



STATE OF HAWAII

Department of Human Services

LANGUAGE ACCESS PLAN

July 1, 2022 – June 30, 2024



LANGUAGE ACCESS PLAN

Department of Human Services

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1. INTRODUCTION

Hawai'i is one of the most culturally diverse states and has one of the highest proportions of non-English speakers in the nation. According to the U.S. Census Bureau, 2017 American Community Survey (ACS) 1-year estimate, the total population in the State of Hawai'i was 1,427,583.¹ An estimate of 25% or 344,880 of Hawai'i residents, 5 years and older, speak a language other than English at home.² Of those, 152,618 or 11.4% indicated that they speak English "less than very well".³

The Hawai'i Department of Human Services (DHS) recognizes that language can be an obstacle for Limited English Proficient (LEP) individuals to access DHS programs and services. Creating and maintaining client access to services is a department priority.

For the purposes of this Language Access Plan, Limited English Proficient (LEP) individuals, LEP applicants, or LEP clients are individuals who do not speak English as their primary language and who have limited ability to read, write, speak, or understand English. Such individuals may be eligible to receive language assistance with respect to particular services, benefits, or encounters.

DHS is committed to ensuring that language is not a barrier to accessing its programs and services. The purpose of this Language Access Plan (Plan) is to take reasonable steps to ensure persons with limited English proficiency gain meaningful access to DHS services, programs, and activities. This plan reflects the department's continuing commitment to provide essential, meaningful access to LEP individuals.

2. AGENCY OVERVIEW

The Department of Human Services (DHS) nurtures and partners with Hawai'i's residents to reach their full potential through our myriad programs.

¹ U.S. Census Bureau, 2017 American Community Survey (ACS) 1-Year Estimate, DEMOGRAPHIC AND HOUSING ESTIMATES IN HAWAII, available at https://data.census.gov/cedsci/all?q=2017%20census%20hawaii%20population&g=0400000US15&hidePreview=false&table=DP05&tid=ACSDP1Y2017.DP05&y=2017&vintage=2017&cid=DP05_0001E&lastDisplayedRow=17

² U.S. Census Bureau, 2017 American Community Survey (ACS) 1-Year Estimate, LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS OR OLDER IN HAWAII, available at <https://data.census.gov/cedsci/table?q=2017%20census%20hawaii%20population%20language&g=0400000US15&lastDisplayedRow=37&table=C16001&tid=ACSDT1Y2017.C16001&y=2017>

³ Ibid.

DHS believes that when each of us individually reaches his or her potential, our community and, in turn, the State of Hawai'i thrives. DHS has worked for more than 50 years toward nurturing and partnering with Hawai'i residents. The Territorial Department of Public Welfare was reorganized (by the State Legislature) as the State Department of Social Services and Housing (DSSH) in 1959 after statehood. In 1988, the Department was again reorganized and renamed the Department of Human Services (DHS).

DHS staff provides programs and services that create a grid of resources to support Hawai'i's residents and communities. These programs and services aim to increase each resident's well-being by connecting them to resources in the community. DHS understands that well-being is not developed overnight and requires a solid foundation and supports.

DHS provides support for individuals to lay a foundation of basic needs, like helping residents find housing, food for their families, and access to medical insurance. DHS also understands that well-being requires support and assists residents with services to strengthen families, programs to build independent living abilities for residents with disabilities, and initiatives for our kupuna continue to thrive.

DHS has four divisions:

A) Benefit, Employment, and Support Services Division (BESSD)

The Benefit, Employment, and Support Services Division (BESSD) is a cornerstone in the department's work to increase Hawai'i residents' well-being by providing assistance for the most basic of resources. The division's programs provide financial assistance and program support to help Hawai'i's families access food, housing, job-readiness training, educational and vocation trainings, job placement and retention services, child care, transportation, and other work-related needs.

B) Med-QUEST Division (MQD)

The Med-QUEST Division (MQD) administers Hawai'i's Medicaid program. This program helps low-income adults and children obtain needed health care through the federal Medicaid health insurance program and state-funded programs that assist those who are Medicaid ineligible.

C) Social Services Division (SSD)

The Social Services Division's (SSD) number one concern is the safety and protection of children and dependent adults. SSD programs don't just provide safe living arrangements, they also help to strengthen families' connections internally and within

their communities. The division is made up of two branches: The Adult Protective and Community Services Branch and the Child Welfare Services Branch.

The Adult Protective & Community Services Branch (APCSB) administers an array of programs and services to protect vulnerable adults from abuse, neglect, and exploitation and to ensure their health, welfare, and safety in the community.

The Child Welfare Services Branch (CWSB) investigates allegations of child abuse and neglect and ensures safety and supportive services to children and their families. CWSB is mandated by law to ensure the safety, permanency (stability), and well-being of children. CWSB works with community partners to strengthen families.

D) Division of Vocational Rehabilitation (DVR)

The Division of Vocational Rehabilitation (DVR) is a state and federally funded program for individuals with disabilities who require assistance to prepare for, secure, retain, or regain employment. DVR administers three programs:

1. Vocational Rehabilitation Program
2. Services for the Blind (Ho'opono)
3. Disability Determination Program

Each program has separate but related functions to provide for the rehabilitation needs of persons with disabilities to secure employment and to lead full and productive lives.

DVR is primarily an employment agency for eligible persons with disabilities seeking employment. The division offers a broad range of services to support the goals previously stated.

E) Administratively Attached Agencies and Agencies

DHS also supports two administratively attached agencies – the Office of Youth Services (OYS) and Hawai'i Public Housing Authority (HPHA) – and two commissions – the Commission on the Status of Women and the Commission on Fatherhood.

The Office of Youth Services (OYS) provides programs and services for Hawai'i's youth, including the provision of balanced and comprehensive services for at-risk youth, to prevent delinquency, reduce recidivism, and maximize opportunities for youth to become productive, responsible citizens through community-based and family-focused treatment interventions.

The Hawai'i Public Housing Authority (HPHA) is the sole public housing agency for the State of Hawaii. HPHA is dedicated to providing safe, decent, and sanitary housing for

low-income residents of Hawai'i. HPHA administers the federal and state Low Income Public Housing programs, Section 8 program, Veterans program, and Rent Supplement and project-based housing.

The Hawai'i State Commission on the Status of Women (HSCSW) works toward equality for women and girls in the state by acting as a catalyst for positive change through advocacy, education, collaboration, and program development.

The Hawai'i State Commission on Fatherhood (COF) promotes healthy family relationships by emphasizing the important role fathers play in the lives of their children.

Each year, DHS strives to provide effective and efficient programs, services, and benefits to improve Hawai'i residents' well-being. DHS continues to incorporate a multigenerational approach, 'Ohana Nui, which aims to concurrently address the whole family's needs when providing services and supports. DHS will do so with other state departments and community stakeholders, and this will also allow DHS to more efficiently administer programs and funding to make a bigger impact on those whom we serve.

3. LEGAL BASES FOR LANGUAGE ACCESS

Language access is based on both federal and state laws. Title VI of the Civil Rights Act of 1964 provides that "no person in the United States shall, on ground of race, color or national origin, be excluded from participation in, be denied the benefit of or be subjected to discrimination under any program or activity receiving federal financial assistance."

On August 11, 2000, President William J. Clinton signed Executive Order 13166, *Access to Services for Persons with Limited English Proficiency* ("EO 13166"). EO 13166 requires all agencies receiving federal funds to address the needs of persons who, due to their status as having limited English proficiency (LEP), cannot fully and equally participate in the agency's programs and activities. Specifically, EO 13166 requires each federal agency prepare a plan to improve access by eligible LEP persons to its federally conducted programs and activities that is consistent with the compliance standards set forth by the LEP guidance issued by the U.S. Department of Justice.

On July 10, 2006, the state of Hawai'i enacted Hawai'i's Language Access Law, now codified in the Hawai'i Revised Statutes, Chapter 321C ("HRS Ch. 321C"). The purpose of the Hawai'i Language Access Law is to affirmatively address, on account of national origin, the language access needs of LEP persons to ensure meaningful access to state services, programs and activities. The Hawai'i Language Access Law requires, among

other mandates, all state agencies and covered entities (entities that receive state funds) to establish a language access plan (“LAP”) to be reviewed every two years and revised if necessary.

Accordingly, DHS continues to take reasonable steps to provide meaningful access to LEP individuals in compliance with Title VI of the Civil Rights Act of 1964, EO 13166, HRS Ch. 321C, Policy and Procedures Manual 4.10.3, and Policy and Procedures Manual 4.10.4. See Appendixes A and B.

4. LANGUAGE ACCESS IMPLEMENTATION PLAN: COMPONENTS

Component 1:	Assessment of LEP Population Requirements
Component 2:	Providing Notice of Language Assistance Services
Component 3:	Providing Oral Interpretation Services
Component 4:	Providing Written Translation Services
Component 5:	Maintaining Agency Language Access Services
Component 6:	Ensuring Quality of Language Access Services
Component 7:	DHS Discrimination and Complaint Process
Component 8:	Maintaining Reporting Systems
Component 9:	Staff Training
Component 10:	Stakeholder Consultation
Component 11:	Monitoring and Updating the Language Access Plan
Component 12:	Designating DHS Language Access Coordinator

Component 1: Assessment of LEP Population Requirements

The purpose of this assessment is to ensure that LEP persons receive meaningful access to critical services provided by DHS.

To determine how to provide effective and meaningful access to LEP applicants and clients, DHS will look at the totality of circumstances, including the following four factors established by the U.S. Department of Health and Human Services (“DHHS Guidance”).⁴

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee;
2. The frequency LEP individuals come in contact with the program;

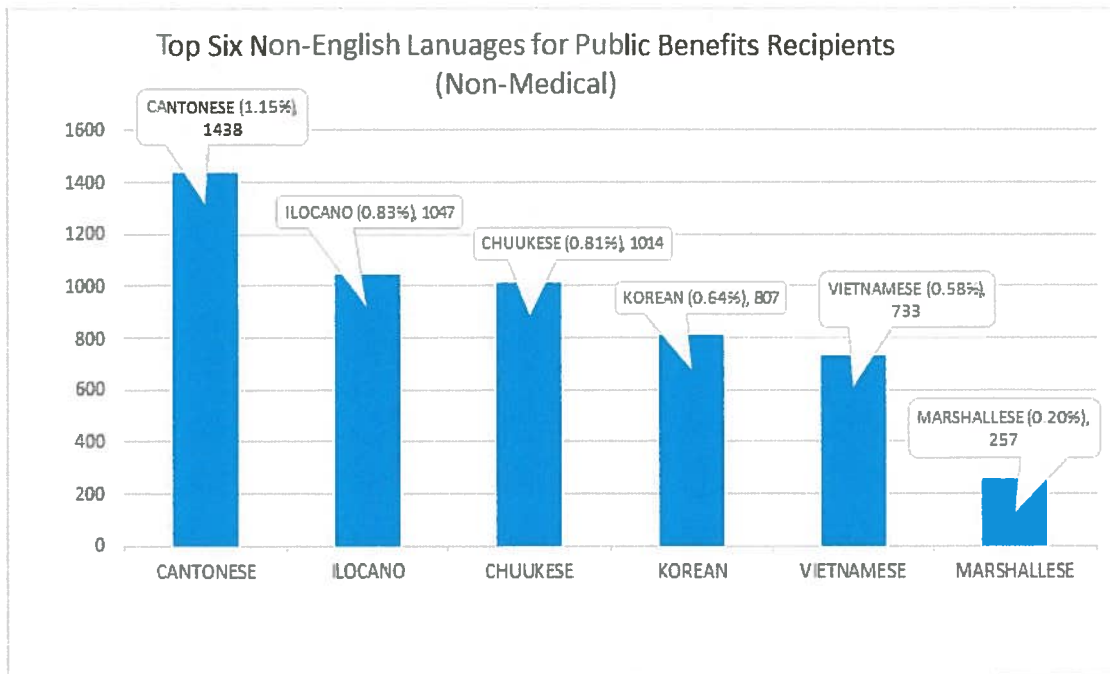
⁴ U.S. Department of Health and Human Services, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,” U.S. Department of Health and Human Services, 68 FR 47317 (August 8, 2003).

3. The nature and importance of the program, activity, or service provided to people's lives; and
4. The resources available to the grantee/recipients and costs.

DHS currently uses two approaches to identify its target population's linguistic needs. First, DHS uses a combination of the federal census data and Federal Poverty Guidelines (adjusted to Hawai'i) to identify LEP individuals who are at or below 200% of the Federal Poverty Guidelines. Second, DHS captures linguistic data as clients apply for public benefits. Staff enter an individual's primary language into the Hawai'i Automated Welfare Information System (HAWI) for non-medical public assistances and the Kauhale Online Eligibility Assistance System (KOLEA) for medical assistance.

According to data collected by HAWI, as of December 2021, 5.10% or 7,608 of the 149,213 unique clients who were eligible for public benefits (non-medical) identified their English proficiency as "minimum command or below". The top 6 non-English languages reported by HAWI are: Cantonese, Ilocano, Korean, Vietnamese, Chuukese, and Marshallese [see Table 1].

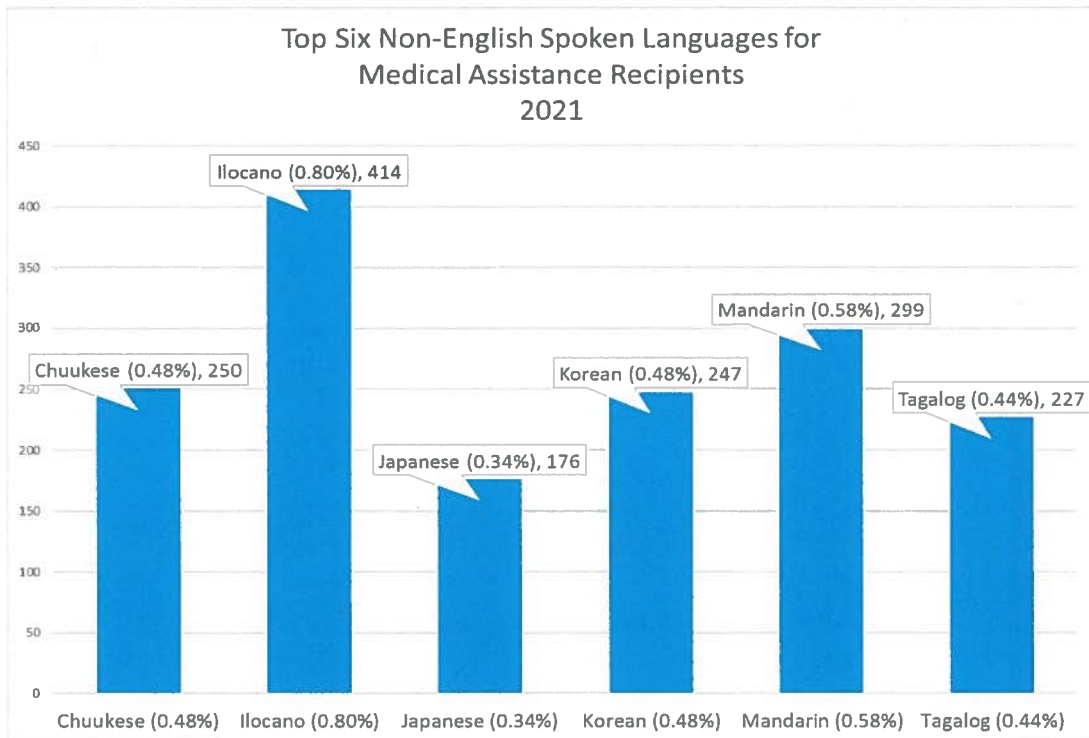
Table 1



According to data from KOLEA, as of December 2021, 1.3% or 5,880 of the 436,773 unique clients who were eligible for medical assistance in December 2021 indicated other non-English languages as their preferred spoken language. The top six non-English

spoken languages reported by KOLEA are: Ilocano, Mandarin, Korean, Chuukese, Tagalog and Japanese [see Table 2]

Table 2



Using the figures and data provided by HAWI and KOLEA, along with Census Data Information, DHS concluded that the most common languages spoken by LEP persons who were eligible for DHS benefits are: Chinese (Cantonese), Chuukese, Ilocano, Korean, Mandarin, Marshallese, and Vietnamese. The department’s assessment of language needs is in line with the top four state-wide languages (Korean, Vietnamese, Chinese, and Ilocano) as reported by the Hawai’i Department of Business, Economic Development and Tourism.⁵

Component 2: Providing Notice of Language Assistance Services

An important component of implementing language access, is making sure LEP individuals are aware of the interpreter services available to them. DHS does this by notifying LEP individuals of the available interpreter services and making sure that each division of DHS is in compliance with language access requirements.

⁵ Hawaii Department of Business, Economic Development and Tourism, NON-ENGLISH SPEAKING POPULATION IN HAWAII (2015-2019).

In any area open to the public (e.g. Waiting rooms and reception areas), DHS displays an interpreter assistance notice created by the Office of Language Access (OLA) which states, in multiple languages, "Please point here if you need an interpreter in this language (at no cost to you)". See Appendix E. The current Application for Financial and SNAP Assistance and Application for Health Coverage & Help Paying Cost also include notices of the availability of free interpreter services translated into 16 languages.

DHS also provides a translated "Access Hawai'i" brochure, which provides notice to LEP individuals of their right to language assistance. This brochure also includes the discrimination complaint notice and contact information for filing grievances with DHS and federal agencies. This brochure is translated into 11 languages (Chinese, Chuukese, Ilocano, Hawaiian, Japanese, Korean, Marshallese, Samoan, Spanish, Tagalog, and Vietnamese) and is available in the department's program offices and at the Civil Rights Corner on the DHS website. See Appendix I. DHS' website also includes a notice in 16 languages of the right to free interpretation services and a telephone number within the department to request for interpreter services. (<https://humanservices.hawaii.gov>)

DHS continues our good faith efforts to notify individuals, community-based organizations, and the general public of available language assistance for LEP individuals at no cost. This includes media and various public forums such as community meetings, stakeholder meetings, and public gatherings.

In addition, each division, administratively attached agency, commission, and programs at DHS will inform and monitor its contractors and sub-recipients (covered entities) of their responsibility to provide notice to LEP applicants and clients of the availability of free language assistance services.

Component 3: Providing Oral Interpretation Services

The immediate availability of oral interpreter services is critical for LEP individuals, in order to communicate with DHS staff and apply for and receive services from DHS. DHS is able to provide oral interpretation services to LEP individuals both telephonically and onsite.

Use of Family of Friends as Interpreters

Although an agency has flexibility in determining the appropriate mix of language assistance services provided, DHS highly discourages the use of family and friends as interpreters.

Nevertheless, after offering free language assistance, an LEP individual chooses to use a family member or friend, DHS shall take reasonable steps to determine if the

individual providing the interpretation is competent to provide this service.

Determine whether conflict of interest, confidentiality or other concerns make the use of the family member or friend inappropriate.

Use caution if the LEP individual 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.

Telephonic Interpretation Services

Telephone interpretation is useful in brief-encounters or urgent situations where immediate assistance is needed. It is more economical and provides quick access for LEP persons.

To ensure immediate language access to all LEP individuals, each DHS office or unit has immediate access to telephone interpreter services in more than 100 languages, 24 hours per day, 7 days per week. See Appendix P.

DHS signed a participating addendum along with another 14 States for telephonic interpreter services as a member of WSCA-NASPO, through the Hawai'i State Procurement Office (SPO). The current authorized vendors are Corporate Translation Services, Inc. dba Language Link and VOIANCE. DHS has determined that having accounts with the two vendors is in the best interest of both the department and LEP applicants and clients in order to accommodate any unexpected circumstances that may arise.

On-Site Interpretation Services

On-site interpreting generally requires advanced booking. This type of interpretation is normally used for complex or formal settings that require lengthy discussion. Each DHS office or unit can utilize a DHS volunteer staff interpreter, contact an interpreter directly⁶, or use an interpreter referral service. See Appendixes C and D.

Action Steps:

1. Determine the need for an interpreter. See Appendix H.
 - Ask the applicant/client directly which language they speak.

⁶ Hawai'i Court Interpreter Registry available at <https://www.courts.state.hi.us/wp-content/uploads/2017/01/interpreters.pdf>; Office of Language Access Online Roster of Spoken Language Interpretation and Translation available at <http://45.40.134.199/SurveyApp/Home/LanguageList>. The Language registers and roster can be searched to show the names, languages, contact information, geographic area, and relevant credentials of the spoken language interpreters.

- Use visual aids that list languages, such as Office of Language Access posters and I-Speak cards, so the applicant/client may point to the language they speak. *See* Appendixes E and F.
 - Check for information about spoken language in referral documentation, such as application form, client’s file, or database.
 - Seek assistance from others, such as friends, family, or multilingual staff if the applicant/client is unable to say which language they speak.
 - If staff is still unable to identify the language needed, staff can call a telephone interpreting service to help determine the specific language spoken by the individual with LEP.
2. Offer interpreter services at no cost to the individual. Staff must request the individual to complete and sign the “Offer and Acceptance or Waiver of Free Interpreter Services” form (DHS 5000, 06/14). This form is valid until a change is requested by the individual. *See* Appendix J.
 3. When an oral interpreter is needed, DHS staff must explore all effective and timely options.
 - Utilize technology to effectively promote communication and understanding about programs, process, and LEP rights.
 - Consider the feasibility of having the interpretation by phone or face-to-face, as appropriate.
 - Have processes for utilizing such services based on needs, contracts, and resources.
 4. Telephone interpreter services are available to all DHS staff. However, if on-site interpretation services are more appropriate, the requesting employee may first utilize volunteer staff interpreters located at the worksite or general geographic area depending on the complexity of the interpreting services needed. Volunteer staff interpreters who are willing, on an as-needed basis, to assist DHS staff, are self-identified through a voluntary survey. Volunteer staff interpreters must obtain supervisor’s approval before agreeing to provide language services when requested by DHS staff.
 5. Volunteer staff interpreters should be familiar with the program for which interpretation is needed. They should sign the DHS Form 5050 concerning their interpreter abilities and be given a copy of the Interpreter Code of Ethics prior to interpreting. *See* Appendix K.
 6. If volunteer staff interpreters are not available or are not appropriate, the requesting employee must contact an interpreter using all other available methods.

Component 4: Providing Written Translation Services

Written translation of vital documents is provided for each eligible LEP language group that meets the threshold. The threshold is defined as five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be

affected or encountered.⁷ All translation services are centralized and coordinated by the LEP Project Manager/Coordinator under the Office of the Director.

DHS has determined that there are four prevalent languages that meet the threshold for written translation purposes: Chinese, Ilocano, Korean, and Vietnamese. The assessment is in line with the top four state-wide languages.⁸

Under the Safe Harbor Provision, for an LEP person who is seeking translation services, but speaks a language that does not meet the threshold, DHS provides written notice in the LEP person's primary language of the right to receive oral interpretation of written materials, free of cost.⁹

Action steps:

1. Identify vital documents.
 - A document will be considered vital if it contains information that is critical for obtaining federal services and/or benefits or is required by law. Vital documents include, for example, applications, consent forms, complaint forms, and notices of rights.
2. Categorize and prioritize documents for translation.
 - Consider the frequency document may come in contact with an LEP individual, i.e., forms, information brochures, and periodic or seasonal communications.
3. Make documents language access ready.
 - Documents should be user-friendly and translatable. Documents should be written and designed in plain language so that documents are clear, logical, concise, and easy to read.
 - Plain language means the author needs to analyze and decide what information is needed by the client to make informed decisions, before words, sentences, or paragraphs are considered.
 - Plain language documents use words economically and at a level that the client can understand. The sentence structure should be tight; the tone welcoming and direct, and the design is visually appealing.
4. Identify the targeted languages using language data collection.
 - All vital documents must be translated for languages that meet the threshold.
5. Assess translation options.
 - Translation vendor vs. Bilingual volunteer staff.

⁷ Hawai'i Revised Statute (HRS) § 321C-3(c).

⁸ Hawaii Department of Business, Economic Development and Tourism, NON-ENGLISH SPEAKING POPULATION IN HAWAII (April 2016).

⁹ See "Component 3" for explanation of oral interpretation services.

- Currently DHS uses translation vendors due to the issue of liability and quality control.
- Consider pros and cons of all options.

Component 5: Maintaining Agency Language Access Services

All DHS staff have an important role in actively promoting and maintaining language access services. See Appendix G.

Action Steps:

1. Consult with the Office of Language Access for best practices and techniques on providing language assistance services.
2. Develop and implement policies and procedures related to language assistance.
3. Develop and maintain the multi-lingual listings on DHS employees and community members who volunteer to assist with interpretation and translation services.
4. Ensure all related signage and LEP materials are visible and accessible.
5. Increase the visibility of language access services to the general public.
6. Create a periodic survey of LEP applicants and clients to determine the effectiveness of language access service.
7. Assess and update the existing policies and procedures as necessary.

