394-7706
Helping Hands Hawaii	Bilingual Access Line	526-9724
Island Skill Gathering	Valerie Miehlestein	732-4622
Optimal Phone Interpreters	Cathy Delgardio x154	1 (866) 380-9410
Pacific Gateway Center	Phyu Hnin "Lilo" Ay	851-7000
Pacific Interpreters	Matthew Riley	1(800) 311-1232
Tele-Interpreter	Access Code Needed	1 (866) 874-3972
Herman Vergara, Ind.	hemanvergara2008@gmail.com	(702) 468-5311

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Language Assistance Resources (Continued)

- TRANSLATION (Written only)

- Via Language Nancy Pautsch 1 (800) 737-8481 x1018
- Appleseed, Inc. Krisztina Samu 1 (609) 510-8253

- INTERPRETATION AND TRANSLATION

- Center for Interpretation and Translation Studies 956-4421

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Language Assistance Resources Websites

- Appleseed, Inc. www.appleseedinc.net
- Court Interpreter List <http://www.state.hi.us/jud/interpreters.pdg>
- East-West Concepts www.eastwestconcepts.com
- Federal Guidelines & General Resources <http://www.lep.gov>
- Language Line Services, Inc. <http://languageline.com>
- Migration Policy Inst. www.migrationinformation.org/datahub
- Office of Lang. Access <http://www.hawaii.gov/labor/ola>
- USDHHS, OCR <http://hhs.gov/ocr/civilrights/resources/special-topics/lep/index.html>
- Pacific Interpreters www.pacificinterpreters.com
- Tele-Interpreter www.teleinterpreters.com
- Transperfect www.transperfect.com

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Sample Interpreter Form DHS 5050

INTERPRETER FORM

Name: _____ Language: _____
 Phone No.: _____ E-mail Address: _____
 DHS Division/Branch/Section/Unit: _____
 DHS Position Title: _____
 Company: _____
 Address: _____

For DHS Staff Volunteer Interpreters:
 I would like to be on the DHS list of volunteer interpreters. I will inform the DHS Personnel Office, Civil Rights Compliance Staff, if I no longer want to volunteer as an interpreter.
 I do not want to be on the DHS List of Volunteer Interpreters, however I will provide interpreter services for _____

For Family And Friends Providing Interpreter Services:
 Name of person you are interpreting for: _____
 Your relationship to the person you are interpreting for: _____

I state that the following are true:
 I have read and understand the Interpreter Code of Ethics (on the back of this form) and agree to follow it when providing interpreter services.
 I am 18 years of age or older, and:
 Check as applicable:
 I can communicate in English and the language listed above.
 I can converse in and from English and the language listed above.
 I can translate written English to the language listed above.
 I can translate the written language listed above to English.

Unless otherwise approved by DHS, I understand that my services are voluntary and I will not receive extra pay from DHS for providing interpreter services.

Signature: _____ Date: _____

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Interpreter Code of Ethics

- Accuracy**
 - Interpreters shall convey the message and tone of the speakers accurately and completely, without adding or deleting anything.
 - Interpreters shall accurately interpret offensive language, obscenity, and sexual innuendo and shall register complaints with appropriate law enforcement agencies.
 - Interpreters shall not divulge what is said.
 - Signs regarding that a communication may have been misinterpreted, or that the interpreter may bring the parties misunderstanding to the attention of the provider, who will decide how to resolve it. (One to be done or legal proceedings.)
- Confidentiality**
 - Interpreters shall keep confidential all information received in confidence and shall not divulge any information obtained through their assignments, including but not limited to telephone numbers through access to documents or other written materials.
- Impartiality**
 - Interpreters shall refrain from accepting an assignment when family, personal or professional relationships exist impartiality.
 - Interpreters shall reveal the relationship with a party that might be perceived as a conflict of interest.
 - Interpreters shall demonstrate respect toward all persons involved in the interpreting situation and shall act in a manner that is neutral, respectful, unbiased and culturally sensitive.
- Professionalism**
 - Interpreters shall wear first person speech to help facilitate as much direct communication as possible.
 - Interpreters shall maintain proper eye contact, avoiding all unnecessary contact with the parties during and outside the interpreting situation.
 - Interpreters shall not accept anyone's orders or the control or advice to individuals for whom they are interpreting.
- Professionalism**
 - Interpreters shall arrive punctually at the appointed location, prepared and dressed appropriately.
 - Interpreters hired by an agency shall not promote their own business directly with the agency's customers or disadvantaged parties or otherwise that harm them.
 - Interpreters shall accurately represent their qualifications, training and experience, and shall obtain necessary approvals for which they are not qualified.
 - Interpreters shall participate in continuing education programs when available.
 - Interpreters shall evaluate feedback in order to improve their performance.