Component 6: Ensuring Quality of Language Access Services

To ensure the quality of telephone interpreter services, the current authorized vendors were selected through a Request for Proposal (RFP) evaluation process. As part of the evaluation, the committee took into consideration the interpreter quality assurance, such as screening process for interpreters, and the general minimum requirements for experience, education, language proficiency, and certification to ensure quality of interpreters.

To ensure the quality of in-person interpretation, DHS requires interpreters to adhere to the interpreter code of ethics. DHS does this by requiring all in-person interpreters to sign form (DHS 5050) prior to interpreting.¹⁰

To ensure that the translated materials are accurate, consistent, reliable, readable, culturally appropriate, and free of errors, DHS requires that:

- All translators must be authorized or qualified by the American Translators Association (ATA) and/or other approved translator programs.
- Materials that are translated into other languages must go through a 2-step

¹⁰ Form DHS 5050 requires interpreters to acknowledge that they have read and agree to the Interpreter Code of Ethics.

process.

- Each step must be handled by a different translator in order to provide optimum accuracy and quality control.
 - Step 1: Translation
 - Step 2: Editing and proofreading
- Machine generated translations are not allowed.
- Translated materials must be at the same reading level as the source material.
- Translated materials must thoroughly and faithfully render the source language message (omitting or adding nothing), give consideration to linguistic variation in both source and target languages, and conserve tone and spirit of the source language message.

As an added measure of quality control, DHS also uses feedback and comments from users, community-based organizations, the Language Access Advisory and Advocacy Council, the Language Access Committee, and other stakeholders to assess quality of interpreters and translators.

Component 7: DHS Discrimination and Complaint Process

All services provided to the public by the DHS or DHS-sponsored programs and activities shall be on an equal and non-discriminatory basis. No person shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination, harassment, bullying or retaliation under any phase or level of program or activity.

Discrimination complaint procedures are available in DHS Policy and Procedure 4.10.1, and are applicable to all DHS offices and programs, administratively attached agencies, commissions and private entities receiving Federal or State funds from the DHS. In order for DHS to maintain consistency in the administration of discrimination complaints procedures and to comply with various requirements, recipients who operate Federally/State funded programs for the DHS in the State of Hawaii may use these procedures. See Appendix L.

Service Applicants/Recipients, or potential applicants, may file a formal written complaint with the Civil Rights Compliance Staff using the "Discrimination Complaint Form." See Appendix M. Upon receipt of a written complaint, an assigned investigator shall conduct a factfinding investigation. Individuals may be asked to complete a Consent/Release form. See Appendix N.

Component 8: Maintaining reporting systems

Maintaining accurate and up-to-date reporting systems and data is vital to the effectiveness of Language Access Services provided by DHS.

DHS collects data regarding preferred spoken and written languages, DHS services used, and the frequency such services are utilized by LEP applicants or clients. Specifically, the primary language of each LEP applicant or client is entered into the HAWI or KOLEA systems based on type of benefits they receive. For other programs or services that do not have access to HAWI or KOLEA, DHS staff will enter the primary language data into a paper case record system in order to alert staff that language assistance is needed.

DHS also collects utilization data based on LEP encounters by language from divisions, agencies, commissions, and offices to review of language needs and ensure adequate resources are available. This data is reported to the Hawai'i Office of Language Access on a semi-annual basis. See Appendix O.

Each DHS division, agency, commission, and office will have mechanisms in their report systems to regularly access the LEP status and language assistance needs of DHS applicants and clients. DHS also requires sub-recipients (covered-entities) to collect the primary language spoken by each LEP client and to report back to DHS regularly.

Component 9: Staff Training

In order to successfully implement the Language Service Plan, DHS staff must develop awareness, knowledge, and skills of good practice to effectively communicate with LEP persons. DHS is committed to providing language access training opportunities for all program staff.

In 2010, DHS completed the initial language access training. The training was conducted in-person and on-site at all the neighbor island program offices. The training topics include information regarding DHS obligations to comply with Title VI and related language access laws, DHS policies and procedures for providing language services to LEP persons, the Language Access Plan, and all reporting requirements.

Starting 2018, DHS created an on-demand on-line training requiring all DHS staff to complete an annual mandatory training on Language Access. See Appendix Q. The DHS Language Access Coordinator, in collaboration with the DHS Training Office, is responsible for coordinating and implementing staff training.

The purpose of the training is to improve language access, create awareness, and prevent discriminatory practices.

Action steps:

1. Provide training on language access for all DHS employees who have regular contact with the public and newly hired staff.
2. Require annual on demand, on-line training on language access for all staff.

3. Develop, update, and provide training materials to DHS staff.
4. Coordinate and organize training for bilingual volunteer staff on language competency and on ethics.
5. Encourage DHS staff to attend workshops, webinars, and conferences that address language access issues.
6. Regularly monitor and assess the effectiveness of training provided.

Component 10: Stakeholder Consultation

Stakeholder outreach and consultation is an important component of meaningful access to LEP communities. Stakeholder communities can provide DHS with important information and insights. This information may be useful for conducting the assessment of need, capacity, accessibility, and overall quality of the language access plan.

Action steps:

1. Develop list of stakeholders.
2. Establish regular communications regarding language access services to community groups who work with or include immigrant and refugee communities.
3. Consult stakeholder communities to assess the accessibility and quality of DHS's language assistance services.
4. Respond to feedback from stakeholders concerning the language assistance services.

Component 11: Monitoring and Updating the Language Access Plan

The language access coordinator shall be responsible for the evaluation and revision of this language access plan.

Action steps:

1. Identify any significant changes in the composition or language needs using relevant data from various sources.
2. Monitor and determine whether the existing language assistance programs have been effective and sufficient to meet the need.
3. Conduct unannounced site visits to determine compliance with the Language Access Plan.
4. Periodically conduct telephone testing to request assistance in a language other than English to monitor compliance with the language access plan.
5. Inform and monitor sub-recipients (covered entities) of the Title VI and Language Access Law requirement and the agreement requirements through contract language. DHS incorporates language access as a condition to the contract. Require

mandatory annual language access training. To fulfill language access obligation subrecipients need to submit certificate of completion to contractor.

6. Identify any recommended actions to provide more responsive and effective language services.

Component 12: Designating DHS Language Access Coordinator

To ensure proper coordination and implementation of the DHS Language Access Plan, the department's LEP Project Manager/Coordinator will be the agency's Language Access Coordinator and contact person. The DHS Language Access Coordinator is responsible for:

1. Coordinating the overall implementation of the Language Access Plan;
2. Overseeing and managing the development and implementation of department-wide systems, programs, policies, and procedures designed to address the language needs for the department's LEP applicants and clients;
3. Assessing the status and effectiveness of efforts to identify solutions to language access and identifying deficiencies and corresponding solutions;
4. Establishing priorities, methodologies, and means of measuring outcomes;
5. Developing and implementing systems, tools, and processes to implement, evaluate, and maintain adopted proficiency standards;
6. Developing a training program for employees on language access laws and regulations;
7. Coordinating training for interpretation and translation volunteers;
8. Providing technical assistance to departmental staff and serve as the lead representative at internal and external meetings and conferences that deal with LEP-related issues;
9. Providing liaison services to the Office of Language Access;
10. Acquiring, compiling, and reporting LEP data to the Office of Language Access;
11. Interfacing and collaborating with federal agencies and other state departments, service agencies, contractors, and private sector partners to establish and coordinate the implementation of a comprehensive department-wide plan to address LEP issues and concerns;
12. Advising the DHS Director about alternatives and means by which to improve access to services for LEP applicants and clients.

5. CONCLUSION

This Language Access Plan covers the period July 1, 2022 through June 30, 2024. This Plan addresses the Department's continuing commitment to enhancing access to DHS services and programs. This Plan supersedes the department's Language Access Plan covering the period September 1, 2016 through August 31, 2018.

All DHS divisions, administratively attached agencies, commissions, and offices shall comply with the provisions of this Plan.

This Plan shall take effect upon approval by the Director of the Hawai'i Department of Human Services. For further information on this Language Access Plan, contact the DHS Language Access Coordinator at 808-586-4898.

APPROVED:



Catherine Betts, Director

Jun 30, 2022


Date

APPENDIXES

APPENDIX A	Policy and Procedures Manual 4.10.3
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APPENDIX H	DHS Language Access Protocol
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APPENDIX J	DHS 5000 – Offer and Acceptance or Waiver of Free Interpreter Services (English and translated versions)
APPENDIX K	DHS 5050 – Interpreter Form and Interpreter Code of Ethics (English and translated versions)
APPENDIX L	DHS Policy and Procedures 4.10.1 Discrimination Complaints Policy
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APPENDIX O	Language Access Reporting Tool
APPENDIX P	ICF Dated 06/27/19 – Language Assistance Services
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APPENDIX A

Policy and Procedure Manual 4.10.3

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	Subject APPENDIX D PROCEDURES OPPORTUNITY TO PARTICIPATE IN PROGRAMS, SERVICES AND ACTIVITIES PROTOCOL FOR PROVIDING ACCESS FOR LIMITED ENGLISH PROFICIENT (LEP) PERSONS	OPR PERSONNEL OFFICE Issue/Revision Date OCT 1 2014	

The Department of Human Services (DHS) ensures that Limited English Proficient (LEP) persons are not excluded from participation in, denied the benefits of, or subjected to discriminatory practices in the provisions of its programs and services because of their inability to communicate in English. The Department, its Divisions, Administratively Attached Agencies and Commissions will take the following steps to assure that all eligible LEP persons have meaningful access to the services we provide.

- Inform LEP persons of their right to be provided with interpreters and/or translation services free of charge to them and without significant delay. Please do not encourage or request that such individuals bring a friend or relative to interpret for them.
- Post translated signs/posters/notices to advise the public of their right to free interpreter and translation services. These signs must be located in public DHS offices statewide.
- Translate vital documents (e.g., applications, consent forms and notices regarding denial or changes in benefits) into languages most encountered at DHS. Determine the language needs of respective DHS program/project areas to identify what documents will be translated and into what languages. This determination must be based on guidelines from the Hawaii Department of Health, Office of Language Access, U. S. Department of Health and Human Services, Office for Civil Rights, Policy Guidance: Title VI Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency. Guidelines include using the combination and entirety of four factors: number of language encounters; frequency of language encounters; nature and importance of the service/document; and cost to translate the document. Please note that cost is only one of the four factors to be considered in determining when documents must be translated.

When DHS vital document has not been translated into the primary language that an LEP person reads, DHS must offer interpreter services to orally translate the document.

Translation services are coordinated through the Office of the Director's LEP Project. The Project provides technical assistance to all divisions/offices/programs in the simplification of documents, layout/formatting, and the development of a glossary to be used by interpreters and translators for uncommon terms or phrases used by DHS.

- Contact qualified professional interpreters through DHS contracted language agencies or fee-for-service providers. Refer to the internal list of language resources disseminated by CRCS and/or the list of Court Interpreters provided by the Judiciary.

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- Contact existing profit and/or non-profit educational institutions, religious organizations, and community entities with bilingual employees or volunteers who can be utilized for in-person or by phone interpretation.

Oral Interpreter Requests

1. When a request for an oral language interpreter is made, the DHS employee must explore all effective and timely options.
 - a. Utilize technology effectively to promote communication and understanding about programs, processes, and rights.
 - b. Consider the feasibility of having the interpretation electronically through video conferencing or by phone, as appropriate.
 - c. Telephone interpreter services are available for brief encounters (one-half hour or less) as are video phones and voice recognition packages. Programs must have processes for utilizing such services based on contracts, needs and resources.
 - d. Refer to guidelines concerning "How to Work with an Interpreter" and Guidelines for Providing Equal Access with scripts available on the DHS Q Drive.

DHS contractors and sub-recipients must provide an interpreter free of charge to the LEP individual in provision of services.

2. If an LEP person requires face-to-face contact, the DHS requesting employee may first utilize volunteer employees located at the same worksite or general geographical area. See Volunteer Interpreter List updated regularly.
3. Volunteer interpreters should be familiar with the program for which interpreter is needed, be given a copy of the Interpreter Code of Ethics, and sign DHS Form 5050 concerning their interpreter abilities. Copies are available at <http://humanservices.hawaii.gov> in the Civil Rights Corner.
4. If volunteer interpreters are not available or are not appropriate, the DHS requesting employee must contact a court interpreter, Tele-interpreter, or other interpreter services providing the following information: (a) requesting employee's full name and telephone number, (b) department, section, unit and address, (c) language needed, (d) client's full name, (e) date and time of appointment, and (f) purchase order or pCard number.
5. The DHS requesting employee may ask the interpreter to call the LEP person to inform him/her of the scheduled appointment.

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6. Should the appointment be cancelled for any reason, the DHS requesting employee must notify the interpreter as soon as possible because DHS can be charged a minimum fee based on the agreement even though no services are provided.
7. Upon completion of the appointment, the interpreter must complete and sign an encounter form.

Written Translation Requests

For all translation requests, contact the LEP Project. See Appendix H.



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Subject APPENDIX E
OPPORTUNITY TO PARTICIPATE IN PROGRAMS,
SERVICES AND ACTIVITIES
REQUEST FOR AUXILIARY AID (DHS 6008)

OPR
PERSONNEL OFFICE
Issue/Revision Date
OCT 1 2014

**REQUEST FOR AUXILIARY AID (CONFIDENTIAL)
UNDER TITLE II OF THE AMERICANS WITH DISABILITIES ACT, AS AMENDED**

**DEPARTMENT OF HUMAN SERVICES
CLIENTS AND APPLICANTS FOR SERVICES, PROGRAMS AND ACTIVITIES**

Date of Request: _____

Please Check One:

Applicant

Client

Requester's Name: _____

Program/Activity or Service: _____

Division/Section/Unit: _____

Mailing Address: _____

Day Phone: _____

APPLICATION

(To be completed by client/applicant)

1. I am requesting the following auxiliary aid(s): _____

2. It is necessary for me to have this auxiliary aid(s) for the following reasons:

Requester's Signature: _____ Date: _____

**For INTERNAL USE ONLY
DETERMINATION**

Your request of _____ for an auxiliary aid(s) has been:
(Date of Request)

Approved AUXILIARY AID(S) PROVIDED: _____

Disapproved REASON(S) DENIED: _____

Approved with Modification: _____

Approved for Trial Period from: _____ to: _____

Comments: _____

If you disagree with this determination, you may present additional information to further substantiate your request by contacting Geneva Watts, Civil Rights Compliance Officer, at 586-4955 or via gwatts@dhs.hawaii.gov.

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STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

**REQUEST FOR AUXILIARY AID
General Instructions**

This form is meant to simplify the processing and recording of requests for auxiliary aids for Department of Human Services' clients and applicants for services who qualify under the Americans with Disabilities Act, as amended.

General Information: To be completed by DHS Client or Applicant for DHS Services

Date of Request: Enter the date the request is made.

Please Check One: DHS Client or Applicant for Services

Requester's Name: Self-explanatory. Name the requester is using for services with DHS.

Program/Activity or Service: For example: SNAP, EBT Card, Nutrition.

Division/Section/Unit: Enter location where services are provided.

Mailing Address: Enter place where mail can be received by Client or Applicant.

Day Phone: Enter a daytime phone number where Client or Applicant can be reached.

Application: To be completed by DHS Client or Applicant for DHS Services making request.

Requesting Auxiliary Aid(s):

1. Describe specifically what requester believes is needed. Provide photograph where applicable.
2. Reasons: Describe the functional limitations that make this request necessary.

Requester's Signature: Self-explanatory. Standard signature that is recognizable.

Date: Enter the date application is signed by the requester.

Questions: Case worker, client or applicant may contact the DHS ADA Coordinator, gwatts@dhs.hawaii.gov or (808) 586-4955.

PLEASE PROCESS IMMEDIATELY. DELAY IS SOMETIMES DENIAL.

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Determination: To be completed by Case Worker or Supervisor.

Date of Request: Enter date requester signed.

Approved: Accommodation(s) provided (for example: specific cost, dates, item(s), etc.)

Disapproved, Reason(s) Denied: When all or part of the request is denied, state specifically what is disapproved and reason(s) for disapproval.

Approved with Modification: When request is modified, state specifically how it differs from the original request and reason(s).

Approved for Trial Period: Enter start date and end date with comments relative to why the trial period is approved.

PLEASE PROCESS IMMEDIATELY. DELAY IS SOMETIMES DENIAL.

FOR INTERNAL USE ONLY	
Date Request Received in PERS/CRCS with Backup*:	
Final Decision:	
Date of Final Decision:	
Action Taken:	
Comments:	
Signature:	
ADA Coordinator/Civil Rights Compliance Officer	
Date Notice Sent:	

***Important Note to Case Workers and Supervisors**

It is important for the immediate supervisor to meet with the client or applicant for DHS services requesting accommodation to discuss the request, which is called the interactive process. More than one meeting is usually necessary. The case worker or supervisor must document the meeting date(s) and time(s), listing those present with specific information about functional limitations, accommodation alternatives considered and specifically what is being approved, disapproved with reason(s), modified with reason(s), and/or trial period being recommended.

An ICF from the immediate supervisor of the program/service through channels (with initials and date(s) signed) to PERS/CRCS with specifics and photographs (where applicable), dates and times of discussion(s) with requester, estimated costs and timeframes, relationship to the services being provided, along with the original, signed request (Request for Auxiliary Aid) is needed prior to processing.



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Subject APPENDIX F
OPPORTUNITY TO PARTICIPATE IN
PROGRAMS, SERVICES AND ACTIVITIES
INTERPRETER FORM (DHS 5050)

OPR
PERSONNEL OFFICE
Issue/Revision Date
OCT 1 2014

STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

INTERPRETER FORM

Name: Language:

Phone No.: E-Mail Address:

DHS Division/Branch/Section/Unit:

DHS Position Title:

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:

Interpreter

Mailing Address: (P.O. Box or Number and Street, Apt. No., City, State, Zip Code)

Interpreter

Telephone No.: (Home Phone) (Other)

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.

Check as applicable:

- I can communicate in English and the language listed above.
I can interpret to and from English in the language listed above.
I can translate written English to the language listed above.
I can translate the written language listed above to English.

Table with 3 columns: Fluency (Fair, Good, Excellent) and 4 rows for the checklist items.

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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DEPARTMENT OF HUMAN SERVICES

Interpreter Code of Ethics

1. Accuracy

- a. Interpreters shall convey the message and tone of the speaker 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 assigned-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

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	Subject APPENDIX G - NEW OPPORTUNITY TO PARTICIPATE IN PROGRAMS, SERVICES AND ACTIVITIES GUIDELINES FOR PROVIDING EQUAL ACCESS	OPR PERSONNEL OFFICE Issue/Revision Date OCT 1 2014	

Guidelines for Providing Equal Access by Removing Language Barriers and Providing Interpretation Services at No Cost to the Individual Seeking DHS Services

Greet the individual seeking services, on the phone or in person, with a smile and aloha.

1. Determine whether the individual is a Limited English Proficient (LEP) individual.
2. Identify the chosen language via I speak cards, point-to-posters and/or asking **one or more** of the following questions if you believe the person can understand what you are asking (usually, it is not necessary to ask all of these questions):
 - (a) Would you like an interpreter?
 - (b) What language do you feel most comfortable speaking most of the time?
 - (c) How well do you think you understand English?
 - (d) How satisfied are you with your ability to read English?
 - (e) In which language do you feel most comfortable reading medical or health care instructions?

When the individual can understand one or two words in English only:

- (a) Obtain LEP individual's phone number for call back with interpreter and/or
- (b) Say: Please call: 1-888-764-7586 to get information in your language.
3. Document the acceptance or waiver of offer of interpreter services.
4. Follow-up to check for understanding.

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Suggested Script for Assisting Limited English Proficient (LEP) Individuals

Sample Script 1:

Hello (or Aloha), my name is _____.

I can help you with _____. (Be brief.)

Would you like an interpreter to help you understand what we need to do?

What language do you feel most comfortable speaking most of the time?

Please wait while I obtain an interpreter.

OR

Sample Script 2:


English No?

Interpreter Yes?

Speak Language?

Service?

Please wait. OR Please call: 1-888-764-7586

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	Subject APPENDIX H - NEW TRANSLATION SERVICES OPPORTUNITY TO PARTICIPATE IN PROGRAMS, SERVICES AND ACTIVITIES	OPR PERSONNEL OFFICE Issue/Revision Date OCT 1 2014	

How to request for written translation of vital documents or texts?

Translation services are available to all DHS Division, Offices, and Programs (not including DHS sub-recipients or contractors). Please send translation requests to:

DHSTranslationServices@dhs.hawaii.gov

The LEP Project staff will review the request and e-mail you the estimated cost, completion and delivery date. For inquiries or assistance, please call:

Aphirak ("AP") Bamrungruan LEP Project Coordinator Phone No.: (808) 586-5069	or	Nadine Mahiai Office Assistant III Phone No.: (808) 586-5161
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What type of documents can I send for translation?

- Forms (e.g., application for medical assistance, financial assistance, SNAP, etc.)
- Notices (e.g., Designating Authorized Representative; Consent to Release Information; Privacy Practices; Rights to Fair Hearing/Appeal, etc.)
- Client Notices/Letters regarding eligibility determination
- Other vital documents that are critical for accessing DHS services or are required by law.

What languages are offered?

Languages that may be requested vary by Divisions/Offices/Programs. Translations are available in Chinese (traditional or simplified), Ilokano, Korean, Chuukese, Marshallese, Vietnamese, Tagalog, Spanish, Samoan, and other languages. Please contact the LEP Project staff for more information.

How long does it take to get a document translated?

Generally, turnaround times for translation projects will depend on the following factors:

- Amount of text to be translated
- Number of languages involved
- Complexity of highly formatted files
- Number of individual files/documents to process
- Current workload

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Estimated turnaround for standard forms and notices

- 5 to 10 business days, from the date of request, for NORMAL translation
- 1 to 5 business days, from the date of request, for RUSH translation (depending on the size of the document)

Estimated turnaround for client notices/letters

Full translation - the entire document is translated

- 5 business days, from the date of request, for NORMAL translation
- 2 business days, from the date of request, for RUSH translation

Fill-in translation - additional information (text) is translated for inclusion in previously translated document (e.g., client notices templates)

- 1 to 2 days, from the date of request. No RUSH request.

How is translated document/test delivered?


The translated document or text will be returned as Portable Document Format (PDF) files via e-mail. Upon delivery, the LEP Project is not responsible for the quality and accuracy of the translation if it is altered in any manner without the prior approval of the LEP Project.

Important considerations when submitting a document or text for translation

- Make sure the document/text is final and approved before submitting it for translation.
- Use clear, succinct writing. Avoid ambiguities. Proofread grammar and spelling.
- Minimize the use of abbreviations and define acronyms.
- If the document/text will be printed on a letterhead or will contain images, please send these along with the file to be translated.

APPENDIX B

Policy and Procedures Manual 4.10.4

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	Subject ACCESS POLICY LANGUAGE, FACILITIES AND EMPLOYMENT ACCESS TO SUPPORT HUMAN SERVICES	OPR PERSONNEL OFFICE Issue/Revision Date OCT 1 2014	

INTRODUCTION

The Department of Human Services (DHS) will strive to provide meaningful access to employment, in the provision of programs, services, activities, and to DHS occupied, state-owned and leased facilities.

This policy has legal authority pursuant to Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, Titles I and II of the Americans With Disabilities Act of 1990. Applicable Hawaii Revised Statutes, including but not limited to, Chapters 371 and 378, as amended, as well as others as added or amended, periodically provide legal authority by the State of Hawaii.

State and Federally-funded programs must be planned and administered such that they do not have the effect of denying or delaying services, facilities access, or employment, to any particular person or groups of persons, who are protected by law.

1.0 PURPOSE(S)

The primary purposes of this policy are to reduce barriers and improve availability of and access to human services at the DHS by providing and maintaining reasonable and meaningful language, facilities and employment access to support human services.

2.0 REFERENCES, ACRONYMS AND DEFINITIONS

SEE APPENDIX A.

3.0 POLICY

It is the policy of the DHS that all individuals shall be provided equal access to programs, services, activities, facilities and employment in all DHS functions. The goal of this policy is to remove and prevent any barriers to equal access.

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4.0 SCOPE

This policy applies to all DHS organizational divisions, administratively attached agencies, commissions, individuals, and organizations that receive State and/or Federal funds through contracts or other arrangements with the DHS.

5.0 RESPONSIBILITIES

Administrative Appeals Office is responsible for developing, implementing and evaluating administrative hearing procedures and processes in provision of DHS services.