*Adapted from Dr. Suzanne King, Center for Interpretation and Translation Studies, University of Missouri
©2012 DHS 5050

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DHS Form 5050 (cont.)

- All Interpreters must complete the Interpreter Form, DHS Form 5050, including:
 - Friends/Adult Family member
 - Bilingual employee who is not on the DHS volunteer list.
- The following do NOT need to complete DHS Form 5050:
 - DHS contracted interpreters
 - DHS employees on the DHS Volunteer Employee Interpreter List (completed through CRCS).

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Step 4: Document efforts to provide interpreter

- Note efforts to arrange for timely interpreter services in the case notes (HAWI) and/or log of contacts.
- File in case file: DHS 5000, and DHS 5050, if needed.

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Remember

- Inform LEP individuals of their right to free interpreter services
- Avoid using a client's/applicant's friend or family member or minor to interpret
- Contact one or more interpreter services (phone, e-mail, on-line, in-person)
- Use DHS Volunteer Interpreters as appropriate and needed
- Provide information on process for filing a Discrimination Complaint and/or a service complaint when service delivery is unacceptable

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Remember (continued)

- Document your efforts and the decision of the client to accept or decline the free interpreter service.
- Ensure that LEP applicants, potential applicants and clients are:
 - Given adequate, timely and correct information
 - Understanding of what services and benefits are available
 - Effectively communicating relevant circumstances of their situation
 - Documentation of services provided or client's declination of offered free interpreter service
 - Provided a comprehensive language assistance program, written policies, interpreter and/or translation services and effective communication devices.

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Questions?

- Contact your supervisor if you have questions regarding these procedures.
- Divisions can contact the DHS Civil Rights Compliance Section for further LEP assistance at 586-4955 or gwatts@dhs.hawaii.gov

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Part III:

DHS Discrimination Complaint Process

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Discrimination Complaint Process

- Right to file complaint concurrently
- Must be informed of complaint process in writing
- Forms, brochures, posters in multiple languages
- Guidelines should be clear
- Procedures, processes and forms readily available

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Access Requirements

Opportunities for clients and applicants, to participate in programs, services and activities.

Clients and program participants

shall be informed of their right to:

- Non-discriminatory service provision
- Accommodations
- Free interpreter services
- Filing a discrimination complaint

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LEP Complaints are Treated the Same as Other Discrimination Complaints

Use:

- DHS Policy and Procedures 4.10.1
- DHS 6000 Discrimination Complaint Form
- DHS 6006 Consent/Release Form

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Discriminatory Retaliation is Prohibited

- It is unlawful to **penalize, punish or deny** any **employment status** because that person opposed discrimination or participated in any way (ex: as a witness) in the investigation of a charge
- It is unlawful to **penalize, punish or deny (or delay)** any **services or benefits** because that person opposed discrimination or participated in any way (ex: as a witness) in the investigation of a charge

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Retaliation is Prohibited

Be professional when working with someone who has filed a complaint, and continue to provide the same quality of customer service as if there was no complaint.

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What will YOU do differently?

- What specific actions will you take as a result of increased awareness?
 - How will you change the way you work with clients? Employees?
 - Create a list of what you will do differently and put it into action.

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Further Information

- Federal Guidelines <http://www.lep.gov>
- <http://www.youtube.com/watch?v=RPCIqDtRUkA>. More info at <http://www.acf.hhs.gov>
- <http://hhs.gov/ocr/lep>
- Hawaii Revised Statutes
<http://www.labor.gov/ola>
- DHS Policy and Procedures 4.10.4
- <http://www.hawaii.gov/dhs>