Civil Rights Compliance Staff/Personnel Office is responsible for developing and coordinating DHS' Language Access, Self-Evaluation, and Affirmative Action Plans. Serves as liaison between Federal and State agencies and other stakeholders, such as advocacy groups and/or potential applicants; provides technical assistance to divisions, administratively attached agencies, and commissions; responds to inquiries from Equal Employment Opportunity Commission, Hawaii Civil Rights Commission, and others. Performs other duties relative to civil rights compliance in programs, services, activities, facilities and employment, such as reporting, training and development. The Civil Rights Staff shares responsibility with divisions, agencies and commissions for DHS policies and procedures, compliance reporting, training, and the development of tools, notices/documents, processes and training modules relating to civil rights compliance. This office may share with divisions the responsibility for developing private/public partnerships for facilities access.

DHS Director is responsible for leading and monitoring the implementation and prevention of barriers to language, facilities and employment access at the DHS. The Director may delegate any portion to a deputy director, staff officers and/or division administrators.

All DHS Employees are responsible for complying with Federal and State laws, relating to civil rights, including and not limited to, treating all individuals equally and courteously, and informing persons of their right to equal access to programs, facilities and employment. Employees must inform clients and applicants for services of their right to free interpreter service, auxiliary aids as qualified, and a right to file a discrimination complaint when they feel their civil rights have been violated and/or an internal complaint when they feel they have been treated unfairly. Employees are responsible for notifying clients of their right to an administrative hearing when there has been an adverse action such as a denial of benefits.

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DHS Organizational Division Administrators and Staff Officers are responsible for determining the needs of the population they serve, considering language, culture, and physical accessibility to facilities and employment that are consistent with those needs in compliance with Federal and State laws. Other responsibilities include, but are not limited to: (1) distributing to appropriate staff members policies and procedures regarding access, a desk guide, required notices, and a list of available language and other services, (2) consulting with the CRCS on the development and implementation of staff training, (3) collecting and analyzing internal and external data, (4) notifying and monitoring sub-recipients for compliance with Federal and State laws and assurances, and (5) performing other duties as identified in DHS policies and procedures including seeking external funding and partnerships as needed and appropriate in coordination with the CRCS.

Sub-Recipients are responsible for complying with civil rights, and other Federal and State laws and assurances, including and not limited to, informing clients and potential clients of their right to free interpreter service, auxiliary aids as qualified, and the right to file a discrimination complaint when they feel their civil rights have been violated or an interpreter has not been provided.

Contractors and Sub-Contractors are responsible for providing reasonable, meaningful access to their services and for posting required notices, including assurances.

Supervisors are responsible for ensuring that their staffs are aware of their responsibility to treat all clients and applicants equally and fairly, and to provide assistance to persons with special needs. Supervisors shall also ensure that clients, applicants, recipients, and employees are informed of their right to nondiscriminatory services and employment, reasonable accommodations as justified, and right to file a discrimination complaint and/or request an administrative hearing. Supervisors are responsible for assuring that their staffs are adequately trained, and for monitoring, posting, and updating required notices. Supervisors will also make reasonable accommodations, to the extent required by law, for employees who are disabled, pregnant (including pregnancy-related disabilities), breastfeeding, victims of sexual or domestic abuse, or for bona fide religious purposes. Any employee who believes he/she qualifies for a reasonable accommodation should contact his/her manager and complete a Request for Reasonable Accommodation for Employees (APPENDIX B). Any client or applicant for services who believes he/she qualifies for an auxiliary aid should contact his/her case worker or his/her r team supervisor and complete a Request for Auxiliary Aid (APPENDIX C).


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6.0 IMPLEMENTATION

With the approval of this Access Policy by the Director, DHS' policy shall be implemented and will remain in effect until such time it is cancelled or superseded by order of the Director.

APPROVED: 

 Patricia McManaman, Director

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7.0 PROCEDURES

7.1 LANGUAGE ACCESS

The Department of Human Services (DHS) recognizes that Limited English Proficient (LEP) individuals need language assistance services to access and fully participate in programs and services as well as employment and other activities. DHS is, therefore, committed to providing competent language assistance at no cost and in a timely manner to LEP individuals. This includes ensuring effective communication between DHS staff members and/or sub-recipients and LEP individuals. Procedures and processes will be developed by the Department. Divisions, administratively attached agencies, commissions, and sub-recipients will assist the Civil Rights Compliance Staff (CRCS) by taking the following steps:

- (1) Assessing and determining linguistic needs of population served.
- (2) Providing timely and competent language assistance.
 - a. Providing language assistance resources, such as "I Speak" materials.
 - b. Determining language need of each LEP individual.
 - c. Notifying LEP individuals of availability of free language assistance.
 - d. Requesting an American Sign Language (ASL) interpreter.
 - e. Requesting oral language interpreters.
 - f. Translating written documents as required by law or DHS contract.
- (3) Distributing and complying with interpreter standards set by funding agencies.
- (4) Using family, friends, and other volunteer interpreters when qualified and appropriate only. No one under the age of 18 is allowed to provide interpreter services or translate documents.

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The Department has taken the following steps:

- (1) Developed a reporting system designed to obtain key information about the LEP population who use DHS services or have the potential for doing so.
- (2) Compiled comprehensive listing of bilingual/multilingual DHS employees.
- (3) Sent notices of available interpretation/translation services to LEP individuals.
- (4) Provided interpretation/translation services for qualified LEP individuals.
- (5) Designated an LEP Coordinator and Access Task Force to include representatives from divisions, administratively attached agencies and commissions. The ADA Coordinator and CRC Officer chair the Access Task Force.
- (6) Trained DHS staff in Language Access.
- (7) Sought stakeholders' input in review and revision of its DHS Language Access Plan and other language matters.

Procedures and processes are delineated in DHS' Language Access Plan, and include input from DHS' Access Task Force which is composed of a representative from all divisions, and administratively attached agencies or commissions, is chaired by CRCS or the ADA Coordinator.

7.2 FACILITIES ACCESS

Non-discrimination

No qualified individual with a disability is excluded from participation, denied the benefit of, or is otherwise subjected to discrimination by any program, service or activity (including and not limited to employment and facilities use) of the DHS on the basis of a disability (physical or mental).

Self-Evaluation

State and local governments are required to conduct self-evaluations of services, policies and practices in accordance with Title II of the American with Disabilities Act (ADA), 42 U.S.C. Section 12101. The purpose of self-evaluation is to determine whether DHS services, policies, and practices are in compliance with Title II.

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DHS' Self-Evaluation Plan (2014-2016) delineates procedures and processes for facilities assessment, including some program access options involving people with disabilities, making reasonable program modifications, and contracting with external organizations, as well as communication access, including Communications and Emergency Warning Systems as related to provisions for persons with disabilities.

7.3 EMPLOYMENT ACCESS

Practice

The DHS provides equal opportunity in all terms and conditions of employment and services. The intent of these procedures is to prevent discrimination and promote full realization of employment for all individuals.

Scope

Employment access procedures apply to, and must be an integral part of, every aspect of human resource practice in the employment, development, advancement, and treatment of employees and applicants for employment at DHS and its contractors.

Procedures

Related employment procedures and processes are delineated in DHS' Affirmative Action Plan (2013-2015) and include, but are not limited to:

- (1) Responsibilities and Roles
- (2) Guidance and Administrative Guidelines
- (3) Resolution of Complaints
- (4) Workforce Description (2013)
- (5) Identification of Areas Needing Attention
- (6) Objectives, Action Steps and Overall Goals
- (7) Auditing and Reporting
- (8) Exclusions

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Appendices to the Affirmative Action Plan include, but are not limited to, procedures for:

Support Programs for Affirmative Action

Pertinent Policies in Affirmative Action in Hawaii

DHS Policy 4.10.1 and 4.10.2

DHS Policy 4.10.3

DHS Policy 4.10.4

Responsibilities for Compliance


Posting of Notices

Job Categories

Workforce Analysis and Under Utilization

Adverse Impact Chart

EEO-4A Sample Form

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2.0 REFERENCES, ACRONYMS, AND DEFINITIONS

2.1 REFERENCES

Title VI and VII of the Civil Rights Act of 1964, as amended
 Title VIII of the Civil Rights Act of 1968, as amended
 Equal Pay Act of 1963
 Age Discrimination in Employment Act of 1967 and 1975 (Services)
 Title IX of the Education Amendment of 1972
 The Pregnancy Discrimination Act
 Rehabilitation Act of 1973, Sections 503 and 504
 Vietnam Era Veterans' Readjustment Assistance Act of 1974, Section 402
 Civil Rights Restoration Act of 1988
 Fair Housing Act of 1968, as amended
 Executive Order 11246, 30 Fed. Reg. 12319, as amended
 Executive Order 13166, 65 Fed. Reg. 50121, as amended
 Americans With Disabilities Act of 1990, (ADA), as amended
 Hawaii Revised Statutes, Chapter 371, Part II; 378, Part I, as amended and other Hawaii
 Revised Statutes, as amended and added periodically
 Department of Human Services Administrative Directives 2014-01
 Department of Human Resources Development Directives

2.2 ACRONYMS

AAP AFFIRMATIVE ACTION PLAN
 ADA AMERICANS WITH DISABILITIES ACT, AS AMENDED
 ASL AMERICAN SIGN LANGUAGE
 DCAB DISABILITY AND COMMUNICATIONS ACCESS BOARD
 DHS DEPARTMENT OF HUMAN SERVICES
 DIR DIRECTOR, DEPARTMENT OF HUMAN SERVICES
 DDIR DEPUTY DIRECTOR, DEPARTMENT OF HUMAN SERVICES
 DOH DEPARTMENT OF HEALTH (STATE OF HAWAII)
 LEP LIMITED ENGLISH PROFICIENCY
 OCR OFFICE OF CIVIL RIGHTS
 OLA OFFICE OF LANGUAGE ACCESS (DOH)
 PCP PUBLIC CONTACT POSITIONS
 USHHS UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SEP SELF-EVALUATION PLAN
 TDD TELECOMMUNICATION DEVICES FOR THE DEAF

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2.3 DEFINITIONS

Access: Reasonable, meaningful access to employment, facilities, website communication, and services at DHS.

Affirmative Action Plan: A voluntary plan and effort to prevent under-representation of protected groups (groups protected by Federal and State laws), and to provide reasonable, meaningful, access in the DHS workforce and services.

Auxiliary Aids and Services: Equipment, materials and services that are used to provide effective communication for people who have visual, hearing, speech, cognitive or other physical or mental disabilities.

Bilingual/Multilingual: Any individual who has demonstrated proficiency in both spoken English and at least one other language, and who can interpret accurately, impartially, and effectively to and from such language and English using any specialized terminology necessary for effective communication.

Complaint: An informal or formal (written) claim of discrimination which indicates that a person or group of persons were treated differently, or adversely impacted by action(s) or inaction(s) of the DHS, based on one or more memberships in protected groups (protected by Federal and State laws).

Complainant: Any person who alleges discrimination in employment and/or provision of DHS services and/or benefits.

Department or DHS: The Hawaii Department of Human Services, including its administratively attached agencies and commissions.

Director: Director of the Hawaii Department of Human Services.

Discrimination: Any action(s) or lack of action(s) by the DHS, which results in disparate treatment or has an adverse impact on a person or groups of persons, on the basis of one or more memberships in protected groups (groups protected by Federal and State laws).

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External Enforcement Agencies: Government agencies that enforce statutes prohibiting discrimination, and which are responsible for receiving, investigating and adjudicating discrimination complaints. Federal external enforcement agencies include, but are not limited to, the U. S. Equal Employment Opportunity Commission, U. S. Department of Justice, U. S. Department of Labor, U. S. Office of Federal Contract Compliance Programs, U. S. Department of Health and Human Services, U. S. Department of Housing and Urban Development, U. S. Department of Education, U. S. Department of Agriculture, and Social Security Administration. State external enforcement agencies or supporting offices include the Hawaii Civil Rights Commission and the Office of Language Access (OLA) at the Department of Health.

Facility: Any building or space where DHS programs, services, activities, employment or other functions occur (State owned or leased).

Factors Protected by Law: Characteristics of a person or group of persons, which are protected under civil rights and other laws as added or amended by Federal enforcing agencies or State supporting agencies periodically.

Frequently Encountered Language: Language spoken by a significant number or percentage of the population eligible to be served, employed by, or directly affected by DHS programs, services, activities and functions.

Gender Identity or Expression: Includes a person's actual or perceived gender, as well as a person's gender identity, gender-related self-image, gender-related appearance, or gender-related expression, regardless of whether that gender identity, gender-related self-image, gender-related appearance, or gender-related expression is different from that traditionally associated with the person's gender at birth.

Genetic Information: Includes information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about any disease, disorder, or condition of an individual's family members (i.e., an individual's family medical history). Family medical history is included in the definition of genetic information because it is often used to determine whether someone has an increased risk of getting a disease, disorder, or condition in the future.

Interpreter: A bilingual or multilingual individual who understands interpreter ethics and client confidentiality needs. A person who has rudimentary familiarity with a language other than English shall not be considered an interpreter. Generally, an interpreter is trained in interpretation and has proficient knowledge and skills in English and at least one other language and who uses those skills and training to make possible communication in one language or orally converting what is said to another language while retaining the same meaning.

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Interpretation: The oral rendition of a spoken message from one language to another; preserving the intent and meaning of the original message.

Language Access Plan: DHS' state-approved Language Access Plan required by Hawaii Revised Statutes, as amended.

Limited English Proficient (LEP) Person: Any individual who does not speak English as his or her primary language and who has a limited ability to read, write, speak or understand English in a manner that permits him or her to communicate effectively with DHS and have meaningful access to and an equal opportunity to participate fully in services, activities, programs, employment, or other benefits administered by the DHS.

Organizational Units: All administratively attached agencies and commissions, staff offices and divisional segments that comprise the DHS.

Participant: Any person who has applied for and is receiving benefits or services.

Protected Group: An individual identified in a group that is protected by Federal and State laws, as amended or added periodically.

Protected Group Discrimination or Harassment: Means any unwelcome behavior based on a person's protected group which is sufficiently severe or pervasive and has the purpose or effect of either unreasonably interfering with the person's work performance or creating an intimidating, hostile, or offensive work environment.

Person with a Disability: An individual who has a physical or mental impairment that substantially limits one or more of the person's major life activities, has a record of such impairment, or is regarded as having such an impairment.

Primary Language: The language that an LEP individual identifies as the language that he or she uses to communicate effectively, and is the language which the individual has indicated the individual would prefer to use to communicate with the DHS.

Public Contact Positions: DHS positions that require public contact daily or weekly.

Respondent(s): Any person or group of persons alleged to be responsible for discrimination.

Self-Evaluation: A voluntary plan and effort to assess programs, services, activities, facilities and employment at the DHS.

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Service Applicant/Recipient: Any person, or group of persons, agency, organization, institution, political subdivision, that delivers a program, service, activity with Federal or State financial assistance through contractual, licensing or other arrangements with the DHS.

Sight Translation: Occurs when an interpreter reads written text and orally converts what is written to another language while retaining the same meaning.

Sub-Recipient: Any entity that expends Federal or State assistance received as a pass-through from the DHS to carry out a program in which the sub-recipient provides services, to and has contact with, applicants and participants in the same manner as DHS if DHS were to administer the program directly. This does not include an individual applicant or participant who is a beneficiary of a program. For example, Medicaid payments to a contractor or provider for providing patient care services to Medicaid eligible individuals are not considered Federal awards expended unless the State requires the funds to be treated as Federal awards expended because reimbursement is on a cost-reimbursement basis (OMB Circular A-133 - Guidance on distinguishing between a sub-recipient and a vendor is provided in .210).

Translate: Translate means to convert written materials from one language into an equivalent written document in another language while maintaining the same coherence and meaning. Translation means an activity comprising the interpretation of the meaning of a document in one language and the production, in another language of a new, equivalent document.

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 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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Subject APPENDIX B REQUEST FOR
ACCOMMODATION RA-1
ACCESS POLICY AND PROCEDURES
LANGUAGE, FACILITIES AND EMPLOYMENT
ACCESS TO SUPPORT HUMAN SERVICES

OPR
PERSONNEL OFFICE

Issue/Revision Date
OCT 1 2014

RA-1 HS 5.13.13

**REQUEST FOR ACCOMMODATION (Confidential)
DEPARTMENT OF HUMAN SERVICES**

Date of Request: _____

Please Check One: I am an: Applicant
 Employee

Requester's Name: _____
Class of Work or Position Title and Level: _____
Division/Section/Unit: _____
Worksite Address: _____
Worksite Day Phone: _____

APPLICATION

(To be completed by employee/applicant)

- I am requesting the following accommodation(s): _____
- It is necessary for me to have this accommodation for the following reasons: _____

Requester's Signature: _____ Date: _____

DETERMINATION

Your request of _____ for an accommodation has been:
(Date of Request)

- Approved ACCOMMODATION(S) PROVIDED: _____
- Disapproved REASON(S) DENIED: _____
- Approved with Modification _____
- Approved for Trial Period from _____ to _____

Comments: _____

If you disagree with this determination, you may present additional information to your immediate supervisor within ten (10) business days of the date this determination was made to further substantiate your request. You may contact Geneva Watts, Civil Rights Compliance Officer, via gwatts@dhs.hawaii.gov or 586-4955 to discuss the above determination.

Departmental Personnel
Officer Signature: _____ Date _____

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STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

**REQUEST FOR ACCOMMODATION (Confidential)
Americans with Disabilities Act, As Amended**

General Instructions

This form is meant to simplify the processing and recording of requests for reasonable accommodations for Department of Human Services' (DHS) **employees and applicants for employment at DHS** who qualify under **the Americans with Disabilities Act**, as amended.

General Information: To be completed by DHS Employee or Applicant for DHS employment

Date of Request: Enter the date the request is made.

Please Check One: Current DHS Employee or Applicant for Employment at DHS

Requester's Name: Self-explanatory. Name the requester is using for employment with DHS.

Class of Work or Position Title and Level: For example Eligibility Worker I

Division/Section/Unit: Enter location where employment is current or anticipated.

Worksite or Mailing Address: Enter place where mail can be received by Employee or Applicant for Employment

Day Phone: Enter a daytime phone number where Employee or Applicant for Employment can be reached.

Application: To be completed by employee or applicant making request.

Requesting Reasonable Accommodation under ADA:

1. Describe specifically what requester believes is needed. Provide photograph where applicable.
2. Reasons: Describe the functional limitations that make this request necessary and how it relates to the job being or to be performed.

Requester's Signature: Self-explanatory. Standard signature that is recognizable.

Date: Enter the date application is signed by the requester.

Questions: DHS ADA Coordinator, gwatts@dhs.hawaii.gov or (808) 586-4955.

PLEASE PROCESS IMMEDIATELY. DELAY IS SOMETIMES DENIAL.

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STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

Determination: To be completed by Supervisor or Interview Panel Chair.

Date of Request: Enter date requester signed.

Approved: Accommodation(s) provided (for example: specific cost, dates, item(s), etc.)

Disapproved, Reason(s) Denied: When all or part of the request is denied, state specifically what is disapproved and reason(s) for disapproval.

Approved with Modification: When request is modified, state specifically how it differs from the original request and reason(s).

Approved for Trial Period: Enter start date and end date with comments relative to why the trial period is approved. For interviewees, enter date of interview.

PLEASE PROCESS IMMEDIATELY. DELAY IS SOMETIMES DENIAL.

FOR INTERNAL USE ONLY	
Date Request Received in PERS/CRCS with Backup*: _____	
Final Decision: _____	
Date of Final Decision: _____	
Action Taken: _____	
Comments: _____	
Signature: _____	
ADA Coordinator/Civil Rights Compliance Officer	
Date Notice Sent: _____	

***Important Note to Supervisors and Interview Panel Members**

It is important for the immediate supervisor to meet with the employee or applicant for DHS employment requesting accommodation to discuss the request, which is called the interactive process. More than one meeting is usually necessary. The supervisor or interview panel chair must document the meeting date(s) and time(s), listing those present with specific information about functional limitations, accommodation alternatives considered and specifically what is being approved, disapproved with reason(s), modified with reason(s), and/or trial period being recommended.

An ICF from the immediate supervisor of the program/service through channels (with initials and date(s) signed) to PERS/CRCS with specifics and photographs (where applicable), dates and times of discussion(s) with requester, estimated costs and timeframes, relationship to the job to be performed, along with the original, signed request (Request for Accommodation) is needed prior to processing.



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Subject APPENDIX C REQUEST FOR
AUXILIARY AID
ACCESS POLICY AND PROCEDURES
LANGUAGE, FACILITIES AND EMPLOYMENT
ACCESS TO SUPPORT HUMAN SERVICES

OPR
PERSONNEL OFFICE
Issue/Revision Date

07 1 2014

**REQUEST FOR AUXILIARY AID (CONFIDENTIAL)
UNDER TITLE II OF THE AMERICANS WITH DISABILITIES ACT, AS AMENDED
DEPARTMENT OF HUMAN SERVICES
CLIENTS AND APPLICANTS FOR SERVICES, PROGRAMS AND ACTIVITIES**

Date of Request: _____

Please Check One:

Applicant

Client

Requester's Name: _____

Program/Activity or Service: _____

Division/Section/Unit: _____

Mailing Address: _____

Day Phone: _____

APPLICATION

(To be completed by client/applicant)

1. I am requesting the following auxiliary aid(s): _____

2. It is necessary for me to have this auxiliary aid(s) for the following reasons:

Requester's Signature: _____ Date: _____

**For INTERNAL USE ONLY
DETERMINATION**

Your request of _____ for an auxiliary aid(s) has been:
(Date of Request)

Approved AUXILIARY AID(S) PROVIDED: _____

Disapproved REASON(S) DENIED: _____

Approved with Modification: _____

Approved for Trial Period from: _____ to: _____

Comments: _____

If you disagree with this determination, you may present additional information to further substantiate your request by contacting Geneva Watts, Civil Rights Compliance Officer, at 586-4955 or via gwatts@dhs.hawaii.gov.

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**REQUEST FOR AUXILIARY AID
General Instructions**

This form is meant to simplify the processing and recording of requests for auxiliary aids for Department of Human Services' clients and applicants for services who qualify under the Americans with Disabilities Act, as amended.

General Information: To be completed by DHS Client or Applicant for DHS Services

Date of Request: Enter the date the request is made.

Please Check One: DHS Client or Applicant for Services

Requester's Name: Self-explanatory. Name the requester is using for services with DHS.

Program/Activity or Service: For example: SNAP, EBT Card, Nutrition.

Division/Section/Unit: Enter location where services are provided.

Mailing Address: Enter place where mail can be received by Client or Applicant.

Day Phone: Enter a daytime phone number where Client or Applicant can be reached.

Application: To be completed by employee or applicant making request.

Requesting Auxiliary Aid(s):

1. Describe specifically what requester believes is needed. Provide photograph where applicable.
2. Reasons: Describe the functional limitations that make this request necessary.

Requester's Signature: Self-explanatory. Standard signature that is recognizable.

Date: Enter the date application is signed by the requester.

Questions: Case worker, client or applicant may contact the DHS ADA Coordinator, gwatts@dhs.hawaii.gov or (808) 586-4955.

PLEASE PROCESS IMMEDIATELY. DELAY IS SOMETIMES DENIAL.

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Determination: To be completed by Case Worker or Supervisor.

Date of Request: Enter date requester signed.

Approved: Accommodation(s) provided (for example: specific cost, dates, item(s), etc.)

Disapproved, Reason(s) Denied: When all or part of the request is denied, state specifically what is disapproved and reason(s) for disapproval.

Approved with Modification: When request is modified, state specifically how it differs from the original request and reason(s).

Approved for Trial Period: Enter start date and end date with comments relative to why the trial period is approved.

PLEASE PROCESS IMMEDIATELY. DELAY IS SOMETIMES DENIAL.

FOR INTERNAL USE ONLY	
Date Request Received in PERS/CRCS with Backup*:	_____
Final Decision:	_____
Date of Final Decision:	_____
Action Taken:	_____
Comments:	_____
Signature:	_____
ADA Coordinator/Civil Rights Compliance Officer	
Date Notice Sent:	_____

***Important Note to Case Workers and Supervisors**

It is important for the immediate supervisor to meet with the client or applicant for DHS services requesting accommodation to discuss the request, which is called the interactive process. More than one meeting is usually necessary. The case worker or supervisor must document the meeting date(s) and time(s), listing those present with specific information about functional limitations, accommodation alternatives considered and specifically what is being approved, disapproved with reason(s), modified with reason(s), and/or trial period being recommended.