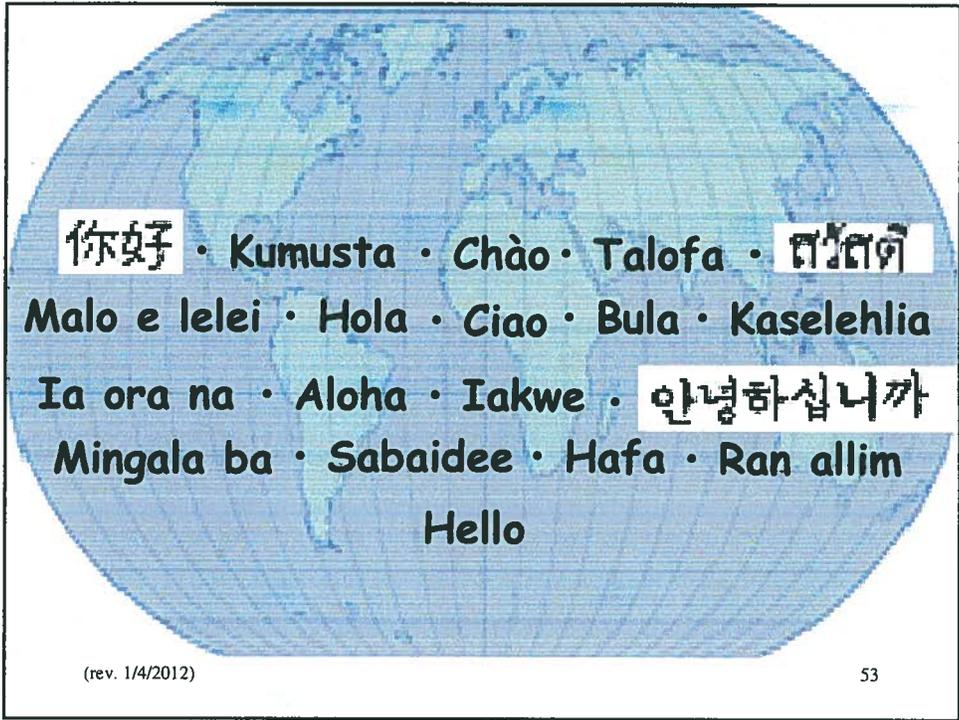
(Civil Rights Corner)

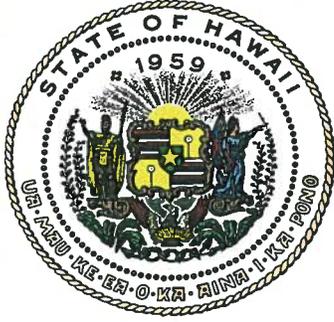
gwatts@dhs.hawaii.gov

Write: PERS/CRCS, P. O. 339
Honolulu, HI 96809-0339

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DEPARTMENT OF HUMAN SERVICES

Limited English Proficiency Verification

___ Initial Training

___ 2012 Annual Review

I verify that my supervisor and I have reviewed the 2012 Limited English Proficiency (LEP) presentation, as required by the Department of Human Services and the Federal government, by **February 29, 2012.**

Employee Name (Printed) Employee Signature Date

Supervisor's Name (Printed) Supervisor's Signature Date

Civil Rights Compliance Staff Date

LANGUAGE ASSISTANCE RESOURCES			
INTERPRETATION (Oral)			
Benjamin J. Boud (Chinese/English)	bcb@uphill.com		1 (808) 343-3133
East-West Concepts, Inc. (Kauai)	Janos Samu eastwestconcepts@aol.com		1 (808) 332-5220
Equality and Access to the Courts	Court Interpreter List http://www.hawaii.gov/dhs		(808) 539-4860
Hawaii Interpreting Services (ASL)	Sign Language		(808) 394-7706
Helping Hands Hawaii	Bilingual Access Line		(808) 526-9724
Island Skill Gathering	Valerie Miehlestein val@isginc.org		(808) 732-4622
Optimal Phone Interpreters	Cathy Delgado		1 (866) 380-9410 x154
Pacific Gateway Center	colleen@pacificgatewaycenter.org		(808) 851-7005
Phyu Hnin "Lilo" Aye	Program Coordinator		(808) 851-7000
Pacific Interpreters	matthew.riley@pacificinterpreters.com		1 (800) 311-1232
Tele-interpreter	Access Code Needed by Division		1 (866) 874-3972
Vergara, Herman, Individual	hermanvergara20082@gmail.com		(702)468-5311
TRANSLATION (Written Only)			
Appleseed, Inc	Krisztina Samu ksamu@appleseedinc.net		1 (609) 561- 9253
Transperfect	demery@transperfect.com		1 (202) 347-2300
Via Language	Nancy Pautsch www.vialanguage.com		1 (800) 737-8481 x1018
INTERPRETATION AND TRANSLATION			
Center for Interpretation and Translation Studies	suezeng@hawaii.edu		(808) 956-4421
WEBSITES			
Appleseed, Inc.	http://www.appleseedinc.net		
Corporate Translation Services, Inc.	http://www.ctslanguageink.com		
Court Interpreter List	http://www.state.hi.us/jud/pdf/interpreters.pdf		
East-West Concepts	http://www.eastwestconcepts.com		
Federal Guidelines & General Resources	http://www.lep.gov		
Language Line Services, Inc.	http://language.com		
Migration Policy Institute	http://www.migrationinformation.org/datahub		
Office of Language Access	http://hawaii.gov/labor/ola		
Pacific Gateway	http://www.pacificgateway.org		
Pacific Interpreters	http://www.pacificinterpreters.com		
Tele-interpreter	http://www.teleinterpreters.com/need_interpreter_now.aspx		
Transperfect	http://www.transperfect.com		
USDHHS, OCR	http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html		PERS/CRCS