An ICF from the immediate supervisor of the program/service through channels (with initials and date(s) signed) to PERS/CRCS with specifics and photographs (where applicable), dates and times of discussion(s) with requester, estimated costs and timeframes, relationship to the services being provided, along with the original, signed request (Request for Auxiliary Aid) is needed prior to processing.

APPENDIX C

DHS Volunteer Interpreter List (Updated June 27, 2022)

APPENDIX D

Court Interpreter Registry (Updated May 16, 2022)

Appendix A of the Hawaii State Judiciary Court Interpreter Certification Program Court Rules, below, lists the requirements necessary for court interpreters to achieve a Tier Designation on the certification program Registry.

Appendix A - Tiers of Court Interpreter Designation				
Tier	Spoken or ASL	Hourly Fee	Designation	Requirement
ALL TIERS OF COURT INTERPRETER DESIGNATIONS MUST FULFILL THE MINIMUM REQUIREMENTS SET FORTH UNDER TIER 1				
6	Spoken	55	Certified Master	Full Consortium Oral Exam: 80% for Simultaneous; 80% for Consecutive; 80% overall for Sight Translation, with at least 75% for each subpart; or Federal Court Interpreter Certification Exam (FCICE)
	ASL	55	Certified Master	RID SC:L
5	Spoken	N/A	N/A	N/A
	ASL	50	Certified Advanced	Tier 4 requirements and fulfillment of "Certified Advanced" requirements (currently being determined)
4	Spoken	45	Certified	Full Consortium Oral Exam: 70% for Simultaneous; 70% for Consecutive; 70% overall for Sight Translation, with at least 65% for each subpart
	ASL	45	Certified	NAD V; or HQAS V; or RID CI and CT; or RID CDI; or RID CSC; or RID RSC
3	Spoken	40	Approved	Full Consortium Oral Exam: 60% for Simultaneous; 60% for Consecutive; 60% overall for Sight Translation, with at least 55% for each subpart; or Abbreviated Consortium Oral Exam: 70% for Simultaneous; 70% for Oral English Proficiency component
	ASL	40	Approved	NAD IV; or HQAS IV; or RID CI or CT
2	Spoken	35	Conditionally Approved	Abbreviated Consortium Oral Exam: 60% for Simultaneous; 60% for Oral English Proficiency component; or Alternative Credential Recognition for passage of an exam approved by the Judiciary
	ASL	N/A	N/A	N/A
1	Spoken	25	Registered	2-Day Basic Orientation Workshop; 70% for Consortium Written Exam; 80% for Hawaii Basic Ethics Test; and Passage of Criminal Background Check
	ASL	25	Registered	2-Day Basic Orientation Workshop; 70% for Consortium Written Exam; 80% for Hawaii Basic Ethics Test; and Passage of Criminal Background Check

HAWAII STATE JUDICIARY COURT INTERPRETER CERTIFICATION PROGRAM

The highest tier achievable for each language may vary. The following table lists the current languages on the Registry and the performance exam available to achieve the highest tier in each language.

LANGUAGE	HIGHEST TIER POSSIBLE	ACHIEVED VIA
American Sign Language	6	RID SC:L
Arabic	6	Consortium Full Exam
Bengali	2	LionBridge Exam
Bulgarian	2	LionBridge Exam
Burmese	2	LionBridge Exam
Cantonese	6	Consortium Full Exam
Cebuano	2	LionBridge Exam
Chuukese	2	LionBridge Exam
Farsi	2	LionBridge Exam
French	6	Consortium Full Exam
German	2	LionBridge Exam
Ilokano	6	Consortium Full Exam
Indonesian	2	LionBridge Exam
Italian	6	Consortium Full Exam
Japanese	2	LionBridge Exam
Khmer (Cambodian)	6	Consortium Full Exam
Korean	6	Consortium Full Exam
Kosraean	1	Written English Exam & Ethics Exam
Laotian	6	Consortium Full Exam
Mandarin	6	Consortium Full Exam
Marshallese	2	LionBridge Exam
Palauan	1	Written English Exam & Ethics Exam
Pohnpeian	1	Written English Exam & Ethics Exam
Polish	6	Consortium Full Exam
Portuguese	6	Consortium Full Exam
Russian	6	Consortium Full Exam
Samoaan	2	LionBridge Exam
Spanish	6	Consortium Full Exam
Tagalog	6	Consortium Full Exam
Taiwanese	2	LionBridge Exam
Thai	2	Consortium Full Exam
Tongan	2	LionBridge Exam
Vietnamese	6	Consortium Full Exam
Woleaian	1	Written English Exam & Ethics Exam
Yapese	1	Written English Exam & Ethics Exam

THE JUDICIARY • STATE OF HAWAII
COURT INTERPRETER CERTIFICATION PROGRAM
COURT INTERPRETER REGISTRY

External Distribution

May 16, 2022

Court interpreters who meet mandatory requirements for interpreting in the state courts under the Hawai'i State Judiciary Court Interpreter Certification Program are published on this Registry. Requesting parties are responsible for further determining the qualifications and competence of the interpreters they hire.

If you have any questions about the Registry, please contact the Office on Equality and Access to the Courts at 808-539-4860.

* Please refer to the Hawai'i Rules for Certification of Spoken and Sign Language Interpreters, Appendix A for the list of tiers and tier requirements.

<u>LANGUAGE</u>	<u>ISLAND</u>	<u>TIER</u>	<u>NAME</u>	<u>CONTACT #</u>
ASL	OAHU	6	LANI, TAMAR H.	8082166898(H); 8082166898(C), tamarness@gmail.com
ASL	OAHU	4	ARKIN, MALA E.	8083871902(W); 8083871902(C), clearaccessinterpreting@gmail.com
ASL	OAHU	4	BAIRD, DARLENE L.	8083522246(C), missinglinkhawaii@gmail.com
ASL	OAHU	4	BLAKE, JENNY S. L.	8082770785(C), codasighi@gmail.com
ASL	OAHU	4	FRIED, JAN L.	8087349891(W); 8087345889(H); 8082950645(C), janfried@gmail.com
ASL	OAHU	4	GONG, DANNY	8087998257(C), dannygong@dannygong.com
ASL	OAHU	4	HUNGERFORD, GINA C.	8087786790(W); 8087786790(C), ginahungerford@gmail.com
ASL	OAHU	4	JACKSON, DEBBRA L.	8082396163(H); 8083922549(C), alii.interpreting.svc@gmail.com
ASL	OAHU	4	KROE-UNABIA, SUSAN L.	8082950647(W), susankroe@gmail.com
ASL	OAHU	4	PEERY, ERIKA E.	5202418752(W); 5202418752(C), erikapeery@yahoo.com
ASL	OAHU	4	SAFRANSKI, LAURA B.	8087723690(C), lauraterp@yahoo.com
ASL	OAHU	4	SAKAL, PATRICIA L.	8082235841(W), mumpkin2@gmail.com
ASL	OAHU	4	THOMPSON, ROBYN J.	2025209454(C), rjthompson80@gmail.com
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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>TIER</u>	<u>NAME</u>	<u>CONTACT #</u>
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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>TIER</u>	<u>NAME</u>	<u>CONTACT #</u>
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APPENDIX E

Office of Language Access Poster



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



<u>Hawai'ian:</u>	E kuhikui mai 'oe i 'ane' i ke pono ka mahele'olelo ('a' ohe kiki).
<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 말씀하셔야 합니다. 비용은 부담않하셔도됩니다.
<u>普通话(华语/國語) (Mandarin):</u>	如果您需要讲普通话的免費翻譯，請指這裡。(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>	သင့်နားလည်သောစကားနှင့် ဘာသာပြန်အလိုရှိပါက မေ့နေရာသို့ညွှန်ပြပါ။ အထက်ပါစကား အတွက်နောက်တစ်ခက်ဆက်သွယ်ရန်လိုအောင်းလျှင်ပါမည်။
<u>ภาษาไทย (Thai):</u>	กรุณาชี้มาที่ข้อความนี้ ถ้าคุณต้องการล่ามภาษาไทย (โดยที่คุณไม่ต้องเสียค่าใช้จ่ายใดๆ)
<u>ភាសាខ្មែរ (Khmer):</u>	លុបបង្ហាញនៅគ្រងនេះមក បើសិនជាអ្នកត្រូវការអ្នកបកប្រែជាភាសានេះ (អ្នកមិនត្រូវការថ្លៃណាមួយទាំងអស់។)
<u>ອັກສອນລາວ (Lao):</u>	ກະ, ນາລຸນີ້ໃສ່ 'ບ' ອັນນີ້ ຖ້າທ່ານຕ້ອງການລ່າມພາສາລາວ (ໂດຍທ່ານບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ)
<u>Marshallese:</u>	Jouj im jitōñe ijin elañe kwoj aikuji juōm am ri-ukok ilo kajin in (ejjelok wōnāñ ñan yuk).
<u>Chuukese:</u>	Itini awenewenan ikeei ika pwún kopwe néunéu emén chón chiakú nón fóosun eei fénu (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 fwin 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>Samoa:</u>	Fa'amolemole tusi lou lima i'i pe 'ā 'e mana'omia se fa'amatala'upu i le gagana lea (e te lē togiina 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).

For more information, please contact: _____.



APPENDIX F

I-Speak Cards (Sample)

Cantonese

Hello, my name is _____.

The language I speak is **Cantonese**. Please find someone who can speak my language so we can talk to each other. Thank you.

Cantonese

Hello, my name is _____.

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Chuukese

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Kapasen Chuuk

Ran allim, itei

Pukutan ai fos, fosun Chuuk. Kose mochen kuttato emon mi sile kapasen fonuwei pwe am upwe tongeni poraus fengen. Killisou.

Kapasen Chuuk

Ran allim, itei

Pukutan ai fos, fosun Chuuk. Kose mochen kuttato emon mi sile kapasen fonuwei pwe am upwe tongeni poraus fengen. Killisou.

Kapasen Chuuk

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Ilokano

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Ilokano

Hello. Siak ni

Ilokano ti pagsasaok. Isapulanakman ti maysa a makasao ti Ilokano tapno mabalintay ti agsasarita. Agyamanak.

Ilokano

Hello. Siak ni

Ilokano ti pagsasaok. Isapulanakman ti maysa a makasao ti Ilokano tapno mabalintay ti agsasarita. Agyamanak.

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Marshallese

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Marshallese

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Kajin Majôl

lakwe, eta in

Kajin eo aô ej Kajin Majôl. Joij im bukôt tok juôn Armij eo ejelâ Kajin e aô bwe kemro en mârôñ kônono iben droon. Kom emmol.

Kajin Majôl

lakwe, eta in

Kajin eo aô ej Kajin Majôl. Joij im bukôt tok juôn Armij eo ejelâ Kajin e aô bwe kemro en mârôñ kônono iben droon. Kom emmol.

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Vietnamese

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Vietnamese

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Tiếng Việt

Xin chào, tên tôi là

Tôi nói tiếng Việt. Xin vui lòng tìm một người nào đó có thể nói tiếng của tôi để chúng ta có thể nói chuyện với nhau. Xin cảm ơn.

Tiếng Việt

Xin chào, tên tôi là

Tôi nói tiếng Việt. Xin vui lòng tìm một người nào đó có thể nói tiếng của tôi để chúng ta có thể nói chuyện với nhau. Xin cảm ơn.

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Tiếng Việt

Xin chào, tên tôi là

Tôi nói tiếng Việt. Xin vui lòng tìm một người nào đó có thể nói tiếng của tôi để chúng ta có thể nói chuyện với nhau. Xin cảm ơn.

APPENDIX G

LEP Action Steps Checklist For Supervisors

DHS LANGUAGE ACCESS

LEP Action Steps Checklist for Supervisors

Assessing Language Needs and Resources

- ✓ Assess program/office capacity to serve Limited English Proficiency (LEP) individuals and populations served.
- ✓ Set up mechanisms to track LEP individuals' language preferences over time and to enable them to receive communications and services in their preferred language.
- ✓ Collect and report data on LEP encounters and expenditures.
- ✓ Ascertain that discrimination complaint procedures are accessible to LEP individuals.

Providing Notice to LEP Persons

- ✓ Place bi-lingual or multi-lingual and pictorial signs in waiting/reception areas and offices.
- ✓ Post bi-lingual or multi-lingual notices at intake area and resource areas. Staff notates in client's file date notices were discussed. Process explained during orientation/intake.

Providing Language Assistance to LEP Persons

- ✓ Affirm that (Division, Agency, Office) protocol for providing interpreter and translation services is updated, distributed and understood by staff.
- ✓ Provide interpreter and translation services in a timely manner.
- ✓ Ensure that interpreters and translators are: fluent in both the source language and the target language; familiar with relevant vocabulary; culturally competent; and understand applicable ethical principles.

Monitoring/Evaluating Services to LEP Persons

- ✓ Solicit feedback from LEP clients on a regular basis to improve LEP services.
- ✓ Set up and follow monitoring procedures for sub-recipients and language service providers.

APPENDIX H

DHS Language Access Protocol

DHS LANGUAGE ACCESS PROTOCOL

Department of Human Services (DHS) is committed to providing meaningful access to persons with limited English proficiency. DHS shall reasonably provide, free of charge, and in a timely manner, competent interpreters. It shall also provide language assistance services at points of contact with DHS, including over the counter and over the telephone encounters for all DHS related business.

1. Determine if the individual is Limited English Proficient (LEP).
 - a. Does not speak English
 - b. Listen for grammar structure and pronunciation
 - c. Inappropriate responses
 - d. Ask questions requiring narrative responses
 - e. Individual may self-identify themselves as LEP and/or deaf or blind.
2. When it is determined that the individual is LEP and/or deaf or blind, identify the individual's interpreting needs. This includes individual's application form, audio and/or visual aids (language posters and I-Speak cards), sign or sight interpreter as possible alternative.
3. Offer interpreter services at no cost to the individual. Staff must request the individual to complete and sign the "Offer and Acceptance or Waiver of Free Interpreter Services" form (DHS 5000, 01/22). This form is valid until a change is requested by the individual.
4. Staff must then arrange for an interpreter based on type and services required:
 - a. DHS volunteer staff interpreter: Go to: Q Drive, LEP, Volunteer Staff Interpreters, 2022)
 - b. Interpreting companies: Refer to the Language Assistance Resources list (Contact Supervisor or Secretary)
 - c. Adult friends/family: Staff shall take reasonable steps to determine if individual providing the interpretation is competent to provide service. Whether conflict of interest, confidentiality or other concerns make use of friends/family inappropriate. Use caution if minor is being asked to provide interpretation.
5. Once an interpreter is found, staff must ensure interpreter completes and returns the "Interpreter Form" (DHS 5050, 01/22). Interpreters from interpreting companies or volunteer staff interpreters who are on the DHS Volunteer Staff Interpreter's list do not need to complete the DHS 5050 form.
6. Staff must document individual's preferred language and record each LEP encounter. Document efforts to arrange for timely interpreter services and decision of the client to accept or decline interpreter services offered by DHS at no cost to the individual in case notes. File in case file: DHS 5000 and DHS 5050, if needed.

APPENDIX I

**DHS Access Hawai'i Brochure
(English and Translated Versions)**

Các khiếu nại phân biệt đối xử có thể được đồng thời nộp lên các cơ quan sau đây:

- U.S. Department of Health & Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (forms)
Email: ocr@hhs.gov
- U.S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: askusda@usda.gov
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office of Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)

- U.S. Department of Housing and Urban Development
Office of Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

CĂN CỨ CỦA CHÍNH SÁCH

Chính sách cơ bản liên quan đến cơ hội sử dụng dịch vụ bình đẳng này phải được áp dụng trong khuôn khổ của Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Title IX of the Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans With Disabilities Act of 1990 như được sửa đổi và theo Đạo luật Sửa đổi của Hawaii có liên quan.

CÂU HỎI

Viết thư, gửi email hoặc gọi cho Ban Chấp hành Quyền Dân sự, Sở Dịch vụ Nhân sinh tại:

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, Hawaii 96809-0339
Email:
DHSCivilRightsBox@dhs.hawaii.gov

JANUARY 2022

DHS 050 VIE



Department of Human Services

ACCESS HAWAII

Quyền của Bạn

Trách nhiệm của Chúng tôi

Sổ tay Quyền Dân sự

Đối với các định dạng khác,
xin gọi:
586-4955

Email:

DHSCivilRightsBox@dhs.hawaii.gov

Vietnamese

CHÍNH SÁCH CỦA SỞ DỊCH VỤ NHÂN SINH (DHS)

Chính sách của Sở Dịch vụ Nhân sinh (DHS) nêu rằng tất cả các cá nhân phải tham gia vào các chương trình, hoạt động và dịch vụ của DHS không phân biệt chủng tộc, màu da, nguồn gốc dân tộc, tuổi tác, khuyết tật, giới tính, tôn giáo và các lĩnh vực khác được bảo vệ bởi luật Liên bang và Nhà nước như được sửa đổi định kỳ.

Chính sách này áp dụng cho tất cả các đơn vị tổ chức, cơ quan và/hoặc các ủy ban và tổ chức nhận hỗ trợ từ Quỹ Nhà nước hoặc Liên bang thông qua hợp đồng hoặc các thoả thuận khác với DHS.

Các chương trình do Nhà nước và Liên bang tài trợ phải được hoạch định và quản lý sao cho những chương trình này không có hiệu lực từ chối cung cấp dịch vụ và/hoặc sự tham gia vào chương trình đối với bất kỳ người hoặc nhóm người cụ thể nào.

PHÂN BIỆT ĐỐI XỬ

Có nhiều hình thức phân biệt đối xử, cả công khai lẫn tinh vi, có thể gây ảnh hưởng xấu đến cơ hội được tiếp cận các dịch vụ một cách bình đẳng của cá nhân hoặc của nhóm. Ví dụ, các hình thức này bao gồm:

- đối xử mỗi người khác nhau trong việc xác định họ có đủ điều kiện sử dụng dịch vụ hay không;

- buộc mỗi người phải sử dụng các dịch vụ riêng biệt hoặc chịu cách đối xử khác biệt, những việc này không đem lại cơ hội tiếp cận bình đẳng các dịch vụ;

- không cung cấp dịch vụ thông dịch ngôn ngữ cho những người không nói được hoặc không nói được nhiều tiếng Anh hoặc thông dịch viên ngôn ngữ ký hiệu cho những người bị suy giảm thính lực hoặc khả năng nói, và
- đặt ra giờ phục vụ gây ảnh hưởng xấu đến một số nhóm người nhất định.

TRÁCH NHIỆM NHÂN VIÊN

Tất cả nhân viên đều có trách nhiệm thực thi chính sách cơ hội bình đẳng trong tiếp cận dịch vụ của DHS (4.10.3). Điều này bao gồm, và không giới hạn đến:

- việc đối xử với tất cả mọi người một cách bình đẳng và lịch sự, và
- việc thông báo cho mọi người về quyền được hưởng cơ hội tiếp cận dịch vụ bình đẳng của họ; các dịch vụ thông dịch miễn phí; được nộp đơn khiếu nại phân biệt đối xử khi họ cảm thấy quyền công dân của họ đã bị xâm phạm; và/hoặc được nộp đơn khiếu nại nội bộ khi họ cảm thấy họ đã bị đối xử bất công.

Bất kỳ nhân viên nào có ý cản trở mục tiêu của DHS là mang đến cơ hội bình đẳng trong tiếp cận dịch vụ sẽ phải chịu hình thức kỷ luật theo thỏa ước lao động tập thể phù hợp.

Quản trị viên Chương trình có trách nhiệm xác định các nhu cầu về ngôn ngữ, văn hóa và khả năng tiếp cận vật lý của số dân mà họ phục vụ. Quản trị viên Chương trình cũng chịu trách nhiệm hoạch định các chương trình sao cho phù hợp với nhu cầu và tuân thủ pháp luật.

Giám sát viên có trách nhiệm đảm bảo các nhân viên của họ nhận thức được trách nhiệm của mình là phải đối xử với tất cả khách hàng một cách công bằng và bình đẳng và phải hỗ trợ cho những người có nhu cầu đặc biệt. Giám sát viên phải đảm bảo rằng khách hàng được giải thích rõ về quyền được hưởng các dịch vụ không phân biệt đối xử của họ.

THỦ TỤC NỘP KHIẾU NẠI PHÂN BIỆT ĐỐI XỬ

Những ai cảm thấy mình đã bị phân biệt đối xử dựa trên một yếu tố được bảo vệ có thể nộp đơn khiếu nại phân biệt đối xử (Mẫu đơn DHS 6000 & 6006). Các khiếu nại cùng lúc có thể được nộp lên các Cơ quan Liên bang và Nhà nước phù hợp trong khung thời gian quy định.

Đơn khiếu nại hành vi được cáo buộc là phân biệt đối xử dưới dạng văn bản chính quy có thể được nộp lên:

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339
Honolulu, Hawaii 96809-0339
Email:
DHSCivilRightsBox@dhs.hawaii.gov

Puede presentar reclamaciones por discriminación concurrentemente a las siguientes agencias:

- U.S. Department of Health & Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (forms)
Email: ocr@hhs.gov
- U.S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: askusda@usda.gov
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office of Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)

- U.S. Department of Housing and Urban Development
Office of Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

BASES DE LA POLÍTICA

Esta política fundamental relacionada con la oportunidad igualitaria de servicios debe aplicarse dentro de los parámetros de Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Title IX of the Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans With Disabilities Act of 1990, según la modificación; y los Estatutos Revisados de Hawái relacionados.

PREGUNTAS

Escriba, envíe un correo electrónico o llame al Personal para el Cumplimiento de los Derechos Civiles, Departamento de Servicios Humanos en:

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, Hawaii 96809-0339
Correo electrónico:
DHSCivilRightsBox@dhs.hawaii.gov

JANUARY 2022

DSH 050 SPA



Department of Human Services

ACCESS HAWÁI

**Sus derechos,
nuestras
responsabilidades**

Folleto de derechos civiles

**Para formatos alternativos,
llame: 586-4955**

Email:
DHSCivilRightsBox@dhs.hawaii.gov

Spanish

POLÍTICA DSH

Según la política del Departamento de Servicios Humanos (DSH) se debe proporcionar a todos los individuos las mismas oportunidades de participar en programas, actividades y servicios del DSH sin importar la raza, el color, la nacionalidad, la edad, discapacidades, el sexo, la religión y otros aspectos protegidos por leyes federales y estatales, según se modifican periódicamente.

Esta política aplica a todas las divisiones organizativas, agencias y/o comisiones y organizaciones que reciben fondos estatales o federales a través de contratos u otros acuerdos con el DSH.

Los programas con fondos estatales y federales deben planificarse y administrarse de forma que no denieguen servicios y/o la participación en el programa a personas o grupos de personas particulares.

DISCRIMINACIÓN

Existen muchas formas de discriminación, públicas y sutiles, que pueden afectar negativamente a la oportunidad de un individuo o grupo para conseguir un acceso igualitario a servicios. Algunos de ellos son:

- tratar a individuos de forma diferente al determinar la elegibilidad para los servicios;
- someter a individuos a servicios separados o un tratamiento diferente que no proporciona un acceso igualitario a los servicios;

- no ofrecer servicios de intérpretes de idiomas para individuos con inglés limitado o no hablantes, o intérpretes de idiomas de signos para personas con discapacidades de audición o habla; y

- establecer horas de servicio que tengan un efecto negativo en ciertos grupos de individuos.

RESPONSABILIDADES DEL EMPLEADO

Todos los empleados son responsables de implementar la política de oportunidades igualitarias de servicios del DSH (4.10.3). Esto incluye, entre otros puntos:

- tratar a los individuos de forma igualitaria y cortés; y
- informar a las personas de su derecho a una oportunidad igualitaria de servicios; servicios gratuitos de interpretación; presentar una reclamación por discriminación cuando creen que se violan sus derechos civiles; y/o presentar una reclamación interna cuando creen que les han tratado injustamente.

Todo aquel empleado que obstaculice intencionadamente el objetivo del DSH de proporcionar un acceso igualitario a los servicios estará sujeto a acciones disciplinarias según el acuerdo de negociación colectiva adecuado.

Los administradores del programa son responsables de determinar las necesidades de la población a la que dan servicio, considerando el idioma, la

cultura y las necesidades de accesibilidad física. Los administradores del programa también son responsables de planificar programas consistentes con dichas necesidades y que cumplan las leyes.

Los supervisores son responsables de garantizar que el personal conozca su responsabilidad de tratar a todos los clientes de forma igualitaria y justa, y de ofrecer asistencia a las personas con necesidades especiales. Los supervisores deben garantizar que se informe a los clientes de su derecho a servicios no discriminatorios.

PROCEDIMIENTOS DE RECLAMACIONES POR DISCRIMINACIÓN

Las personas que se sientan discriminadas en base a un factor protegido pueden presentar una reclamación por presunta discriminación (Formularios DSH 6000 y 6006). Se pueden presentar reclamaciones concurrentes a las agencias federales y estatales adecuadas en los plazos de tiempo indicados.

Las reclamaciones por presunta discriminación formales y por escrito pueden presentarse a:

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339
Honolulu, Hawaii 96809-0339
Correo electrónico:
DHSCivilRightsBox@dhs.hawaii.gov

Abŋōŋō ikijen jermal in kalijeklok maroñ
lemaanlok ilo juōn wōt tōre ñan jikin kein:

- U.S. Department of Health & Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (forms)
Email: ocr@hhs.gov
- U.S. Department of Agriculture
Director OCR, Room 326-W, Whitten
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Phone: (202) 720-5964
(*Supplemental Nutrition Assistance Program-SNAP*); OR
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office of Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)

- U.S. Department of Housing and Urban Development
Office of Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

MELELE KO RAORŌK

IKIJEN KAKIEN

Laajrak in kajikan kein ikijen jīmwe im jejjet ilo jermal in iibañ ko ñan bukot jeraman aikuij in jermal ilo tore eo emoj karōke kin Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Title IX of the Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans With Disabilities Act of 1990, einwōt emoj kemlet; im ebaake lok wōt HAWAII Jekjek Ko Rekāāl.

KAJITOK KO

Jeje, email ak kir lok Rijerbal ro rej Bōk Eddoon Jerbal ko Rejejjet im Jimwe, Ra eo lolorjake Jerbal in Jibañ Armij ilo:

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, Hawaii 96809-0339
Email:
DHSCivilRightsBox@dhs.hawaii.gov

JULY 2022

DHS 050 MAH



Department of Human Services

ACCESS HAWAII DELOÑE HAWAII

Jimwe Ko

Am Am Eddo

Peba Eo Kemlele Ikijeen Jimwe
Ikijen oktak in jekjek ko, kir lok:
586-4955

Email:

DHSCivilRightsBox@dhs.hawaii.gov

Marshallese

DHS KAKIEN

Ej kakien jen Ra eo Eddoon Jerbal nān Armij (DHS) bwe kajojo armij aikuij bwe en ilok nān er jekjek ko rejimwe nān maroñ bōk konaer ilo būrookraam, makitkit im jermal ko ejelet DHS ilo ejelok kalikjeklok nae jabrewōt, ikijen kil, armij in la t, dettan, utame ilo enbwīn, kōra ak emaan, kabuñ im ekoba ijoko jet im rebed ilo lolorjake an Federal im kakien ko an juon Lal, einwōt an walok ien otemjeje.

Kakien in ej jermal nān aoleb jeban jikin jermal ko, ra ko im/ak ro rej bōk eddo, im doulul ko rej bōk jibañ ikijeen jeen jen Lal ak Federal iloan koonteraāk ko ak wāween kon ko jet ippān DHS.

Lal im Federal- būrookraam ko im rej bōk jipañ aikuij peek im kōmman bwe renjab naaj jelet ilo kariab ak bobrae jermal in jibañ im/ak bōk konaan ilo būrookraam nān jabrewōt armij ak doulul in armij ro.

KALIKJIEKLOK

Eloñ kain jekjek ko ikijen kalikjeklok, aolebeer im ralikar jemaroñ loi, emaroñ ilo wewen eo ekemetak juon armij ' ak doulul ko' nān kolaplok maroñ Topar menin jipañ ko. Wāween kein ekoba, nān waanjoñok:

- kōmman ko nae kajojo rooktaklok ilo wāween pukōt kilen nān maroñ bōk jipañ kein;
- Lelok nān kajojo armij jermal ko rejenekel ak jipañ ko rooktak, ko rejab lelok wāween ko rejimwe nān maroñ tobar jipañ ko;

- Likjab in lelok melele ilo jermal in ukok nān ro im ejabwe ak rejab kenono kajin-Belle ak rukok nān ro eloñ utame ilo roñjake ak ro rejab maroñ kenono; im
- kōmman awa in jipañ nān doulul in armij ro rejab erra ilo wāween in ejelet er.

EDDO KO

AN RIJERBAL

Aoleb rijerbal rej aer eddo nān ejaake jermal eo ikijen DHS' ilo kakien eo ejimwe jejjet nān tobar menin jibañ kien (4.10.3). Ekoba kein, im ejelok joñak nān:

- kōmman ko nae kajojo armij ilo jimwe im jouj kautiej; im
- kwalok nān armij ikijen jimwe ko aer nān maroñ tōpar menin jipañ ko ilo juon wāween eo jejjet; ikijen ukok ilo ejelok oneen; nān lemaanlok juon abnoño nae jermal in kalikjeklok elañne rej lemna ke jimwe eo aer emoj kajej tokjen; im/ak nān lemaanlok juon abnoño elañne rej lemna bwe wāween in ar walok nān er.

Jabrewōt rijerbal eo ej wōnmanlok wōt ilo an kejekdoan wāween kein DHS' ilo lelok jimwe jejet nān tōpar jibañ ko naaj maroñ naruon kin lelok kaje ekkar nān erra im kon ko emōj kabeni.

Ro Iloñ Nān Koman Bebe rej eddo ilo lolorjake kōmman bwe aikuij ko ikijen eddeklok in armij ilo aer jibañ, ekitbuuj kajin, manit, im wewen ko ejelet enbwīn nān tobar menin aikuij ko. Rijerbal ro rej Eddo in būrookraam in rej lolorjake ta ekar nān būrookraam ko im renaaj jimwe

im jejjet ekkar nān aikuij ko, im rejejjet nān kakien ko.

Ro rej Eddoin Rijerbal rej eddo ilo lolorjake im lale bwe rijerbal ro aer ren melele kin eddo ko aer ikijen lelok jermal ilo jokin wōt juon nān kajojo ro rej bōk jibañ, im lelok jibañ nān ro im rejenolok kin aikuij ko aer. Ro rej eddo in rijerbal rein rej aikuij kanuij late bwe ro rej bōk jibañ ren melele kin jimwe ko aer nān - ejelok jermal ko in kalikjeklok.

JEKJIEK KO IKIJEN

JERBAL IN KALIKJIEKLOK

Armij ro, rej eñjake ke eloñ jermal in kalikjeklok nae er itok wōt jen juon jermal eo kin kwalok juon men eo ejimwe, maroñ lemaanlok an abnoño ikijen jermal in kalikjeklok (DHS Peba ko 6000 & 6006). Abtof ko aoleb ijin maroñ limanlok nān ijoko rekka Kien im Ra ko kajojo an juon Lal iloan tore eo emoj karke.

Aikuij itok ilo jeje ilo wāween eo ejimwe nān kwalok abnoño kein am ikijen jermal in kalikjeklok maron lemanlok iben:

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339

Honolulu, Hawaii 96809-0339

Email:

DHSCivilRightsBox@dhs.hawaii.gov

歧視投訴可以同時交送給如下機構：

- U.S. Department of Health & Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (forms)
Email: ocr@hhs.gov
- U.S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: askusda@usda.gov
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office of Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)

- U.S. Department of Housing and Urban Development
Office of Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

政策基礎

關於平等服務機會的基本政策必須遵循 Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Title IX of the Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans With Disabilities Act of 1990 的特征，經修改；并于夏威夷修訂后的法規相關。

問題

寫，發送電子郵件或者打電話給民政部的公民權力投訴人員：

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, Hawaii 96809-0339
電子郵件：
DHSCivilRightsBox@dhs.hawaii.gov



Department of Human Services

ACCESS HAWAII

進入夏威夷

你的權力

我們的義務

公民權力手冊

需要其他格式，撥打電話：
586-4955

Email: DHSCivilRightsBox@dhs.hawaii.gov

Chinese

JANUARY 2022

DHS 050 CHI

DHS 政策

民政部（DHS）的政策是必須向所有個人提供平等的機會來參與 DHS 的項目，活動和機會，不論種族，膚色，民族，年齡，殘疾，性別，宗教和其他被聯邦和州法律保護的領域，定期修改。

政策適用於所有的組織分支，機構和/或通過合同或其他 DHS 安排接受州或聯邦基金的組織。

州和聯邦資助的項目必須這樣安排和執行，使它們不會影響到拒絕服務和/或任何特定個人或群體參與到項目中。

歧視

有許多形式的歧視，都是明顯并微妙的，會對個人或群體接受平等服務產生不利影響。它們包括，例如：

- 在決定獲得服務資格時對個人採用不同對待方式；
- 讓個人成為不同服務或不同對待的對象，沒有提供均等的機會獲得服務；

- 沒有向語言受限或不懂英語的個人提供語言翻譯服務，或者，或沒有對聽力或語言有障礙的人提供翻譯；還有

- 確定幾小時的服務，會對特定群體或個人產生不利影響。

員工職責

所有員工對 DHS 的均等服務機會政策(4.10.3)的實施負責。這包括，並不僅限於：

- 平等有禮地對待所有個人；并
- 告知人們他們享有的權利，包括均等的服務機會；免費翻譯服務；當感到公民權利被侵犯時提起歧視訴訟；和/或當感到受到不公對待時提起內部訴訟。

任何故意阻礙 DHS 提供均等服務機會的目標的員工都會受到處罰，依據相應的勞資協議。

項目管理員有責任確定他們服務的人群的需要，考慮語言，文化，以及身體上可獲得的需要。項目管理員也對於規劃項目，使它們滿足這些需要并符合法規負責。

主管負責確保員工知曉他們要平等公平對待所有客戶的責任，並對有特殊需要的人群提供協助。主管必須確保客戶知曉他們享有無歧視服務的權利。

歧視投訴程序

感到因某個受保護的因素而受到歧視的人們，可以提交一份歧視投訴 DHS 表格 6000 & 6006）。同時發生的投訴可以在規定時間內呈交給聯邦和州機構。

手寫的正式歧視投訴可以呈交給：

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339
Honolulu, Hawaii 96809-0339
電子郵件:
DHSCivilRightsBox@dhs.hawaii.gov

差別に関する苦情は次の機関に同時に提出していただけます：

- U.S. Department of Health & Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (forms)
Email: ocr@hhs.gov
- U.S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: askusda@usda.gov
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office of Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)

- U.S. Department of Housing and Urban Development
Office of Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

本方針の原則

公平なサービス機会に関わるこの基本方針は、Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Title IX of the Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans With Disabilities Act of 1990 の範囲内で、改正内容どおりに、およびハワイ州の改訂法令に従って、申請されなければなりません。

ご質問

ヒューマンサービス省の人権擁護スタッフまで、書面、Eメール、または電話でお問い合わせください：

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, Hawaii 96809-0339
Email:
DHSCivilRightsBox@dhs.hawaii.gov

JANUARY 2022

DHS 050 JPN



Department of Human Services

ACCESS HAWAII

アクセス・ハワイ

あなたの権利と当方の責任範囲について

人権に関するパンフレット

別のフォーマットをご希望の場合は、お電話ください：
586-4955

Email:

DHSCivilRightsBox@dhs.hawaii.gov

Japanese

DHSの方針

ヒューマンサービス省 (DHS) は、全ての個人に、人種、皮膚の色、出身国、年齢、障害、性別、宗教に関わらず、およびその他の連邦法ならびに州法によって定期的に改正される内容によって保護される範囲において、DHSのプログラム、アクティビティ、およびサービスに参加する機会を公平に提供する義務があることを方針としています。

この方針は、DHSとの契約またはその他によって州または連邦の資金を受け取る全ての組織区分、機関、および/または委員会ならびに組織に適用されます。

州および連邦によって資金援助を受けているプログラムは、いかなる特定の人物またはグループに対しても、サービスおよび/またはプログラムへの参加を拒否する結果とならないように計画され、および運営されなければなりません。

差別

差別には明白および微妙なものを含めて様々なかたちがあり、これは個人やグループがサービスに公平にアクセスできるような機会に不利な影響を与えていることがあります。例としては以下が含まれます：

- サービスを受ける資格があるかどうか見定める過程で、個人によって異なった対応を行うこと；
- サービスへの公平なアクセスをもたらさないような別のサービスや異なる対応を個人に提供すること；
- 英語力が限られる、または全く英語が話せない個人に翻訳を提供することや、または聴覚障害または言語障害のある個人に手話の翻訳を提供すること；および
- 特定のグループに対して有害な影響のあるサービスを設定すること。

職員の責任

職員はDHSの公平なサービスを受ける機会に関する方針 (2003年4月10日)の導入に責任を持ちます。これには以下が含まれますが、これらに限られるわけではありません：

- 全ての個人に平等かつ丁寧に対応する；および
- 公平なサービスを受ける機会に関する権利；無料の通訳サービス；人権が侵されたと感じたときに差別に関する苦情を提出する；および/または、不公平な扱いを受けたと感じた時に、内部苦情を提出することについて、人々に知らせる。

サービスへの公平なアクセスを提供しようとするDHSの目的を故意に妨げようとする職員は、該当する労働協約に従った懲戒処分の対象となります。

プログラム管理者は、サービスの対象となる住民のニーズを、言語、文化および身体的なアクセス性を考慮に入れ決定する責任を持ちます。プログラム管理者は、これらのニーズに一致し、かつ法律に従ったプログラムの設計にも責任を持ちます。

スーパーバイザーは、スタッフが全てのクライアントに平等かつ公平に対応する責任があることを認識させ、特別なニーズのある人々に援助を提供する責任を持ちます。スーパーバイザーは、クライアントが持つ差別のないサービスを受ける権利について、クライアントが知っていることを確認します。

差別に関する苦情の処理

保護の対象となる要因に基づいて差別を受けたと感じる人々は、差別に関する苦情を申し立てることができます (DHS フォーム 6000 & 6006)。該当する連邦および州の機関に、指定期間中において、同時に苦情を提出することができます。

書面による公式な差別に関する苦情の申し立ては、次に提出してください：

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339
Honolulu, Hawaii 96809-0339
Email: DHSCivilRightsBox@dhs.hawaii.gov

차별 제소는 다음 기관에도 동시에 제기할 수 있습니다:

- U.S. Department of Health & Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocriportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (forms)
Email: ocr@hhs.gov
- U.S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: askusda@usda.gov
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office of Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)

- U.S. Department of Housing and Urban Development
Office of Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

정책 근거

동등 서비스 기회에 관한 기본 정책은 수정된 Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Title IX of the Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans With Disabilities Act of 1990 과, 하와이의 수정 법령체계의 범위 이내에서 적용해야 합니다.

질문

인권서비스국의 시민권 제소 담당자에게 서면, 이메일, 또는 전화로 접촉할 수 있으며, 연락처는 다음과 같습니다:

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, Hawaii 96809-0339
Email:
DHSCivilRightsBox@dhs.hawaii.gov

JANUARY 2022

DHS 050 KOR



Department of Human Services

ACCESS HAWAII

하와이에
다가가기

당신의 권리와

우리의 책임

시민권 브로셔

다른 양식이 필요하면
이곳으로 연락: 586-4955

Email:

DHSCivilRightsBox@dhs.hawaii.gov

Korean

DHS 정책

인적서비스국(DHS)의 정책은 DHS의 프로그램, 활동 그리고 서비스에 참여하는 개인들이 인종, 피부색, 출신국, 연령, 장애, 성, 종교와, 연방법과 주법이 수정에 의해서 또는 정규적으로 보호하는 그 밖의 영역에 대하여 동등한 기회를 부여 받아야 한다는 것입니다.

이 정책은 조직 내 부서, 에이전시 전부, 그리고/또는 DHS와의 계약 또는 기타 배치에 의해 주 또는 연방의 자금지원을 받는 모든 위원회와 조직에 적용됩니다.

주와 연방의 자금지원을 받는 프로그램은 어떠한 특정인 또는 특정 집단이라도 참여가 거부되는 효력이 없도록 계획하고 수행해야 합니다.

차별

차별은 공공연하고 사소한 것 사이에 수많은 형태가 있지만 ‘개인’ 또는 ‘집단’이 서비스에 평등하게 접근하는데 적대적인 영향을 미칩니다. 여기에는 다음 내용이 포함됩니다:

- 서비스 자격 결정에서 개인들을 다르게 대우하는 것;

- 개인들에게 서비스를 구분하거나 별도로 대우하여 서비스에 동등하게 접근하지 못 하게 하는 것;
- 영어 사용에 한계가 있거나 이를 구사하지 못 하는 사람에게 통역자를 배치하지 않거나, 청각 또는 구음 장애인에게 수화통역자를 제공하지 않는 것; 그리고
- 특정한 집단 또는 개인에게 적대적 영향을 미치는 서비스를 장시간 동안 제공하는 것.

직원의 책임

모든 직원은 DHS의 동등 서비스 기회 정책(4.10.3)에 책임이 있습니다.

여기에는 다음이 포함되며, 반드시 여기에 국한되지는 않습니다.

- 모든 개인을 동등하고 친절하게 대우할 것; 그리고
- 사람들에게 동등 서비스 기회, 무료 통역 서비스 제공, 자신의 시민권이 침해되었다고 느낄 때 차별 제소의 제기, 그리고/또는 부당하게 대우받았다고 느낄 때 제기하는 내부제소 등 그들의 권리를 알릴 것.

동등 서비스 접근 제공에 관한 DHS의 목적을 의도적으로 위반하는 직원은 누구나 해당 단체협약 합의에 의하여 징계처분 대상이 됩니다.

프로그램 담당관들은 서비스 대상자들의 언어, 문화, 그리고 물리적 접근성 필요를 고려하여 서비스 내용을 판단할 책임이 있습니다. 프로그램 담당관들은 프로그램을 기획할 때 이 필요에 적합하도록 하고 범을 준수하도록 할 책임도 있습니다.

감독자들은 그들의 실무자들이 민원인들을 동등하고 정당하게 대우하며, 특별한 필요가 있는 사람에게는 도움을 제공할 책임이 있다는 것을 주지시킬 책임이 있습니다. 감독자들은 민원인들에게 차별 없는 서비스를 알려야 한다는 것을 주지시켜야 합니다.

차별 제소 절차

보호받는 분야에 근거하여 자신이 차별 받았다고 느끼는 사람은 차별대우주장 제소(DHS 양식 6000 & 6006)를 제기할 수 있습니다. 동시 재판권이 있는 제소는 기한 이내에 적절한 연방과 주 당국에 제소할 수 있습니다.

서면으로 작성하는 공식 차별대우주장 제소의 대상은 다음과 같습니다:

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339
Honolulu, Hawaii 96809-0339
Email:
DHSCivilRightsBox@dhs.hawaii.gov

E mafai ona lipotia se faailoga tagata i le taimi lava e tasi ma nei vaega eseese o loo mulimulimai:

- U.S. Department of Health & Human Services
Director, Office for Civil Rights (OCR)
Room 509F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (forms)
Email: ocr@hhs.gov
- U.S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: ASKUSDA@usda.gov
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office of Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)

- U.S. Department of Housing and Urban Development
Office of Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

Mafuaaga mo lenei faatulagaga

O lenei faatulagaga faavae e faagatasi ai se auaunaga avanoa e tatau ona faatinoina i lalo o nei tulaga Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Title IX of the Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans With Disabilities Act of 1990, pei ona teuteuina; ma fesoota'i Faatonuga faafouina o Hawaii.

Fesili

Tusi atu, imeli pe vili atu i le aurfagaluega o 'aiaiga totino, Matagaluega mo faatinoina mana'oga faaletagata i:

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, Hawaii 96809-0339
Imeli:
DHSCivilRightsBox@dhs.hawaii.gov

January 2022

DHS 050 SAM



Department of Human Services

ACCESS HAWAII

Ou 'aiaiga
faaletulafono

O matou matafaioi

Polosiu mo 'aiaiga
faaletagata

Mo nisi faatulagaga,
ia vili atu:
(808) 586-4955

Email:

DHSCivilRightsBox@dhs.hawaii.gov

Samoa

DHS POLICY

O le faatulagaga mo le Matagaluega mo faatinoina manaoga faaletagata (DHS) o tagata uma e tatau ona maua se avanoa e talafeagai e fai sao ai i polokalame, gaioiga ma sauniuniga mai DHS e aunoa ma le faailogaina tagata ona o latou aganuu, lanu, tupuuga, tausaga matua, faaletonu tau i le soifua, tane po o fafine, tapuaiga ma isi tulaga o loo puipuia e tulafono o le malo ma tulafono o le Setete, pei ona suia mai lea taimi i lea taimi.

O lenei faatulagaga e aofia ai so o se matagaluega po o vaega, kamupani po o faalapotopotoga e taliaina tupe ole malo po o le Setete e ala i konakalae po o isi maliega ma DHS.

O polokalame ua lagolagoina e tupe mai le malo po o le Setete, e tatau ona faasoaso atu i se auala e oafafia ai ile le taliaina se tasi po o se vaega o tagata i le fai sao i se polokalame.

FAAILOGA TAGATA

E eseese auala e faailoga ai tagata, i se auala tuusa'o pe faailiolilo, e ono mafai ona aafia i se auala faaletonu se tasi po o se vaega o tagata mai le mauaina se avanoa talafeagai i ni sauniuniga po o se polokalame. E aofia ai, mo se faata'ita'iga:

- feutaga'i ma seisi i se auala e ese mai le tulaga masani mo le tilofaia agavaa;
- faaesea ni vaega o tagata e ala i le auala e feutaga'i iai pe faatinoina se gaioiga ia i latou, le e faamaonia e le o maua se latou avanoa e talafeagai.

e faatulagaina polokalame e talafeagai ma na manaoga ma e ogatusa ma tulafono.

O e o loo vaavaaia le polokalame e iai le matafaioi ia mautinoa ua malamalama le auaigaluega i latou tiute e feutaga'i lelei ma tagata uma i se auala talafeagai, ma ia fesoasoani atu i e o loo iai manaoga faapitoa. E tatau i e o loo vaavaaia ona faailoa atu i o latou tagata auai o latou 'aiaiga faaletulafono e maua ai sauniuniga e aunoa ma ni faailoga tagata.

FAAILOGA TAGATA **FAATULAGAGA MO LE** **LIPOTIA SE FAALETONU**

O se tasi ua lagona ua faileagaina ma faailoga tagata faavae i se mea e le faailoa atu, e mafai ona lipotia lea tuua'iga mo le faailoga tagata (DHS) Pepa Numera 6000 & 6006) I le taimi lava e tasi e mafai ona lipoti atu ni faaletonu i matagaluega o le Malo po o le Setete talafeagai i se vaiataimi faatulagaina.

O faailoga tagata ua uma ona faamaumauina e mafai ona lipotia atu i:

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339
Honolulu, Hawaii 96809-0339
Imeli:
DHSCivilRightsBox@dhs.hawaii.gov

- ua le sauni atu se faailiuga mo tagata e ititi pe le tautala foi i le gagana faa-Peratania po o faailiuga mo tagata logonoa mo tagata e faaletonu le faalogo po o le tautala; ma

- faatulaga se taimi e faigata pe aafia se vaega o tagata i se auala faaletonu.

IGOA O LE KAMUPANI O **LOO GALUE AI MATAFAIOI**

O tagata ta'ifoatasi e iai le matafaioi e faatinoina le faatulagaga mo le maua e tagata uma se avanoa talafeagai pei ona faatulagaina mai e DHS (4.10.3). O lea e aofia ai, ae le gata ile:

- feutaga'i ma tagata uma i se auala faaaloaloga; ma

- faailoa atu i isi o latou 'aiaiga faaletulafono mo le mauaina se avanoa talafeagai; o faailiuga e foa'i fua; e mafai ona lipotia atu se faailoga tagata pe a lagona ua soli tapulaa; ma/pe afa'i foi e lipotia se faaletonu i totonu ole va o seisi o lea lava kamupani.

So o se kamupani e fai ma le lofo iai e solia le faatulagaga o DHS o le taumafai e avanoa ni sauniuniga mo tagata uma o le a faasalaina e tusa ai ma maliega o loo aafia ai.

O e o loo taulima le polokalame ua iai le matafaioi e iloa ai manaoga o i latou e faaoga nei sauniuniga, e amana'ia le gagana, aganuu, ma manaoga tau faaletino. O e o loo taulima le polokalame e iai le matafaioi

Ti reklamo nga diskriminasion ket mabalin nga ipila nga aggigiddan kadagiti surmaganad nga ahensia:

- U.S. Department of Health and Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

- U.S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: askusda@usda.gov

- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)

- U.S. Department of Education
Region IX, Office for Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)

- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)

- U.S. Department of Housing and Urban Development
Office for Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

PAGIBASARAN DAYTOY A POLISIA

Daytoy a pagibasaran nga polisia maipapan iti pada-pada nga gundaway kadagiti serbisio ket masapul a mai-aplikar ti panangiwanwan ti Title VI iti Civil Rights Act ti 1964; Title VIII iti Civil Rights Act ti 1968; Title IX iti Education Amendment ti 1972; Section 504 iti Rehabilitation Act ti 1973; ken Title II iti Americans with Disabilities Act ti 1990, kas na-amendaran; ken mainaig iti Hawaii Revised Statutes.