Arabic
أنا أتحدث اللغة العربية



Armenian
Ես խոսում եմ հայերեն



Bengali
আমি বাংলা কথা বলতে পারি



Bosnian
Ja govorim bosanski



Bulgarian
Аз говоря български



Burmese
ကျွန်ုပ်တို့က မြန်မာလို ပြောတတ်ပါတယ်



Cambodian
ខ្ញុំនិយាយភាសាខ្មែរ



Cantonese
我講廣東話 (Traditional)
我讲广东话 (Simplified)



Catalan
Parlo català



Croatian
Govorim hrvatski



Czech
Mluvim česky



Dari
من دری حرف می زنم



Dutch
Ik spreek het Nederlands



Farsi
من فارسی صحبت می کنم



French
Je parle français



German
Ich spreche Deutsch



Greek
Μιλώ τα ελληνικά



Gujarati
હું ગુજરાતી બોલું છું



Haitian Creole
M pale kreyòl ayisyen



Hebrew
אני מדבר עברית



Hindi
मैं हिंदी बोलता हूँ।



Hmong
Kuv has lug Moob

I speak...



Hungarian
Beszélek magyarul



Ilocano
Agsaonak ti Ilokano



Italian
Parlo italiano



Japanese
私は日本語を話す



Kazakh
Қазақ тілінде айтамын



Korean
한국어 합니다



Kurdish
man Kurdii zaanim



Kurmanji
man Kurmaanji zaanim



Laotian
ຂ້ອຍປາກົວສາລາວ



Latvian
Es runāju latviski



Lithuanian
Aš kalbu lietuviškai



Mandarin
我講國語 (Traditional)
我讲国语/普通话 (Simplified)



Mam
Bán chiyola tuj kiyol mam



Mon
အဲဒါကို အတတ်တတ်



Norwegian
Jeg snakker norsk



Parisi
من فارسی صحبت می کنم



Polish
Mówię po polsku



Portuguese
Eu falo português do Brasil (for Brazil)



Portuguese
Eu falo português de Portugal (for Portugal)



Punjabi
ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ/ਬੋਲਦੀ ਹਾਂ।



Qanjobal
Ayin ti chí wal q anjob al



Quiche
In kinch'aw k'uin ch'e quiche



Romanian
Vorbesc românește



Russian
Я говорю по-русски



Slovak
Hovorim po slovensky



Serbian
Ja govorim srpski



Somali
Waxaan ku hadlaa af-Soomaali



Spanish
Yo hablo español



Swahili
Ninaongea Kiswahili



Swedish
Jag talar svenska



Tagalog
Marunong akong mag-Tagalog



Thai
พูดภาษาไทย



Turkish
Türkçe konuşurum



Ukrainian
Я розмовляю українською мовою



Urdu
میں اردو بولتا ہوں



Vietnamese
Tôi nói tiếng Việt



Welsh
Dwi'n siarad



Xhosa
Ndithetha isiXhosa



Yoruba
Mo nso Yooba



Zulu
Ngiyasikhuluma isiZulu



www.ocoj.gov
(800) 669-4000
TTY (800) 669-6820

Material for this poster was developed by the Ohio Office of Criminal Justice Services under Award No. 2003-DG-BOV-7477. We included flags as visual cues to assist non-English speakers to identify their language. Many of these languages are spoken in more than one location.

Please point here if you need an interpreter in this language (at no cost to you).