SALUDSOD

Agsurat, ag-email, wenna awagan iti empleado ti Civil Rights Compliance, Department of Human Services iti:

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, HI 96809-0339
E-mail: DHSCivilRightsBox@dhs.hawaii.gov

January 2022

DHS 050



Department of Human Services

ACCESS HAWAII

Dagiti Karbengan yo

Dagiti Responsibilidad mi

Polyeto Dagiti Karbengan a Sibii

Para dagiti sabali nga porma,
awagan ti: (808) 586-4955

Email: DHSCivilRightsBox@dhs.hawaii.gov

ILOCANO

POLISIA TI DHS

Polisia ti Department of Human Services (DHS) nga amin nga tattao ket maikkan iti pada-pada nga gundaway nga makiraman iti programa, aktibidades ken serbisio ti DHS nga saan a kitaen ti puli, kolor, naggapuan a sangkailian, edad, disabilidad, sekso, relihion ken dadduma nga pakabuklan ti nasakupan nga protektado iti linteg ti Estado ken Pederal, kas maamendaran nga maibaet-baet.

Daytoy a polisia ket mai-aplikar iti amin nga dibision ti organisasion, ahensia ken/wenno komisyon ken organisasion nga agawat iti pundo nga aggapu iti Estado wenno Pederal wenno ania man nga areglo wenno ur-umos ken ti DHS.

Dagiti programa nga napunduan ti Estado wenno Pederal ket masapul a maplano ken matarawidwan tapno ti epekto na ket awan ti saan nga matalikudan iti serbisio ken/wenno pannakiraman iti programa para iti ispesipiko nga tao wenno grupo ti tattao.

DISKRIMINASION

Adu ti klase ti diskriminasion, agpada nga kinapalgaak wenno pasagid a mabalin nga makaapekto kadagiti gundaway ti tattao wenno grupo a makatun-oy iti pada-pada nga addaan waya na kadagiti serbisio. Mainayon dagitoy, kas pangarigan:

- panangtrato kadagiti tattao a saan nga pada-pada iti panangikeddeng ti kualipikasion para iti serbisio;
- panangidasig kadagiti tattao iti sabali nga serbisio wenno pannakatrato, nga saan a mangted iti pada-pada a panangala ti serbisio;

- mapapaay a panangted iti agipatarus ti lengguahe wenno pagsasao kadagiti limitado iti panagsao da iti Ingles wenno kadagiti agipatarus iti serias nga lengguahe kadagiti tattao nga addaan perdi ti panagdenggeg wenno panagsao da; ken

- panangipasdek iti oras ti serbisio nga addaan epekto a panagkontra kadagiti sierto nga grupo wenno tattao.

RESPONSIBILIDAD DAGITI EMPLEADO

Amin nga empleado ket responsable para iti panagtungpal ti polisia ti DHS para iti pada-pada a gundaway kadagiti serbisio (4.10.3). Mairaman ti, ken saan a limitado iti:

- panangtrato a pada-pada ken panagdaydayaw ti amin nga tattao; ken
- pakaammo kadagiti tattao dagiti karbengan da para iti pada-pada nga gundaway kadagiti serbisio; para iti libre a serbisio ti agipatarus; panangipila iti reklamo no marikna da nga kalintegan da; ken/wenno agipila da iti reklamo no marikna da nga saan a naikalintegan ti pannakatrato da.

Ti siasinoman nga empleado nga aggagara nga manglapped daytoy nga panggep ti DHS a mangted ti pada-pada nga pangala ti serbisio ket mabalin nga madisiplina babaen ti maikanatad iti collective bargaining agreement.

Responsibilidad dagiti administrador ti programa a mangikeddeng dagiti kasapulan ti populasion nga maikkan ti

serbisio, iraman a kitaen ti lengguahe, kultura, ken kasapulan a pisikal. Dagiti administrador ti programa ket responsible da pay nga agplano kadagiti programa nga natunos kadagitoy a kasapulan ken panangsurot dagiti linteg.

Responsibilidad met **dagiti superbisor** a masapul nga dagiti empleado ket ammo da dagiti responsibilidad da a mangtrato a pada-pada ken kas maianatup iti amin a kliente ken mangted iti tulong kadagiti tattao nga addan naisangsangayan a kasapulan. Masapul nga ipasagepsepeg dagiti superbisor nga amin a kliente ket naibagaan iti karbengan da maipanggep ti saan a pannakadiskiminar iti serbisio.

ALLAGADEN ITI REKLAMO NGA DISKRIMINASION

Dagiti tattao nga makarikna nga nadiskriminar da babaen iti protektado nga banag ket mabalin nga agpila iti reklamo ti masuspetsa nga diskriminasion (DHS Forms 6000 & 6006). Dagiti aggigiddan nga reklamo ket mabalin nga ipila kadagiti maseknan nga ahensia ti Estado ken Pederal segun iti nailatang nga tiempo.

Ti naisurat a pormal nga reklamo maipanggep ti masuspetsa nga diskriminasion ket mabalin nga ipila ti:

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339
Honolulu, HI 96809-0339

E-mail: DHSCivilRightsBox@dhs.hawaii.gov

Hiki ke waiho i ka/na hoopii no ka hookae kanaka me na keena malalo nei:

- U.S. Department of Health & Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (forms)
Email: ocr@hhs.gov
- U.S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: askusda@usda.gov
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office for Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)

- U.S. Department of Housing and Urban Development
Office for Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

KE KUMU NO KEIA LULA

He lula kumu no keia no ka lawelawe ana i ka lehulehu me ke kaulike pu, he pono e hooko ia maloko o na palena o ka Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Title IX of the Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans With Disabilities Act of 1990, e ilike me ia i hoololi ia; Section 1557 o ka Affordable Care Act a me na kanawai Hawaii Revised Statutes.

NINAU

E kakau i ka leka, ka leka uila, a i ole e kelepona i ka Civil Rights Compliance Staff, Department of Human Services ma ka:

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, Hawaii 96809-0339
E-mail: DHSCivilRightsBox@dhs.hawaii.gov

IANUALI 2022

DHS 050 HWN



Oihana Lawelawe Lehulehu
Department of Human Services

KULEANA HAWAII

Kou Kuleana, Ko Kakou Kuleana

Palapala Pono Kiwila

**No na ano like ole o ka
hoomaopopo ana, e kelepona i
ka:
(808) 586-4955**

Olelo Hawaii

LULA ALAKAI O KA DHS

O ka lula nana e alakai i ka hana ma ka Oihana Lawelawe Lehulehu (Department of Human Services: DHS), he pono e hoomaopopo ia na kanaka a pau no ke komo ana i na polokalamu, na papa hana, a me na hana lawelawe o ka DHS me ka nana ole pu i ka lahui, ke kala o ka ili, ke kupa aupuni, ka nui o ka makahiki, ke kina o ke kino, ina he kane a wahine paha, ka aoao hoomana, a me na ano like ole i hoomalua ia malalo o na kanawai pekelala me ka mokuaina, e like me ia i hoololi ia.

Ua pili keia lula alakai i na mahele like ole a pau o ka hui, na keena, a i ole na komikina me na hui e loa ana ia lakou ke kala pekelala ma o na palapala aelike a i ole ma kekahi ano hoonohonoho ana me ka DHS.

He pono e hoolala a hoomalua ia na polokalamu pekelala a mokuaina i hoolako ia ai ke kala ma ke ano aohe hoole ia o ka lawelawe a i ole ke komo ana o kekahi poe a i ole kekahi ano poe i ka polokalamu.

KA HOOKAE ANA

Nui na ano hookae ana, he akaka kekahi a huna ia kekahi, a he alai keia hana i ka lawelawe ia ana o kekahi poe kanaka. O kekahi ano poe kanaka, oia hoi:

- ka hana ana ma kahi ano okoa no kekahi poe mamua o kekahi poe no ka hooholo ana i ka mea e kupono ai ka hana lawelawe;

- ka hookaawale ana i kekahi poe i ka lawelawe ia ana o ka hana lawelawe a i ole ka lapaau ana ma ke ano aohe i like a like no ka poe a pau loa;

- ka hoole ana i ka hoolako ana i ka mea unuhi olelo no ka poe aohe olelo Pelekania a i ole ka poe unuhi kuhikuhi lima no ka poe piilikia o ka lohe a i ole ka walaau ana, a me;

- ka hoopaa ana i na hola lawelawe e piilikia ai kekahi poe a ano poe kanaka paha.

NA KULEANA LIMAHANA

O ke kuleana o na limahana a pau, oia ka hooke ana i ka lula alakai lawelawe kaulike o ka DHS (Helu 4.10.3). Penei ka manao, aole nae kaupelana loa ia penei:

- ka lawelawe kaulike ana i na kanaka a pau me ka oluolu no; a me

- ka hoomaopopo ana i na kanaka no ko lakou mau kuleana i ka lawelawe kaulike; ka hoolako ia i ka mea unuhi olelo; ka waiho ana i ka hoopii hookae ke manao ia ua wawahi ia ke kuleana kiwila; a i ole ka waiho ana i ka hoopii kuloko ke manao ia aohe kaulike o ka hana ana.

E hooponopono ia ka limahana nana e alai i ka hana a ka DHS e lawelawe kaulike aku e like me ia ma ka aelike collective bargaining.

Na ke Poo o ka Polokalamu e hooholo i na mea e pono ai ka lehulehu a lakou e lawelawe ai, ka hooholo ana i ka olelo, ke ano nohona kanaka, a me na mea e pono ai ka nee ana o na kanaka. Na ke Poo o ka Polokalamu no hoi e hoolala i na polokalamu e ku ai i na mea e pono ai kanaka e like ma ke kanawai.

Na na luna e ao i na limahana i ka lakou hana, oia ka lawelawe kaulike ana a kokua i ka poe me ke kino kina. Na na luna e nana i ka hoomaopopo ia o na mea i lawelawe ia no ko lakou mau kuleana e lawelawe ia me ka hookae ole ana.

KA WAIHO HOOPII ANA

No ka poe e manao nei ua hookae ia lakou mamuli o kekahi ano i papa ia ai ka hookae ana, he hiki no ke waiho i ka hoopii hookae (DHS Forms 6000 & 6006). Hiki no ke waiho ia na hoopii me na keena pekelala me ka mokuaina maloko o ka manawa i kuhikuhi ia ai.

Waiho ia na hoopii hookae i kakau ia ai ma ka:

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339

Honolulu, Hawaii 96809-0339

E-mail: DHSCivilRightsBox@dhs.hawaii.gov

Maaaring sabay-sabay na iharap ang mga reklamo ng diskriminasyon sa mga sumusunod na ahensiya:

- U.S. Department of Health and Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (forms)
Email: ocr@hhs.gov
- U.S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: askusda@usda.gov
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office for Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)



Department of Human Services

ACCESS HAWAII

Ang Inyong mga
Karapatan

Ang Aming mga
Pananagutan

Polyeto ng Karapatang Sibil

Para sa mga naibang pormat,
tumawag sa: (808) 586-4955

Email: DHSCivilRightsBox@dhs.hawaii.gov

TAGALOG

- U.S. Department of Housing and Urban Development
Office for Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

BATAYAN NG PATAKARAN

Dapat mailapat sa loob ng mga parameter o sukatan ng Title VI ng Civil Rights Act of 1964, Title VIII ng Civil Rights Act of 1968, Title IX ng Education Amendment of 1972, Section 504 ng Rehabilitation Act of 1973, at Title II ng Americans With Disabilities Act of 1990, na sinusugan at may kaugnayan sa Hawaii Revised Statutes ang pangunahing patakaran tungkol sa pantay na oportunidad sa mga serbisyo.

MGA TANONG

Sumulat, mag- email o tumawag sa Civil Rights Compliance Staff, Department of Human Services sa:

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, HI 96809-0339

E-mail: DHSCivilRightsBox@dhs.hawaii.gov

JANUARY 2022

DHS 050 TGL

PATAKARAN NG DHS

Patakaran ng Department of Human Services (DHS) na mabigyan ng pantay-pantay na pagkakataon ang lahat ng taong sumali sa mga programa, aktibidad at serbisyo ng DHS nang walang pagsasaalang-alang sa lahi, kulay, bansang pinagmulan, edad, kapansanan, kasarian, relihiyon at iba pang larangang protektado ng mga batas-Federal at Estado, na binabago sa pana-panahon.

Inilapat ang patakarang ito sa lahat ng mga dibisyong organisasyonal, ahensiya at/o komisyon at samahang tumatanggap ng pondo mula sa Estado o Pederal sa pamamagitan ng mga kontrata o iba pang kasunduan sa DHS.

Dapat planuhin at pangasiwaan ang mga programang pinoondohan ng Estado at Pederal sa paraang hindi magkaroon ng epelkang pinagkakaitan ng serbisyo at/o pagkakataong sumali sa programa ang sinumang partikular na tao o pangkat.

DISKRIMINASYON

Maraming anyo ng diskriminasyon, lantaran at palihim, na maaaring makaapekto sa oportunidad ng mga tao o grupong magkaroon ng pantay-pantay na paggamit sa mga serbisyo. Kabilang dito ang sumusunod na halimbawa:

- magkakaibang trato sa mga tao sa pagpapasiya kung sino ang karapat-dapat sa mga serbisyo;
- pagsasalilim sa mga tao sa magkakaaway na serbisyo o magkakaibang trato, na hindi nagbibigay ng pantay na pagkakataon sa serbisyo;

- kabiguang magbigay ng tagasalin o interpreter ng wika para sa mga taong may limitadong kaalaman sa Ingles o ng mga tagasalin sa lengguwaheng senyas (sign language) para sa mga taong mahina ang pandinig at may kapansanan sa pagsasalita; at

- pagtatakda ng mga oras ng serbisyong may masamang epekto sa ilang pangkat ng tao.

TUNGKULIN NG MGA KAWANI

Tungkulin ng lahat ng kawani ipatupad ang patakaran ng DHS (4.10.3) sa pantay-pantay na oportunidad sa serbisyo; at hindi ito limitado sa:

- pantay-pantay at magalang na pagtrato sa lahat ng tao; at
- pagpapatid sa mga tao ng kanilang mga karapatan sa pantay-pantay na oportunidad sa serbisyo; sa libreng serbisyo ng tagasalin; sa paghaharap ng reklamo ng diskriminasyon sakaling nakita nilang nalabag ang kanilang karapatang sibil; at/o paghahain ng reklamong panloob kung ipinapalagay nilang hindi makatarungan ang trato sa kanila.

Sasalilim sa aksiyong pandisiplina ang sinumang kawani ng tuwirang hahadlang sa layunin ng DHS na magkaloob ng pantay na paggamit sa serbisyo, batay sa naaangkop na kolektibong bargaining agreement.

Tungkulin ng mga **Tagapangasiwa ng Programa** na pagpasiyahan ang mga pangangailangan ng populasyong kanilang pinaglilingkuran nang isinasaalang-alang ang lengguwahe, kultura, gayundin ang mga pangangailanganang pisikal sa

aksesibilidad. Responsable rin ang Tagapangasiwa ng Programa na planuhin ang mga programang kasang-ayon ng mga pangangailangan iyon at sumusunod sa mga batas.

Pananagutan ng mga **Superbisor** na tiyaking alam ng kanilang mga tauhang dapat nilang tratuhan nang pantay-pantay at makatarungan ang lahat ng kliyente, at tumulong sa mga taong may natatanging pangangailangan. Dapat tiyakin ng mga superbisor na naipapatid sa mga kliyente ang karapatan nila sa mga serbisyong walang diskriminasyon.

PARAAN NG REKLAMONG PANDISKRIMINASYON

Maaaring magharap ng paratang (DHS Forms 6000 & 6006) ang mga taong nakaramdam ng diskriminasyon batay sa mga protektadong dahilan. Maaaring sabay na iharap ang reklamo sa mga angkop na ahensiyang Pederal at Pang-estado batay sa itinakdang panahon.

Maaaring iharap ang mga kasulatang pormal ng reklamo sa paratang na diskriminasyon sa:

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339
Honolulu, HI 96809-0339

Email: DHSCivilRightsBox@dhs.hawaii.gov

Discrimination complaints may be filed concurrently with the following agencies:

- U.S. Department of Health & Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (forms)
Email: ocr@hhs.gov
- U.S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: askusda@usda.gov
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office for Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)

- U.S. Department of Housing and Urban Development
Office for Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

BASIS FOR THE POLICY

This fundamental policy concerning equal services opportunity must be applied within the parameters of Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Title IX of the Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans With Disabilities Act of 1990, as amended; Section 1557 of the Affordable Care Act and related Hawaii Revised Statutes.

QUESTIONS

Write or email the Civil Rights Compliance Staff, Department of Human Services at:

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, Hawaii 96809-0339
Email: DHSCivilRightsBox@dhs.hawaii.gov



Department of Human Services

ACCESS HAWAII

Your Rights

Our Responsibilities

Civil Rights Brochure

For alternative formats,
Call: (808) 586-4955

Email:

DHSCivilRightsBox@dhs.hawaii.gov

JANUARY 2022

DHS 050

DHS POLICY

It is the policy of the Department of Human Services (DHS) that all individuals must be provided an equal opportunity to participate in programs, activities, and services of DHS without regard to race, color, national origin, age, disability, gender, religion and other areas protected by federal and state laws, as amended periodically.

This policy applies to all organizational divisions, agencies and/or commissions and organizations that receive state or federal funds through contracts or other arrangements with the DHS.

State and federal-funded programs must be planned and administered such that they do not have the effect of denying services and/or participation in the program to any particular person or groups of persons.

DISCRIMINATION

There are many forms of discrimination, both overt and subtle, that could adversely affect individuals' or groups' opportunity to gain equal access to services. These include, for example:

- treating individuals differently in the determination of eligibility for services;
- subjecting individuals to separate services or different treatment, which does not provide equal access to services;

- failing to provide language interpreter services for limited or non-English speaking individuals or sign language interpreters for persons with hearing or speech impairments; and
- establishing hours of service that have an adverse effect on certain groups of individuals.

EMPLOYEE RESPONSIBILITIES

All employees are responsible for the implementation of the DHS' equal service opportunity policy (4.10.3). This includes, and is not limited to:

- treating all individuals equally and courteously; and
- informing persons of their rights to equal service opportunity; to free interpreter services; to file a discrimination complaint when they feel their civil rights have been violated; and/or to file an internal complaint when they feel they have been treated unfairly.

Any employee who intentionally obstructs the DHS' objective of providing equal access to services will be subject to disciplinary action according to appropriate collective bargaining agreement.

Program Administrators are responsible for determining the needs of the population they service, considering

language, culture, and physical accessibility needs. Program Administrators are also responsible for planning programs that are consistent with those needs and in compliance with laws.

Supervisors are responsible for ensuring that their staffs are aware of their responsibility to treat all clients equally and fairly, and to provide assistance to persons with special needs. Supervisors must ensure that clients are informed of their right to non-discriminatory services.

DISCRIMINATION COMPLAINT PROCEDURES

Persons, who feel they have been discriminated against based on a protected factor, may file an alleged discrimination complaint (DHS Forms 6000 & 6006). Concurrent complaints may be filed with appropriate federal and state Agencies within stated timeframes.

Written formal alleged discrimination complaints may be filed with:

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339
Honolulu, Hawaii 96809-0339
E-mail: DHSCivilRightsBox@dhs.hawaii.gov

En mei tongeni fainini omw toropwen timaw faniten eimwumwu (discrimination complaints) non ekkei agency:

- U.S. Department of Health & Human Services, Region IX
Office for Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103-6705
(*Financial & Medical Assistance*)
- U.S. Department of Agriculture
Director OCR, Room 326-W, Whitten
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Phone: (202) 720-5964
(*Supplemental Nutrition Assistance Program-SNAP*); OR
- U.S. Department of Agriculture
Regional Office
90 7th Street, Ste. 10-100
San Francisco, CA 94103
(*Supplemental Nutrition Assistance Program - SNAP*)
- U.S. Department of Education
Region IX, Office of Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(*Vocational Rehabilitation Services*)
- U.S. Department of Justice
Office for Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(*Youth Services*)
- U.S. Department of Housing and Urban Development
Office of Civil Rights
451 7th St., SW
Washington, D.C. 20410
(*Housing/HPHA*)

POPUNUN EI ENNUK

Ei ennukun aninisocho ngeni sokkopaten sokkun aramas e nomw fan ororen Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Title IX of the Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans With Disabilities Act of 1990, usun me noomw; e pwan nomw fan ekkocho ennukun ewe Hawaii Revised Statutes.

KAPAS EIS

Makkei toropwe, email ika kokori ewe Civil Rights Compliance Staff, Department of Human Services:

Civil Rights Compliance Staff
Queen Liliuokalani Building
P. O. Box 339
Honolulu, Hawaii 96809-0339

Email: DHSCivilRightsBox@dhs.hawaii.gov

JANUARY 2022

DHS 050 CHK



Department of Human Services

ACCESS HAWAII

Omw Kewe Pwung

Wisach Kewe

Esinesinin Pwungun Aramas

**Ren pwan ekkocho sokkun
poraus, kokori:
(808) 586-4955**

Email:

DHSCivilRightsBox@dhs.hawaii.gov

Chuukese

ENNUKUN DHS

Fan ennukun ewe Department of Human Services (DHS), esapw wor nifinifin ngeni aramas ren ar repwe chooni ekkocho program, ika mwichen DHS, iwe esapw wor nefinifin ngenieie anongonong won ngang chon ian, enuuwen unucheie, ier, ngang mwaan are fefin, ion uwa sani (mwaan ika fefin), met uwa sani repwe ker ngeni ei (mwaan ika fefin), ian uwa feito me ian, ai wanengaw ren inisi are mekurei, ika ai namanam, ika pwan ekkocho tettenin Ennukun State me Federal.

Ekkei ennuk mei namot ren ofesen pwutai, agency me/ika pwan ekkocho nenien angangen muun nupwen ika pwe repwe angei mormo seni State ika Federal are ika seni ekkocho programen DHS.

Ese mwumwuta ngeni ekkewe pekin aninisin State me/ika Federal ar repwe koput aramas, ika eimwumwu emon choon tingoren aninisin ren och mettoch, ese pwan nefinifin.

NEFINIFIN ARAMAS

Mei wor chommong sokkun tipisin nifinifin aramas, ekkocho mei kukkun, ekkocho mei kon watte. Ekkewe tipisin nefinifin aramas mei usun:

- Ika ewe neni epwe sani ekkocho aramas nge epwe oput pwan ekkocho aramas;
- Ika ewe neni epwe nefinifin aramas, ika epwe eimwumwu aramas non fansoun an emon aramas mei osupwang ren och mettoch;

- Ika ewe neni esapw kuita ren aninisin chiakku ren emon aramas ese mwo sinei foosun English are emon mi chuun/seningepwas ar repwe tongeni wewe eoch; pwan

- Ika mei wor ekkocho kunok atun an ewe neni suuk mei tawe ngaw ngeni ekkocho aramas ar repwe tawe ngeni ar repwe kuita aninisir.

WISEN CHOON ANGANG

Emon me emon ekkewe choon angangen DHS repwe topweno murin ekkewe ennuk me nomw non ekkewe ennukun aninisin aramas (4.10.3). Iwe, iei ekkocho ennuk mei pachenong non ewe tettenin ennukun choon angang:

- ar angang esapw mwo eimwumwu nge epwe kirikiroch ngeni aramas meinisin;
- repwe esine ngeni emon me emon pwe mei tawe ar repwe tongeni: angei tumwuun ese nefinifin; kuita aninisin chiakku ese kamo; faenini toropwen tipengaw atun fansoun ekkocho foforen eimwumwu epwe fis ngeniir; are/ika faenini otutur nupwen ika emon chon angang epwe kan kirikiringaw ngeniir.

Ika pwe emon choon angangen DHS epwe attaieno ekkocho ennuk, iwe epwe tongeni kounon an angang, usun met mei fen pachenong non ewe ennukun emiritin choon angang.

Ekkewe Program Administrator ar repwe epwungu met sokkun pekin aninisin mei fich ngeni emon me emon, faniten ian re kan nomw ia, menni foosun fonuer kewe, are ika ir mei pochokun are rese pochokun ren inisir are mekurer. Ekkewe administrator

repwe pwan monota ekoch program mei pwung fan ekkewe ennukun aninisin aramas.

Ekkewe **Superfaisor** repwe esine ngeni ekkewe choon angang met mei fich ar repwe fori non ar angang, o met mei pwan pwung faniten ekkewe mi wanengaw ren inisir are mekurer, pwe resapw nefinifin aramas ren och mettoch. Ekkewe superfaisor repwe pwan esine ngeni ekkewe choon kuita ren aninisin usun ar kewe pwung.

IFA USUN AN EMON EPWE FAENINI AN OTUTUR REN NEFINIFIN ARAMAS

Persons, who feel they have been discriminated against based on a protected factor, may file an alleged discrimination complaint Emon aramas, ika mei kawor eimwumwu, epwe tongeni faenini an otutur ren nefinifin aramas (toropwen DHS 6000 me 6006). Ika pwe mei wor namotan, emon epwe tongeni faenini chommong seni ew otutur non ew fansoun, ika mei tufich me fan ennukun State me Federal Agency kewe.

Kopwe pusin makkei omw kewe toropwen otutur ren nefinifin aramas, o kopwe faenini ren:

Department of Human Services
Human Resources Office
Civil Rights Compliance Staff
P.O. Box 339
Honolulu, Hawaii 96809-0339

E-mail: DHSCivilRightsBox@dhs.hawaii.gov

APPENDIX J

**DHS 5000 - Offer and Acceptance or Waiver of Free
Interpreter Services
(English and Translated Versions)**

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: _____ Case Number: _____

Interpreter Needed For: _____ (Name)

Worker: _____ Unit: _____

Phone: _____ Fax: _____

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:	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
*Sign and date below.		
2. <input type="checkbox"/> I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below:		
<input type="checkbox"/> 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. <input type="checkbox"/> I want DHS to provide an interpreter at no cost to me.		
<input type="checkbox"/> I do not want an interpreter provided by DHS, and I will provide my own.		
<ul style="list-style-type: none"> • 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: _____	Phone: _____	
Signature: _____	Date: _____	

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

提供并接受或免除免費的翻譯服務

案例名稱: _____ 案例號碼: _____

需要翻譯來: _____
(姓名)

工作者: _____ 單元: _____

電話: _____ Fax: _____

如果英語不是我的母語，民政部（Department of Human Services - DHS）免費向我提供一位翻譯。

1. 英語是我的母語: _____	<input type="checkbox"/> 是* <input type="checkbox"/> 號碼 *在下方簽名和日期。
2. <input type="checkbox"/> 我不需要一位翻譯。如果你不需要翻譯，看第4部分並在下方簽名： <input type="checkbox"/> 我需要以下語言的翻譯: _____ 如果你需要翻譯，看第3部分，并勾選適用的欄。	
3. <input type="checkbox"/> 我希望DHS免費向我提供翻譯。 <input type="checkbox"/> 我不想讓DHS給我提供翻譯，我能自己提供。 <ul style="list-style-type: none"> • 我理解DHS可能會安排一位獨立翻譯來觀察我的翻譯，以確保溝通的準確性。 • 我理解讓家人或朋友做翻譯可能不是幫助我獲得DHS提供的福利和服務的最有效方式。 • 我理解DHS不推薦讓家庭成員或朋友做翻譯，并禁止用未成年人（18歲以下）來做翻譯。 • 我理解，如果我這次不想要翻譯服務，我有權在今後改變主意并讓DHS屆時提供免費的翻譯服務或讓我選一位翻譯。 	
4. 我已閱讀并理解這張表上的信息。如果我有問題或擔憂，我能聯繫上述工作人員。	
打印名: _____	電話: _____
簽名: _____	日期: _____

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

**TOROPWEN AWORA ME TIPEEW ARE AMAM
NGENI ANINISIN CHIAKKU ESE KAMO**

Itan Ewe Keis: _____ Nampan Keis: _____

Itan Ewe Choon Tingoren Aninis: _____
(Itan)

Choon Angang: _____ Neni: _____

Tenefon: _____ Fakisini: _____

Ewe Department of Human Services (DHS) e tongeni awora ngeniei aninisin chiakku ese kamo, ika pwe use mwo sinei are weweiti English.

	<input type="checkbox"/> EWER*	<input type="checkbox"/> APW
1. ENGLISH ai meinapen foos:	*Makkei omw siknacher pwan pwinin maram, me fan.	
2. <input type="checkbox"/> Ngang use nid emon choon chiakku. Ika pwe kesapw nid emon choon chiakku, kopwe ponueni mosowan 4 chok, me fan:		
<input type="checkbox"/> Ngang mei nid emon choon chiakku ren ei foosun fonu: _____		
	Ika pwe en mei nid emon choon chiakku, kopwe ponueni mosowan 3, o kopwe pwan makkei e na pwor mei pwung reom, me fan:	
3. <input type="checkbox"/> Ngang mei mochen DHS epwe awora emon choon chiakku ngeniei, ese kamo.		
<input type="checkbox"/> Ngang use mochen DHS epwe awora emon choon chiakku ngeniei, pun upwe pusin neuneu aninis chiakku me ren pwan emon aramas, iwe ngang upwe pwan pusin kamo ngeni i.		
	<ul style="list-style-type: none"> • Ngang mei weweiti pwe DHS mei tongeni choosani/epwungu ika pwe ai we choon chiakku mei wisen pwung non an angangen chiakku/translatini. • Ngang mei sinei pwe emon chienei/pwii are emon me non ai famini mei tongeni translatini fanitei, nge mei pwan tawe ngeniei ai upwe neuneu aninisin emon choon chiakku seni pekin DHS. • Ngang mei sinei pwe DHS e mochen awora emon choon chiakku ngeniei pwe ach kapas fengen epwe tongeni fakkun fatafatoch, o uwa pwan sinei pwe esapw mwumwuta an emon aramas epwe translatini fanitei ika pwe e kis seni engon-me-wanu (18) ierin. • Ngang mei weweiti pwe ika use mochen neuneu aninisin chiakku non ei fansoun, ngang mei tongeni siwini netipei o tingor ren aninisin chiakku non fansoun epwe etto 	
4. Ngang mei piin annea me weweiti ekkei poraus mei kan pachenong non ei toropwe. Ika pwe mei wor ai kapaseis, ngang mei tongeni makkei ngeni/kokori ewe choon angang mei pachenong asan.		
Makkei Itomw: _____	Tenefon: _____	
Omwe Siknacher: _____	Pwinin _____	
	Maram: _____	

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

IDIAYA KEN PANANGAWAT WENNO PANNAKAILAKSID TI LIBRE A SERBISIO TI AGIPATARUS

Nagan iti Kaso: _____ Numero iti Kaso: _____

Masapul ti agipatarus
para ken ni: _____
(Nagan)

Trabahador: _____ Unido: _____

Numero ti Telepono: _____ Fax: _____

Ti Department of Human Services (DHS) ket nangidiaya ti agipatarus nga awan bayadak, no ti Ingles ket saan nga umuna a lengguahek.

1.	INGLES iti umuna nga lengguahek:	<input type="checkbox"/> WEN* *Pirmaan ket petsaan iti baba.	<input type="checkbox"/> SAAN
2.	<input type="checkbox"/> Saan ko a masapul ti agipatarus. (No saan mo masapul ti agipatarus, mapan ka iti parte 4 ken pirmaan iti baba.) <input type="checkbox"/> Masapul ko iti agipatarus iti daytoy a lengguahe: _____ (No masapul mo ti agipatarus, mapan iti parte 3 ken i-tsek ti kahon nga mai-aplikar kenka.)		
3.	<input type="checkbox"/> Kayat ko ti DHS a mangted ti agipatarus nga awan bayadak. <input type="checkbox"/> Saan ko kayat ti agipatarus nga ited ti DHS ken mangikuyogak iti bukod ko. <ul style="list-style-type: none"> • Maawatak nga ti DHS ket mabalin a mangala iti independiente nga agipatarus a mangobserba ti agipatarus ko tapno maseguro ti kinapudno iti panagsasao. • Maawatak nga ti panagusar ti pamilia wenno gagayyem a kas agipatarus ket saan nga isu ti mas epektibo nga wagas tapno matulonganak a makaala ti benepisio ken serbisio nga ited ti DHS. • Maawatak nga ti DHS ket saan a mangisingasing iti pannakausar ti miembro ti pamilia wenno gagayyem a kas agipatarus ken tungdayen na ti pannakausar ti menor de edad (awan ti agtawen iti nababbaba ngem sangapulo ket walo) a kas agipatarus. • Maawatak nga no saan ko a kayat ti serbisio ti agipatarus iti daytoy a kanito, adda karbengak nga baliwan ti panunot ko iti masakbayan ken ti DHS ti mangted iti libre nga serbisio ti agipatarus iti dayta a tiempo wenno ikuyog ko ti agipatarus nga piliek.. 		
4.	Nabasak ken maawatak ti impormasion iti daytoy a porma. No adda man saludsod ko wenno pakaseknak, mabalin ko a kontaken ti trabahador a nailista iti ngato.		
Isurat iti Nagan: (Agsisina nga Letra) _____ Telepono: _____			
Pirma: _____ Petsa: _____			

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

無料の通訳サービスの提供、および承認または権利放棄

ケース名： _____ ケース番号： _____

通訳を必要とする者： _____
(氏名)

ワーカー： _____ ユニット： _____

電話： _____ ファックス： _____

ヒューマンサービス省 (Department of Human Services -DHS) は、私の主言語が英語でない場合に
応じて、私に無料の通訳を提供することを申し出ました。

<p>1. 英語が私の主言語です：</p>	<p><input type="checkbox"/> はい* <input type="checkbox"/> いいえ</p> <p>*以下に署名と日付を記入してください。</p>
<p>2. <input type="checkbox"/> 私は通訳を必要としません。もし通訳を必要としない場合は、下のパート4へ進み、署名してください：</p> <p><input type="checkbox"/> 私は次の言語の通訳を必要とします： _____</p> <p>もし通訳を必要とする場合は、パート3へ進み、当てはまる項目のボックスをチェックしてください。</p>	
<p>3. <input type="checkbox"/> 私はDHSからの無料の通訳の提供を希望します。</p> <p><input type="checkbox"/> 私はDHSが提供する通訳を希望せず、自分で通訳を見つけます。</p> <ul style="list-style-type: none"> ● DHSがコミュニケーションの正確性を確認するために、私が選んだ通訳を観察するための独立通訳者を提供する場合があることを、私は理解しています。 ● 私は、家族または友人を通訳として用いることは、DHSが提供する利益やサービスに私がアクセスできるようにするためには、必ずしも最も効果的な方法ではないことを理解しています。 ● 私は、DHSが家族または友人を通訳として用いることを勧めず、さらに未成年（18歳未満）を通訳として用いることを禁止していることを理解しています。 ● 私は、今時点で通訳サービスを希望しなかったとしても、将来的にその考えを変えてDHSによる通訳サービスの提供を受けたり、私が選択した通訳を用いることができることを理解しています。 	
<p>4. 私は本書の情報を読み、理解しました。質問や懸念がある場合は、上記の職員に連絡することができます。</p>	
<p>氏名（楷書）： _____</p> <p>署名： _____</p>	<p>電話： _____</p> <p>日付： _____</p>

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

무료 통역 서비스 신청과 접수 또는 유예

케이스 명칭: _____ 케이스 번호: _____

통역자가 필요한 사람: _____
(성명)

담당자: _____ 부서: _____

전화: _____ 팩스: _____

인적서비스국 (Department of Human Services - DHS) 은 본인의 주 언어가 영어가 아닐 경우, 무료 통역자를 배치하겠다고 했습니다.

	<input type="checkbox"/> 예*	<input type="checkbox"/> 아니오
1. 나의 주 언어는 영어입니다:	*서명을 하고 아래에 날짜를 적으시오.	
2. <input type="checkbox"/> 본인은 통역자가 필요하지 않습니다. 귀하에게 통역자가 필요하지 않다면 4부로 가고, 아래에 서명하십시오:		
<input type="checkbox"/> 본인은 다음 언어의 통역자가 필요합니다: _____		
통역자가 필요하다면 3부로 가고, 당신에게 해당하는 상자에 체크하십시오.		
3. <input type="checkbox"/> 본인은 DHS가 본인에게 무료 통역자를 배치하도록 원합니다.		
<input type="checkbox"/> 본인은 DHS가 배치하는 통역자를 원하지 않으며, 제가 직접 구할 것입니다.		
<ul style="list-style-type: none"> • 본인은 DHS가 별도 통역자가 저의 통역자를 관찰하여, 의사전달이 정확한지 확인할 것임을 이해합니다. • 본인의 가족이나 친구를 통역자로 사용하는 것이 DHS가 제공하는 이익과 서비스에 접근하는데 가장 효과적인 방법이 아니라는 것을 이해합니다. • DHS는 가족 또는 친구를 통역자로 쓰는 것을 권장하지 않으며 미성년자(18세 미만)을 통역자로 쓰는 것은 금지한다는 것을 이해합니다. • 지금은 통역 서비스를 원하지 않더라도 장래에 마음을 바꿀 권리가 있으며, 그때 DHS가 무료 통역 서비스를 배치하거나, 제가 선택하는 통역자를 대동할 수 있다는 것을 이해합니다. 		
4. 본인은 이 양식에 있는 내용을 읽고 이해했습니다. 질문이나 궁금한 점이 있다면, 본인은 위 명단에 있는 실무자에게 연락할 수 있습니다.		
인쇄체 이름: _____	전화: _____	
서명: _____	일자: _____	

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

LELOK IM BŌK AK JOLOK WEWEN JIBAÑ KO EJELOK WONEIR IKIJEN JERBAL IN UKOK

Etan Case eo: _____ Nōmba in Case eo: _____

Aikuij Rukok eo Ñan: _____
(Et Eo)

Rijerbal: _____ Jikin: _____

Talboon: _____ Fax: _____

Ra eo Eddoon Jibañ Armij (Department of Human Services - DHS) emoj an letok juōn rukok ñan iō kin ejlok oñāān, elaññe English ejab kajin eo aō imaantata.

1. ENGLISH ej kajin eo aō imantata: _____	<input type="checkbox"/> AET*	<input type="checkbox"/> JAAB
*Likit eltan peium ekoba date ijin ilal.		
2. <input type="checkbox"/> Ijab aikuij rukok. elaññe kojab aikuij rukok etal ñan peij 4 im likit eltan peium ijin ilal:	<input type="checkbox"/> Iaikuij rukok ikijen lajtrak in kajin : _____	
Elaññe koj aikuij rukok, etal ñan part 3, im kokale box ne ejimwe im jejjot ñan iok.		
3. <input type="checkbox"/> Ikonan bwe DHS en letok juon rukok ilo ejlok oñāān ñan iō.	<input type="checkbox"/> Ijab konan juon rukok eo letok in DHS, im inaj make bukot juon.	
<ul style="list-style-type: none"> • I melele ke DHS emaroñ lolorjake bwe en wōr juon eo jen ilikin naaj maroñ itok in komane jermal in etale im lale bwe aoleb melele ko ren jimwe im jejjetjen rukok eo ao ilo tore eo ej kōmmane jermal in ukok eo. • Imelele ke elaññee naaj kejerbal ro nuku ak motta einwot jet ro renaj ukok emaroñ in jab juon wewen eo ejejjet ñan jipañ bwe in tōpar menin jeraman ko im jipañ ko jet im DHS enaj litok. • Imelele ke DHS ejab kemlem kejerbal ro uwaan baamle ak ro mōttad einwot rukok im ejab melim kejerbal ajiri ro (ejelok juon iumin 18 iio dettan) einwōt rukok. • Imelele ke elaññee ijab kōñaan juon rukok bwe en jipañ ilo ien in, eloñ ao maroñ ñan ukot ao lemnak ilo ien ko tokelik im lelok bwe DHS en jibañ ikijen letok juon rukok ilo ejelok oneen ak bōktok juon rukok eo inaaj kelete. 		
4. Emoj aō liñiri im imelele kin aoleb melele kein ilo peba in. Elaññe eor ao kajitok ak inebata, imaroñ kir lok rijerbal ro ijin iloñ.		
Je likio in Etam: _____	Talboon: _____	
Jain etam: _____	Allōñ/ Raan/Iio: _____	

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

**FAATULAGAGA MA TALIAINA PO O LE SUIGA ILE FAATULAGAGA
FAALILIUGA E FAIA E AUNOA MA SE TOTOGI**

Suafa o le Faila: _____ Numera ole Faila: _____

Faaliliuga o loo mana'omia mo: _____
(Suafa)

Tagata o loo galue: _____ Vaega: _____

Telefoni: _____ Masini Fax: _____

Ua ofoina mai e le Matagaluega mo faatinoina mana'oga faaletagata (Department of Human Services - DHS) se faliliuga e le mana'omia ona ou totogia, afai o le faa-Peratania e le o so'u gagana tautala

1.	Ole Faa-Peratania o lo'u gagana tautala:	<input type="checkbox"/> Ioe*	<input type="checkbox"/> Leai
	*Sainia ma tu'u le aso na sainia i lalo.		
2.	<input type="checkbox"/> E le mana'omia se faaliliuga. Afai e le manaomia se faaliliuga ia taga'i i le vaega numera 4 ma sainia i lalo: <input type="checkbox"/> E manaomia se faaliliuga mo le gagana: _____ Afai e manaomia se faaliliuga taga'i i le numera 3 , ma maka le pusa e fetau'i ma lou tulaga.		
3.	<input type="checkbox"/> Ou te mana'o e sauni mai e DHS se faaliliuga e aunoa ma so'u totogia. <input type="checkbox"/> Ou te le manaomia se faaliliuga mai ia DHS, ma ole a saunia so'u lava faaliliuga. <ul style="list-style-type: none"> • Ou te malamalama e ono faatulagaina e DHS se tagata faaliliu ina ia mautinoa le sa'o a'iai o lo'u tagata faaliliu. • Ou te malamalama o lo'u faaaogaina o se uo po o aiga e faia le faaliliuga e ono mafai ai ona misia se avanoa e mafai ona ou penefiti mai mea o loo ofoina mai e DHS. • Ou te malamalama e le faalaeiauina e DHS le faaaogaina o aiga ma uo e faaliliu ma e faasa le faaaogaina o talavou (so o seisi e le atoa le 18 tausaga le matua) e fai ma faaliliu. • Ou te malamalama afai ou te le mana'o i se faaliliu i le taimi nei, e ia te a'u le sa'olotoga faatulafonoina e suia lo'u mafaufau i le lumana'i ma taliaina le faatulagaga mo faaliliuga ua saunia mai e DHS e aunoa ma se totogi pe aumai fo'i so'u lava tagata faaliliu. 		
4.	Ua ou faitauina ma malamalama i faamatalaga uma o loo i lenei pepa faatumu. Afai o iai so'u fesili po o se popolega, e mafai ona ou faafesoota'i tagata galue o loo faamaumauina i luga.		
	Tusi iinei le suafa: _____	Telefoni: _____	
	Sainia lou Suafa: _____	Aso na sainia: _____	

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

**OFERTA Y ACEPTACIÓN O RENUNCIA DE LOS
SERVICIOS GRATUITOS DE INTERPRETACIÓN**

Nombre del caso: _____ Número del caso: _____

Intérprete necesario para: _____
(Nombre)

Trabajador: _____ Unidad: _____

Teléfono: _____ Fax: _____

El Departamento de Servicios Humanos (Department of Human Services - DSH) me ha ofrecido un intérprete sin coste si el inglés no es mi idioma principal.

1. El INGLÉS es mi idioma principal: _____	<input type="checkbox"/> SÍ*	<input type="checkbox"/> NO
*Firma y fecha a continuación.		
2. <input type="checkbox"/> No necesito un intérprete. Si no necesita un intérprete, diríjase a la parte 4 y firme a continuación:	<input type="checkbox"/> Necesito un intérprete del siguiente idioma: _____ Si necesita un intérprete, diríjase a la parte 3 y marque la casilla que le corresponda.	
3. <input type="checkbox"/> Deseo que el DSH me proporcione un intérprete sin coste.	<input type="checkbox"/> No quiero un intérprete proporcionado por el DSH, y conseguiré uno por mi cuenta.	
<ul style="list-style-type: none"> • Entiendo que el DSH puede contratar un intérprete independiente para supervisar a mi intérprete y garantizar la precisión de la comunicación. • Entiendo que usar a familiares o amigos como intérpretes puede no ser la forma más efectiva para ayudarme a acceder a los beneficios y servicios que el DSH ofrece. • Entiendo que el DSH no recomienda el uso de familiares o amigos como intérpretes y prohíbe el uso de menores (menores de 18 años) como intérpretes. • Entiendo que si no deseo servicios de interpretación en estos momentos, tengo el derecho a cambiar de idea en el futuro y solicitar al DSH que me proporcione servicios gratuitos de interpretación en ese momento o contrate a un intérprete de mi elección. 		
4. He leído y entiendo la información de este formulario. Si tengo preguntas o dudas, puedo contactar con los trabajadores anteriormente listados.		
Nombre en mayúsculas: _____	Teléfono: _____	
Firma: _____	Fecha: _____	

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

ALOK AT PAGTANGGAP O PAGPAUBAYA NG MGA LIBRENG PAGLILINGKOD NG TAGASALIN

Pangalan ng Kaso: _____ Numero ng Kaso: _____

Kailangan ang
Tagasalin para kay: _____
(Pangalan)

Kawani: _____ Yunit: _____

Telepono: _____ Fax: _____

Nag-aalok ang Department of Human Services (DHS) ng libreng tagasalin, kung hindi Ingles ang aking pangunahing lengguwahe.

1.	INGLES ang aking pangunahing lengguwahe (markahan ang sagot):	<input type="checkbox"/> OO*	<input type="checkbox"/> HINDI
*Pumirma at lagyan ng petsa sa ibaba.			
2.	<input type="checkbox"/> Hindi ko kailangan ang tagasalin. (Pumunta sa bahagi 4 at pumirma sa ibaba.)		
	<input type="checkbox"/> Kailangan ko ang tagasalin sa lengguwaheng ito: _____ (Pumunta sa bahagi 3 at markahan ang angkop sa iyo.)		
3.	<input type="checkbox"/> Gusto kong magbigay ang DHS ng libreng tagasalin.		
	<input type="checkbox"/> Hindi ko gusto ang tagasaling ibibigay ng DHS, magsasama ako ng sarili kong tagasalin.		
	<ul style="list-style-type: none"> • Naiintindihan kong maaaring kumuha ang DHS ng ibang tagasalin para obserbahan ang aking tagasalin at matiyak kung tumpak ang mga komunikasyon. • Naiintindihan kong maaaring hindi pinakamabisang paraan para makakuha ng mga benepisyong at serbisyo sa DHS ang paggamit ng pamilya o mga kaibigan bilang tagasalin. • Naiintindihan kong hindi inirerekomenda ng DHS ang paggamit ng miyembro ng pamilya o mga kaibigan bilang tagasalin at ibinabawal ang paggamit ng mga menor de edad (walang sinumang mababa sa edad na 18) bilang tagasalin. • Naiintindihan ko na kung hindi ko gusto ang paglilingkod ng tagasalin sa ngayon, may karapatan akong magbago ng isip sa hinaharap at hayaan ang DHS na magbigay ng libreng tagasalin sa panahong iyon, o makapagsasama ako ng tagasaling pinili ko. 		
4.	Nabasa ko at naiintindihan ang impormasyon sa pormularyong ito. Kung mayroon akong mga tanong o alalahanin, maaari kong kontakin ang nakalistang kawani sa itaas.		
Ititik ang Pangalan: _____		Telepono: _____	
Pirma: _____		Petsa: _____	

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

ĐỀ NGHỊ VÀ CHẤP NHẬN HOẶC MIỄN PHÍ DỊCH VỤ THÔNG DỊCH

Tên Vụ án: _____ Mã số Vụ án: _____

Cần Thông dịch viên Để: _____
(Tên)

Nhân viên: _____ Đơn vị: _____

Điện thoại: _____ Fax: _____

Sở Dịch vụ Nhân sinh (Department of Human Services - DHS) đã đề nghị mời một thông dịch viên đến thông dịch miễn phí cho tôi nếu tiếng Anh không phải là ngôn ngữ chính của tôi.