<u>Hawai'ian:</u>	E kuhikuhi mai 'oe i 'ane'i ke pono ka mahele'olelo ('a' ohe kākī).
<u>日本語 (Japanese):</u>	日本語の通訳が必要な方は、ここを指差してください (通訳費用はかかりません)。
<u>한국어 (Korean):</u>	통역을 필요로 하시면 다음 약속일 전에 반듯이 통역이 필요하다고 말씀하셔야합니다. 비용은 부담않하셔도됩니다.
<u>普通话(华语/國語) (Mandarin):</u>	如果您需要讲普通话的免费翻译，请指这里。(如果您需要講國語的免費翻譯，請指這裡。)
<u>廣東話 (Cantonese):</u>	如果您需要講廣東話的免費翻譯，請指這裡。
<u>Ilokano:</u>	No masapulmo ti paraipatarus iti Ilokano nga awan bayadna, pakitudom ditoy.
<u>Tagalog:</u>	Kung kailangan mo ng libreng tagasalin sa Tagalog, pakituro lamang dito.
<u>Cebuano (Visayan):</u>	Kung kinahanglan nimo ug libre nga tighubad sa Binisaya, itudlo lang diri.
<u>Tiếng Việt (Vietnamese):</u>	Xin chỉ vào đây nếu bạn cần thông dịch viên cho ngôn ngữ này (bạn sẽ được cung cấp thông dịch viên miễn phí).
<u>မြန်မာ (Myanmar):</u>	သင်နားလည်သောစကားနှင့် ဘာသာပြန်အလိုရှိပါက ယခုနေရာသို့ညွှန်ပြပါ။ အထက်ပါစကား အတွက်နောက်တစ်ဆက်သွယ်ရန်လိုအပ်ပါကလည်းလည်း။
<u>ภาษาไทย (Thai):</u>	กรุณาชี้มาที่ข้อความนี้ ถ้าคุณต้องการล่ามภาษาไทย (โดยที่คุณไม่ต้องเสียค่าใช้จ่ายใดๆ)
<u>ភាសាខ្មែរ (Khmer):</u>	សូមបង្ហាញនៅក្រុងនេះមក បើសិនជាអ្នកត្រូវការអ្នកបកប្រែជាភាសានេះ (អ្នកមិនត្រូវការថវិកាយ៉ាងអស់)។
<u>ອັກສອນລາວ (Lao):</u>	ກະລຸນາຊີ້ໃສ່ບ່ອນນີ້ ຖ້າທ່ານຕ້ອງການລ່າມພາສາລາວ (ໄດ້ອາດ ທ່ານບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ)
<u>Marshallese:</u>	Jouj im jitōñe ijin elañe kwoj aikuji juōn am ri-ukok ilo kajin in (ejjelok wōnāān ñan yuk).
<u>Chuukese:</u>	Itini awenewenan ikeei ika pwún kopwe néúnéú emén chón chiakú nón fóosun eei fénú (kosap wisenmééni noum eei chón chiakú).
<u>Chamorro:</u>	Matka pat apunta este yangen un nesisita intetpiti gi fino Chamorro (dibadi este na sitbesio).
<u>Pohnpeian:</u>	Menlau idih wasa ma ke anahne soun kawehwe (sohte isais).
<u>Kosraean:</u>	Nunak munas srisrngingac acn se nge fwín kom enenu met in top nuke kahs lom an sifacna (kom ac tia moli).
<u>Yapese:</u>	Fa'anra bet'uf bae' ninge ayweg nem nge abweg e thin rom (ni dabmu pii'pulwon) meere mog aray.
<u>Yapese (Outer Island):</u>	Gobe sor gare go tipeli bwo semal yebe gematfa kepatal menel le yetwai yor paluwal ngalug.
<u>Samoan:</u>	Fa'amolemole tusi lou lima i'i pe 'ā 'e mana'omia se fa'amatala'upu i le gagana lea (e te lē tologiina se tupe).
<u>Tongan:</u>	Tuhu ki heni kapau 'e fiema'u ha taha ke fakatonulea 'oku ta'etotongi.
<u>Русский (Russian):</u>	Если вам нужен бесплатный переводчик русского языка, пожалуйста укажите пальцем на это предложение.
<u>Español (Spanish):</u>	Por favor señale aquí con el dedo si necesita un intérprete (sin ningún costo para usted).



OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: _____ Case Number: _____
Worker: _____ Unit: _____
Phone: _____

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1. ENGLISH is my primary language: [] YES [] NO
2. [] I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below:
[] I need an interpreter for the following language: _____
If you need an interpreter, go to part 3, and check the box that applies to you.
3. [] I want DHS to provide an interpreter at no cost to me.
[] I do not want an interpreter provided by DHS, and I will provide my own.
• I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications.
• I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides.
• I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors (no one under age 18) as interpreters.
• I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice.
4. I have read and understand the information on this form. If I have questions or concerns, I can contact the worker listed above.
Print Name: _____
Signature: _____ Date: _____

INTERPRETER FORM

Name: _____ Language: _____
Phone No.: _____ E-mail Address: _____
DHS Division/Branch/Section/Unit: _____
DHS Position Title: _____
Company: _____
Address: _____

For DHS Staff Volunteer Interpreter:

I would like to be on the DHS list of volunteer interpreters. I will inform the DHS Personnel Office, Civil Rights Compliance Staff, if I no longer want to volunteer as an interpreter.

I do not want to be on the DHS List of Volunteer Interpreters; however I will provide interpreter services for _____.

For Family And Friends Providing Interpreter Services:

Name of person you are interpreting for: _____

Your relationship to the person you are interpreting for: _____

I state that the following are true:

- I have read and understand the Interpreter Code of Ethics (on the back of this form), and agree to follow it when providing interpreter services;
- I am 18 years of age or older; and,

Check as applicable:

	<u>Fluency:</u>		
	Fair	Good	Excellent
<input type="checkbox"/> I can communicate in English and the language listed above;	_____	_____	_____
<input type="checkbox"/> I can interpret to and from English and the language listed above;	_____	_____	_____
<input type="checkbox"/> I can translate written English to the language listed above;	_____	_____	_____
<input type="checkbox"/> I can translate the written language listed above to English;	_____	_____	_____

Unless otherwise approved by DHS, I understand that my services are voluntary and I will not receive extra pay from DHS for providing interpreter services.

(Signature)

Date

Interpreter Code of Ethics

1. Accuracy

- a. Interpreters shall convey the message and tone of the speakers accurately and completely, without adding or deleting anything.
- b. Interpreters shall accurately interpret offensive language, obscenities, and sexual terminology and shall maintain composure while interpreting in emotionally charged situations.
- c. Interpreters shall seek clarification when needed.
- d. Upon recognizing that a communication may have been misunderstood, interpreters may bring the possible misunderstanding to the attention of the provider, who will decide how to resolve it. (Not to be done in legal proceedings.)

2. Confidentiality

- a. Interpreters shall keep confidential all assignment-related information and shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written materials.

3. Impartiality

- a. Interpreters shall refrain from accepting an assignment when family, personal or professional relationships affect impartiality.
- b. Interpreters shall reveal any relationship with a party that might be perceived as a conflict of interest.
- c. Interpreters shall demonstrate respect toward all persons involved in the interpreting situation and shall act in a manner that is neutral, impartial, unbiased and culturally sensitive.

4. Role Boundaries

- a. Interpreters shall use first person speech to help facilitate as much direct communication as possible.
- b. Interpreters shall maintain proper role boundaries, avoiding all unnecessary contact with the parties during and outside the interpreting situation.
- c. Interpreters shall not interject personal opinions or give counsel or advice to individuals for whom they are interpreting.

5. Professionalism

- a. Interpreters shall arrive punctually at the appointed location, prepared and dressed appropriately.
- b. Interpreters hired by an agency shall not promote their own business directly with the agency's customers or accept/request gratuities or additional fees from them.
- c. Interpreters shall accurately represent their qualifications, training and experience, and shall refrain from accepting assignments for which they are not qualified.
- d. Interpreters shall participate in continuing education programs when available.
- e. Interpreters seek evaluative feedback in order to improve their performance.

*Adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii
Revised June 2009*

DISCRIMINATION COMPLAINT FORM

NAME: XXX-XX- SSN (last four digits) PHONE (Home) PHONE (Work / Cell)

ADDRESS: CITY STATE ZIP CODE

EMPLOYER(Division/Unit) if applicable

1. JOB TITLE

2. BASIS OF ALLEGED DISCRIMINATION (Choose appropriate item/s.)

- Grid of 15 discrimination categories with checkboxes: Race/color, Sex/Gender, Religion, Disability, National Guard Absence, Genetic Information, Harassment, National Origin/Ancestry, Breast-Feeding, Arrest/Court Records, Child Support Assignment, Sexual Orientation, Veteran Status, Domestic/ Sexual Violence, Retaliation, Marital Status, Age, Citizenship, Political Belief, Credit History.

Explain briefly what, if anything, you have done about the alleged discrimination.

3. Does your complaint concern alleged discrimination in services delivery? Yes No

4. Does your complaint concern alleged discrimination in employment? Yes No

5. Is the alleged discrimination against you? No Yes, By Whom?

6. Please explain how and why you believe you were discriminated against. Please be SPECIFIC. Please include names, dates, witnesses and places of the incident/s.

(Attach additional sheet if you required more space.)

7. Is the alleged discrimination against others? No Yes, please list: Name(s), Address(es) and Phone Number(s).

8. What is the specific date or period of time of the alleged discrimination?

9. Please indicate the relief/remedy you are seeking.

10. I will notify Department of Human Services (DHS), Personnel, Civil Rights Compliance Service (CRCS), PO Box 339, Honolulu HI 96809-0339, if I change my address or telephone number. I swear or affirm that I have read the above statements and that they are true to the best of my knowledge and belief.

PLEASE COMPLETE, REVIEW, SIGN, DATE AND RETURN TO THE ABOVE ADDRESS.

Signature Date

CONSENT / RELEASE FORM

Your Name: _____
Address: _____

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of the form.

I understand that in the course of a preliminary inquiry or investigation it might become necessary for the Department of Human Services (DHS), Civil Rights Compliance Staff (CRCS) to reveal my identity to persons at the organization under investigation. I am also aware of the obligations of CRCS to honor requests under the Freedom of Information and Privacy Acts. I understand that it might be necessary for DHS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations and DHS policies from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes.

Initial on the line above if you give consent.

CONSENT GRANTED – I have read and understand the above information and authorize DHS, CRCS, to reveal my identity to persons at the organization under investigation and to Federal or State agencies that provide financial assistance to the organization or also have civil rights compliance oversight responsibilities that cover that organization. I hereby authorize DHS to receive material and information about me pertinent to the investigation of my complaint. This release includes and is not limited to, applications, case files, personal records and medical records. This authorization is effective for one year from the date the authorization is signed. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

Initial on the line above if you deny consent.

CONSENT DENIED – I have read and understand the above information and do not want CRCS to reveal my identity to the organization under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, may result in the investigation being close.

Signature

Date

Please return completed, signed and dated form to:

State of Hawaii
Department of Human Services
PERS/CRCS
PO Box 339
Honolulu, Hawaii 96809-0339

Questions may be sent to: gwatts@dhs.hawaii.gov

The purpose of this form is to assist you in filing a complaint with the Department of Human Services. You are not required to use this form, a letter with the same information is sufficient. HOWEVER, THE INFORMATION REQUESTED ABOVE MUST BE PROVIDED, WHETHER OR NOT THE FORM IS USED.

**(PLEASE READ THE ATTACHED NOTICE ON DISCRIMINATION COMPLAINTS
AND NON-RETALIATION REQUIREMENT.)**

NOTICE TO INDIVIDUALS FILING DISCRIMINATION COMPLAINTS

Individuals alleging discriminatory treatment in services and/or employment have a right to file a complaint using the Department of Human Services (DHS) DISCRIMINATION COMPLAINT FORM, DHS 6000 (Rev 06-2009). A letter with the same information requested on the form can be used if necessary. The complaint should be sent to:

STATE OF HAWAII
Department of Human Services
Personnel/CRCS
P.O. Box 339
Honolulu, Hawaii 96809-0339

Tel: (808)586-4955 TTY: (808)586-4959
gwatts@dhs.hawaii.gov

Individuals also have a right to seek redress for their complaint through the appropriate:

1. Collective Bargaining Unit
2. State and Federal Compliance Agencies, and/or
3. Civil Court action.

Confidentiality: All information shall be held with strictest confidentiality, and release of information shall be allowed only when necessary to resolve the issue/s in the complaint. A complainant consent release form (DHS 6006) will be required to complete an investigation.

Non-retaliation: Section 704(a) of the Civil Rights Act of 1964, as amended states:

It shall be an unlawful employment practice for an employer to discriminate against any of his/her employees or applicant/s for employment (or services) because he/she has opposed any practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.

Additionally, laws enforced prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. Individuals seeking services and/or employment with the Department of Human Services are advised of this non-retaliation requirement and are instructed to notify the Department's Personnel Office/CRCS, P.O. Box 339, Honolulu, Hawaii 96809-0339, if any attempt at retaliation is made as a result of filing a complaint.

Rights and Responsibilities: (The following list highlights some rights and responsibilities and is NOT all inclusive.)

1. You have the right to have an attorney represent you, at your own expense, or to have any other personal representative of your choice at any level of a grievance. Such representative shall not be a departmental or State EO representative or Personnel Specialist.
2. You have the right to discontinue your complaint at any time by submitting a written statement of withdrawal. (DHS 6007)
3. You have the right to be notified of each of the steps taken in the complaint procedure, to be notified ahead of time of any inquiry or conference, and to be notified in writing of the decision reached at any level.
4. You have the right to reasonable accommodations, including and not limited to language interpreters/translators, auxiliary aids and/or facilities and parking for individuals with disabilities. You are responsible for requesting required accommodations.
5. At any point in time, you have the right to file your complaint with the State or Federal agencies listed in this notice as appropriate. You are responsible to inquire directly with these agencies regarding the steps necessary for redress.

Following is a list of additional entities where you might file a complaint as appropriate:

State of Hawaii
 Hawaii Civil Rights Commission
 830 Punchbowl Street, Room 411
 Honolulu, Hawaii 96813
 Telephone (808) 586-8636
 State Toll Free 1 (808) 468-4644, ext. 68636

U.S. Department of Labor
 Office of Contract Compliance Programs
 Prince Kuhio Federal Building, Room 7326
 300 Ala Moana Boulevard
 Honolulu, Hawaii 96850
 Telephone (808) 541-2933

U.S. Department of Health and Human Services
 Office of Civil Rights, Region IX
 90 7th Street, Suite 4-100
 San Francisco, California 94103-6705
 Telephone (415) 437-8324

U.S. Department of Agriculture
 Office of Civil Rights, Room 326-W, Whitten Building
 1400 Independence Avenue, SW
 Washington, DC 20250-9410 (202)720 5964 or
 Office of Civil Rights Food and Nutrition Service Western Region
 90 7th Street, Suite 10-100
 San Francisco, CA 94103
 Telephone (415) 705-1322 TTY (800) 735-2922

U.S. Department of Justice
 Office of Civil Rights
 810 7th Street, NW
 Washington, D.C. 20531
 Telephone (202) 307-0690

U.S. Department of Housing and Urban Development
 Office of Civil Rights
 451 7th Street, SW
 Washington, D.C. 20410
 Telephone (202) 708-1112 TTY (202) 708-1455

NOTICE OF NON-RETALIATION REQUIREMENT

Section 704(a) of the Civil Rights Act of 1964, as amended states:

“It shall be unlawful employment practice for an employer to discriminate against any of his/her employees or applicant(s) for employment...because he/she has opposed any practice made an unlawful employment practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.”

Persons filing charges of employment discrimination are advised of this non-retaliation requirement and are instructed to notify the Department’s Civil Rights Compliance Staff (808) 586-4955 if any attempt at retaliation is made as a result of their filing this complaint.

State of Hawaii
Department of Human Services
COMPLAINT WITHDRAWAL FORM

I, _____ hereby WITHDRAW my Discrimination Complaint
signed by me on (Date) _____^{Full Name}. I am revoking any consent I might have granted previously for release of information. I am voluntarily revoking this consent and the request for an investigation and do not wish to proceed with this complaint. I have received no promises, rewards or concessions which might have influenced me in withdrawing this complaint.

Complainant

Date

Note: Please be advised that no one may intimidate, threaten, coerce, or engage in other discriminatory conduct against anyone because he or she has either taken action or participated in an action to secure rights protected by civil rights laws. Any individual alleging such harassment or intimidation may file a complaint with appropriate internal or external agencies who will investigate such a complaint if the situation warrants.

Please help us by checking all statements that apply, sign and date and return to DHS, PERS/CRCS, P.O. Box 339, Honolulu, HI 96809-0339.

I, the undersigned, wish to withdraw my complaint of discrimination that I filed against _____ because:

- 1. I no longer wish to pursue my complaint because the issues I raised are now resolved.
- 2. I no longer believe that I have a discrimination complaint.
- 3. I am currently receiving the benefits I am entitled to receive.
- 4. I understand that the changes in current laws prohibit me from receiving benefits.

Signature

Date

Questions may be submitted to: gwatts@dhs.hawaii.gov