<p>1. TIẾNG ANH là ngôn ngữ chính của tôi:</p>	<input type="checkbox"/> PHẢI* *Ký tên và ghi ngày ở dưới.	<input type="checkbox"/> KHÔNG PHẢI
<p>2. <input type="checkbox"/> Tôi không cần thông dịch viên. Nếu bạn không cần thông dịch viên, hãy đi đến phần 4 và ký tên bên dưới:</p> <p><input type="checkbox"/> Tôi cần một thông dịch viên cho ngôn ngữ sau: _____</p> <p>Nếu bạn cần một thông dịch viên, hãy đi đến phần 3 và đánh dấu vào ô thích hợp với bạn.</p>		
<p>3. <input type="checkbox"/> Tôi muốn DHS cung cấp một thông dịch viên miễn phí cho tôi.</p> <p><input type="checkbox"/> Tôi không muốn thông dịch viên do DHS cung cấp và tôi sẽ tự tìm thông dịch viên cho mình.</p> <ul style="list-style-type: none"> • Tôi hiểu rằng DHS có thể mời một thông dịch viên độc lập đến quan sát thông dịch viên của tôi để đảm bảo tính chính xác của quá trình giao tiếp. • Tôi hiểu rằng việc nhờ gia đình hoặc bạn bè làm thông dịch viên có thể không phải cách hiệu quả nhất giúp tôi tiếp cận những quyền lợi và dịch vụ mà DHS cung cấp. • Tôi hiểu rằng DHS không khuyến khích việc nhờ thành viên gia đình hoặc bạn bè làm thông dịch và nghiêm cấm việc sử dụng trẻ vị thành niên (người dưới 18 tuổi) làm thông dịch viên. • Tôi hiểu rằng nếu tôi không muốn sử dụng dịch vụ thông dịch tại thời điểm này, tôi vẫn có quyền thay đổi ý định của mình trong tương lai và yêu cầu DHS cung cấp dịch vụ thông dịch miễn phí tại thời điểm đó hoặc tôi sẽ dẫn theo một thông dịch viên mà tôi lựa chọn. 		
<p>4. Tôi đã đọc và hiểu các thông tin trong mẫu này. Nếu tôi có câu hỏi hoặc quan ngại gì, tôi có thể liên lạc với nhân viên được ghi ở trên.</p>		
<p>Tên Viết Hoa: _____</p>		<p>Điện thoại: _____</p>
<p>Chữ ký: _____</p>		<p>Ngày: _____</p>

APPENDIX K

**DHS 5050 - Interpreter Form and Interpreter Code of Ethics
(English and Translated Versions)**

INTERPRETER FORM

Name: _____ Language: _____

Phone No.: _____ E-Mail Address: _____

DHS Division/Branch/Section/Unit: _____

DHS Position Title: _____

For DHS Staff Volunteer Interpreter:

- I would like to be on the DHS list of volunteer interpreters. I will inform the DHS LEP Project Manager/Coordinator, 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: _____

Interpreter

Mailing Address: _____
(P.O. Box or Number and Street, Apt. No., City, State, Zip Code)

Interpreter

Telephone No.: _____ (Home Phone) _____ (Other)

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.

Check as applicable:	Fluency		
	Fair	Good	Excellent
I can communicate in English and the language listed above.			
I can interpret to and from English in 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

Interpreter Code of Ethics

1. Accuracy

- a. Interpreters shall convey the message and tone of the speaker 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 assigned-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.

INTERPRETER FORM

翻譯表格

姓名: _____ 語言: _____

電話號碼: _____ 電子郵箱地址: _____

DHS 分支/分部/區/單元: _____

DHS 職位名稱: _____

對 DHS 員工自願翻譯:

我希望成為 DHS 資源翻譯名單中的一員。如果我不想再自願當翻譯, 我會告知 DHS LEP Project Manager/Coordinator。

我不希望成為 DHS 資源翻譯名單中的一員; 但是, 我願意提供翻譯服務給 _____

對於由家人和朋友來提供翻譯服務:

你為之翻譯的人的名字: _____

你與為之翻譯的人的關係: _____

翻譯郵寄地址: _____
(郵箱或門牌號碼及街區, 公寓名稱, 城市, 州, 郵政編碼)翻譯的電話號碼: _____
(家庭電話) (其他)

我聲明以下屬實:

我已閱讀并了解翻譯道德準則 (在這個表格背面) 并同意在提供翻譯服務時遵守準則。

我有 18 歲或更年長。

勾選適用項:

我能用英語以及上述語言交流。

我能將英語翻譯成上述語言。

我能將英語文字翻譯成上述語言。

我能翻譯上述語言文字到英語。

流利程度

一般	好	非常好

與非經 DHS 認可, 我了解我的服務是自願性質, 并不會因提供翻譯服務而從 DHS 收到額外薪水。

簽名

日期

Interpreter Code of Ethics

翻譯道德準則

1. 準確性

- a. 翻譯要準確完整地表達說話人的訊息和語氣，不會增加或刪減內容。
- b. 翻譯要準確地翻譯攻擊性的語言，淫穢內容，和性用詞，并在情緒化的情境中保持鎮定翻譯。
- c. 翻譯要在需要時尋求說明。
- d. 當意識到交流可能被誤解時，翻譯要讓提供者注意到可能的誤解，讓他決定是否化解。（不在法律程序中完成。）

2. 保密

- a. 翻譯要始終保證所有相關信息的保密性，並不會洩露任何通過翻譯任務獲得的信息，包括但不僅限於，通過文件或其他手寫文件獲得的信息。

3. 公正

- a. 翻譯要避免接受任務，如果家人，個人或職業關係可能影響公正性。
- b. 翻譯要說明任何與某方可能有利益衝突的關係。
- c. 翻譯要對所有涉及到翻譯情境中的人表示尊重，並要以某種中立，公正，不偏倚并有文化敏感的方式表現。

4. 職責界限

- a. 翻譯要用第一人稱來幫助促進盡可能直接的交流。
- b. 翻譯要保持合適的職責界限，在翻譯情景中或以外避免與任何方接觸。
- c. 翻譯不應該影響任何個人意見或為他們提供翻譯的人給出意見或建議。

5. 專業性

- a. 翻譯要準時到達指定地點，做好準備并穿著合宜。
- b. 由機構僱傭的翻譯不能直接對機構的顧客推銷他們的業務，或者從他們那裡接受/拒絕感謝費或額外費用。
- c. 翻譯要準確表達他們的資質，訓練和經驗，並避免接受不符合他們資質的任務。
- d. 翻譯要在有時間時參與繼續教育項目。
- e. 翻譯尋求評估性的反饋來改進他們的表現。

English version was adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii

INTERPRETER FORM
TOROPWEN CHOON CHIAKKU

Itomw: _____ Foosun Fonuomw: _____

Tenefon: _____ Adresen Email: _____

Pekin/Mosowan/Nenian DHS: _____

Angangomw ren DHS: _____

Choon Chiakku Ren DHS, Ese Kamo (Volunteer):

- Ngang uwa mochen tonong non ewe tettenin choon chiakku mei volunteer ren DHS. Ika pwe uwa mochen touwu seni ei tettenin choon chiakku, upwe esine ngeni ewe DHS Personnel Office, are Civil Rights Compliance Staff.
- Ngang use mochen tonong non ewe tettenin choon chiakku mei volunteer ren DHS ; Nge upwe transladini, fan ew chok, faniten _____

Emon Chiechi Are Emon Me Non An Aramas Famini Epwe Pusin Translatini:

Kopwe Translatini Fanitan Ion: _____

Ifan Nefinom Ngeni Ewe Choon Tingoren Aninisin Chiakku: _____

Adresen Choon
Translatini: _____

(P.O. Box are Adresen Ewe Street, Apt. #, City, State, Zip Code)

An Choon Translatini
Tenefon: _____

(Tenefon)

(Pwan Ew Nampan Fon)

Porausen ei toropwe mei pwung o ennet:

Ngang uwa piin annean fichi ekkei Ennukun Angang (mei pachenong non ei toropwe) o ukan tipeew pwe upwe topweno murin ekkei ennu meininis atun fansoun ai upwe transladini are kapas fanitan emon aramas.

Ngang mei engon-me-wanu ieri, are nape seni.

Makkei met mei kan pwung reom:

Ngang mei sinei English, pwan ewe foos mei kan pachenong asan.

Ngang mei tongeni transladini English, pwan ewe foos asan.

Ngang mei tongeni makkei non English, o pwan transladini

Ngang mei tongeni makkei non na foos (asan), o pwan transladini.

Wukukun Omw Sinei

Uwa Tongeni, Ekkis Chok	Uwa Tongeni	Uwa Fakkun Tongeni

Fan ennukun DHS, ngang mei weweiti pwe ai angangen chiakku/ transladini epwe "volunteer" chok, iwe usapw tongeni angei monien ai angang.

Siknacher

Pwinin Maram

Interpreter Code of Ethics

Ennukun Angangen Choon Chiakku

1. Pwung me Ennet

- a. Ewe choon chiakku epwe kapas mettoch mei pwung o ennet, iwe esapw mwumwuta an epwe apachenong pwan ekkoch foos are menuki ekkoch foos atun fansoun an epwe translatini.
- b. Ewe choon chiakku epwe translatini an emon aramas foos meinisin, ese pwan nefinifin, o esapw siwini an kewe foos mei pochokun, efeningaw/epiningaw, namanam tekiya, are kirikiringaw, iwe esapw pwan saaw ren an we kapas.
- c. Ika pwe ewe choon chiakku ese weweiti och foos, epwe pwan kapas eis pwe epwe fatafatoch.
- d. Ika pwe och mettoch ese fakkun fat, ewe choon chiakku mei tongeni ereni ewe choon awora (provider), iwe ewe choon awora epwe pusin esine ngeni i usun met epwe fori an epwe affata ena foos. (Esapw pachenong ren mwichen kapung.)

2. Monomon

- a. Ewe Choon chiakku esapw tongeni pwarata an emon aramas poraus tichik seni ekkoch mwich, angang, forof ika toropwe, pun an we poraus mei monomon chok.

3. Nefinifin Aramas

- b. Ika pwe mei wor och sokkun osukosuk nefinen ewe choon chiakku me ewe choon kapas, iwe mei nape ngenii an epwe pwarata an we osukosuk ngeni ewe choon awora.
- c. Ewe choon chiakku epwe angangoch ngeni aramas meinisin, o esapw eimwumwu, koput are nefinifin aramas, nge an we kapas epwe tufich, tawe, aapeoch, pwan kirikiroch fansoun meinisin.

4. Ekkoch Epet

- a. Ewe choon chiakku epwe kapas non "first-person", wewen pwe kapasen ewe choon chiakku epwe nono ngeni kapasen ewe choon kapas.
- b. Ewe choon chiakku me ewe choon kapas resapw tongeni poraus fengen atun ewe fansoun chiakku, pun ewe choon chiakku mei tongeni translatini chok.
- c. Ewe choon chiakku esapw tongeni pwarata meefian are ekiekin won och mettoch, nge epwe translatini chok.

5. Eochun Angang

- a. Ewe choon chiakku epwe monota ngeni an kewe appointment pwe esapw mang, iwe mei pwan auchea pwe ufan epwe pwan tawe me tufich.
- b. Ewe choon chiakku esapw tongeni tingor ren och pisek/momo are etiwa ekkoch "tip" seni ekkewe choon awora are choon kapas, iwe resapw pwan tongeni poraus usun ekkoch kampani are nenien angangen translation.
- c. Ewe choon chiakku esapw tongeni mwakken usun wukukun an sinei, tipachem are an we "degree" seni sukun/college, o esapw etiwa are tipeew ren och angangen chiakku ika pwe epwe kon weires ngenii.
- d. Ewe choon chiakku epwe achocho an epwe fiti pwan ekkoch prokram/mwichen kaeo, ika pwe mei tawe.
- e. Ewe choon chiakku epwe achocho pwe epwe tongeni kaeo ekkis me ekkis faniten an we angangen chiakku pwe an we angang epwe fakkun murrinno.

INTERPRETER FORM
PORMA TI AGIPATARUS

Nagan: _____ Lengguahe: _____

Numero ti Telepono: _____ Adres ti Email: _____

Dibision/Seksion/Unido iti DHS: _____

Titulo ti Posision iti DHS: _____

Para iti Boluntario nga Agipatarus nga Empleado ti DHS

Kayat ko nga maikabil iti listaan ti DHS a kas boluntario nga agipatarus. Ipakaammok iti DHS LEP Project Manager/Coordinator, no saan kon a kayat ti ag-boluntario a kas agipatarus.

Saan ko a kayat nga maikabilak iti listaan ti DHS a kas boluntario nga agipatarus, ngem, mangipaayak iti serbisio ti agipatarus para _____.

Para kadagiti Pamilia ken Gagayyem a Mangipaay iti Serbisio ti Agipatarus

Nagan iti tao nga inka ipatarusan: _____

Ti relasion mo iti tao nga inka ipatarusan: _____

Pagibusonan nga
adres ti agipatarus: _____
(P.O. Box wenno Numero ken Kalsada, Numero ti Apartamento, Siudad, Estado, Zip Code)

Numero ti telepono
ti agipatarus: _____ (Telepono ti Balay) _____ (Dadduma)

Ibagak nga dagiti sumaganad ket pudno:

Nabasak ken maawatak ti Kodigo Dagiti Etika ti Agipatarus (makita iti likod daytoy a porma) ken umanamongak nga surotek no mangtedak ti serbisio ti agipatarus.

Sangapulo ket walo (18) ken nangatngato pay ti tawen ko.

I-tsek dagiti mai-aplikar:	Kinalaing		
	Apagpagisu	Nasiglat	Nalaing
Makasaoak iti Ingles ken ti lengguahe a nailista iti ngato.			
Makapatarusak iti Ingles ken ti lengguahe a nailista iti ngato.			
Makaiyulogak iti naisurat nga Ingles ken iti lengguahe nga nailista iti ngato.			
Makaiyulogak iti Ingles ti naisurat a lengguahe a nailista iti ngato.			

Malaksid no saan nga aprobaran ti DHS, maawatak nga ti serbisiok ket boluntario ken saanak nga umawat iti nayon nga bayad aggapu iti DHS para iti panangted ko ti serbisio ti agipatarus.

Pirma

Petsa

INTERPRETER CODE OF ETHICS**KODIGO DAGITI ETIKA TI AGIPATARUS****1. Kinahusto**

- a. Dagiti agipatarus ket masapul nga ibaga da ti mensahe ken tono ti agsasao nga husto ken kumpleto, nga saan a manayunan wenko makissayan uray aniaman.
- b. Masapul nga ipatarus nga husto dagiti makainsulto a lengguahe, banag nga makapagura, ken dagiti terminolohia a mainaig iti seks ken masapul a mentenaren da ti disposision da no agipatarus da iti sasaaden nga naarsagid wenko emosional.
- c. No kasapulan, ti agipatarus ket nasken a dumawat iti pangilawlawag.
- d. Apaman a madlaw nga ti komunikasion ket mabalin a saan nga naawatan, mabalin nga ibaga ti agipatarus daytoy a saan nga pagkakainnawatan iti atension ti agit-ited, nga isu ti mangeddeng no kasano daytoy a marisut.

2. Kinapalimed

- a. Dagiti agipatarus ket ilimed da amin nga naituding nga impormasion ken saan da mabalin nga irakurak dagiti impormasion nga naala da manipud kadagiti aramid a naipakumit kaniada, agraman ngem saan a malimitaran kadagiti, impormasion a naala da kadagiti dokumento wenko sabsabali pay a naisurat a materiales.

3. Agpada a Pannakatrato

- a. Dagiti agipatarus ket masapul nga liklikan da nga aklonen dagiti aramid a naipakumit kaniada no ti familia, personal wenko propesional nga relasion ket apektaran na ti agpada a pannakatrato.
- b. Dagiti agipatarus ket masapul nga ibaga da iti aniaman a relasion da iti partido a mabalin nga sirpaten a kas adda risiris ti interes.
- c. Dagiti agipatarus ket ipakita da ti respeto kadagiti amin a tattao nga adda pakainaigan da iti situasion nga inda ipatarusan ken masapul nga ti kondukta da ket awan al-alen da, agpada ti pannakatrato, balanse a panagtrato ken sensitibo maipanggep iti kultura.

4. Beddeng iti Akem

- a. Dagiti agipatarus ket masapul nga agusar iti sarita diay ipatarusan tapno mas direkta ti komunikasion.
- b. Dagiti agipatarus ket masapul nga mentenaren da ti umno nga beddeng ti akem da, ket liklikan da amin a saan nga nangnangruna a kontak kadagiti partido no manarimaan ken kalpasan ti situasion a panagipatarus.
- c. Dagiti agipatarus ket saan da nga ibaga ti personal nga kapanunotan da wenko mangted iti bagbaga kadagiti tattao nga inda ipatarusan.

5. Propesionalismo

- a. Dagiti agipatarus ket masapul a sumangpet a masapa wenko ti oras nga naituding iti lugar nga naibaga, nakasagana ken nakaawat nga maiyanatup.
- b. Dagiti agipatarus nga pagubraen ti ahensia ket saan da rebbeng nga irakurak da ti bukod da a negosio kadagiti kustomer ti ahensia wenko umawat/agkiddaw iti regalo a kas supapak iti bannog nga inpaay wenko nayon nga bayad kaniada.
- c. Dagiti agipatarus ket masapul nga ibaga da ti husto a kualipikasion da, panagsanay ken padas da, ken liklikan da ti umawat ti kadagiti aramid a naipakumit nga saan da met a kualipikado.
- d. Dagiti agipatarus ket masapul nga agtultuloy nga makigamulo kadagiti programa a pagadalan no adda a maipaay.
- e. Dagiti agipatarus ket masapul nga sumapol kadagiti maikomento nga adda pateg na tapno agdur-as ti aramid da.

INTERPRETER FORM

通訳申込書

氏名： _____ 言語： _____
 Eメールアドレ _____
 電話番号： _____
 DHS ディビジョン/支部/セクション/ユニッ _____
 DHS 役 _____

DHS スタッフ ボランティア通訳者用：

- 私は DHS のボランティア通訳者リストへの掲載を希望します。通訳サービスをもはや提供できなくなった場合には、DHS LEP Project Manager/Coordinator の職員管理室、人権擁護スタッフにその旨を知らせます。
- 私は DHS のボランティア通訳者リストへの掲載を希望しませんが、 _____ に通訳サービスを提供します。

通訳サービスを提供する家族および友人：

あなたが通訳を提供する人物の氏名： _____
 あなたが通訳を提供する人物との関係： _____
 通訳者の郵便物宛先： _____
 (PO ボックスまたは番地、ストリート、アパートメント番号、市、州、郵便番号)
 通訳者の電話番号： _____ (自宅電話番号) _____ (その他)

私は、以下の事項が真実であることを明言します：

私は通訳の倫理規定（本書の裏面）を読み、理解しており、さらに通訳サービスを提供するにあたって、同規定に従うことに同意します。

私は 18 歳以上です。

該当するものをチェックしてください：	流暢さ		
	普通	良い	優秀
私は英語と上記の言語によってコミュニケーションをとることができます。			
私は英語と上記の言語間の通訳を行うことができます。			
私は英語で書かれた文章を上記の言語に翻訳することができます。			
私は上記の言語で書かれた文章を英語に翻訳することができます。			

DHS によって承認された場合を除き、私のサービスはボランティアとして提供するものであり、通訳のサービスを提供するにあたり、DHS から追加の報酬を受け取ることはありません。

署名

日付

Interpreter Code of Ethics

通訳者の倫理規定

1. 正確性

- a. 通訳者は話し手のメッセージおよびトーンを、増減することなく、正確かつ完全に伝える。
- b. 通訳者は、暴言、わいせつな言葉、および性的な用語を正確に通訳し、感情的な状況を通訳する場合であっても冷静さを保つ。
- c. 通訳者は必要であれば、説明を求める。
- d. 通訳者は、コミュニケーションが誤解された可能性に気づいた時は、プロバイダーにその誤解の可能性を示唆し、プロバイダーはその解決方法を決定する。（法的手続きでは行わない。）

2. 秘密性

- a. 通訳者は、割り当てられた全任務に関連する情報の秘密性を保持し、任務中に得たいかなる情報をも公開することはなく、こうした情報には文書やその他の書面による資料へのアクセスを通して得られた情報を含むが、これらに限られるわけではない。

3. 公平無私

- a. 通訳者は、家族、個人、または仕事上の関係により公平無私を維持することができない場合には、そのような任務を引き受けない。
- b. 通訳者は、関係者のいずれかとの関係において、利害の対立として見られる可能性のある関係を全て公開する。
- c. 通訳者は、通訳を要する状況に関わる全ての人物に対して敬意を示し、中立、公平無私、公平、および文化的な配慮を持った態度で行動する。

4. 役割境界

- a. 通訳者は、直接的なコミュニケーションを可能な限りできるだけ促進するために、一人称を用いる。
- b. 通訳者は、適切な役割境界を保持し、通訳を要する状況において、その内外での関係者との不必要な連絡は全て避ける。
- c. 通訳者は、個人的な意見をさしはさんだり、通訳の対象者に助言を与えることはしない。

5. プロフェッショナリズム

- a. 通訳者は、指定された場所に時間通りに、通訳の準備を整えて、適切な衣服を着用して到着する。
- b. 機関によって雇われた通訳者は、同機関のカスタマーに自分のビジネスを直接的に宣伝することはできず、あるいは、カスタマーに心づけまたは追加費用を要求したり、そうした費用を受け取ることはない。
- c. 通訳者は、資格、訓練、および職歴を正確に記述し、適格でない任務は引き受けないようにする。
- d. 通訳者は、利用できる継続教育プログラムに参加する。
- e. 通訳者は、通訳の質を向上させるために、評価的なフィードバックを求める。

INTERPRETER FORM

통역자 양식

성명: _____ 언어: _____

전화번호: _____ 이메일 주소: _____

DHS 사업부/지부/과/계: _____

DHS 직책 명: _____

DHS 자원 통역자 용:

본인은 DHS 자원 통역자 명단에 등록하고 싶습니다. 본인이 통역 자원활동을 더 이상 하고 싶지 않을 경우, 이 사실을 DHS LEP Project Manager/Coordinator에게 알릴 것입니다.

본인은 DHS 자원 통역자 명단에 등록하고 싶지 않습니다. 그러나 본인은 _____ 를 위한 통역 서비스를 하겠습니다.

통역 서비스를 제공하는 가족 또는 친구 용:

귀하의 통역 대상자 성명: _____

통역 대상자와 귀하의 관계: _____

통역자 우편 주소: _____
(사서함 또는번호와스트리트, 아파트 번호, 시, 주, 우편번호)통역자 전화번호: _____
(집 전화) _____ (기타)

본인은 다음 내용이 사실임을 진술합니다:

본인은 통역자 윤리 헌장(양식 뒷면에 있음)를 읽고 이해했으며, 통역 서비스를 제공할 때 이를 따를 것임에 동의합니다.

본인은 18세 이상입니다.

해당하는 곳에 체크하십시오:

본인은 영어와, 위에 적시된 언어로 의사소통이 가능합니다.

본인은 영어에서 위 언어로, 위 언어에서 영어로 통역이 가능합니다.

본인은 문서에 적힌 영어를 위 언어로 번역 가능합니다.

본인은 문서에 적힌 위 언어를 영어로 번역 가능합니다.

유창한 정도

중	중상	상

DHS가 별도로 승인하지 않는 이상, 본인은 이 서비스가 자원활동이며, 통역 서비스를 대가로 DHS에서 별도의 금전을 수령하지 않을 것임을 이해합니다.

_____ 서명

_____ 일자

Interpreter Code of Ethics

통역자 윤리 헌장

1. 정확성

- a. 통역자는 발화자의 메시지와 어조를 어떠한 추가와 삭제도 없이 정확하고 완전하게 전달해야 합니다.
- b. 통역자는 공격적인 언어, 외설적이고 성적인 용어를 정확하게 통역해야 하며, 감정적 동요를 일으키는 상황에서도 침착해야 합니다.
- c. 필요할 경우 통역자는 명확한 의미 설명을 요구해야 합니다.
- d. 의사소통에서 오해가 있다고 인지될 경우, 통역자는 이 문제의 해결을 결정할 진행자에게 오해의 가능성을 알려줄 수 있습니다. (법적 절차에는 해당되지 않습니다.)

2. 기밀유지

- a. 통역자는 모든 활동 관련 정보의 기밀을 유지해야 하며, 문서 또는 여타의 서면 자료를 통하여 획득한 정보를 포함하여, 자신의 활동에서 획득한 어떤 정보도 누설해서는 안 됩니다.

3. 공평성

- a. 통역자는 가족, 개인적 또는 전문적 관계가 공정성에 영향을 미칠 것으로 보이는 활동은 사양해야 합니다.
- b. 통역자는 한 쪽 당사자와의 관계가 이익 또는 분쟁과 관련된다고 생각될 경우, 그러한 관계는 무엇이든지 공개해야 합니다.
- c. 통역자는 통역 상황과 관련된 모든 사람을 존중해야 하며, 중립적이고, 공평하고, 왜곡되지 않고, 문화적으로 양식 있게 행동해야 합니다.

4. 행동 범위

- a. 통역자는 1인칭 발화를 하여 가급적 최대한의 직접 의사소통을 하도록 도와야 합니다.
- b. 통역자는 적절한 역할 범위를 유지하여, 통역이 이뤄지는 동안 그리고 외부에서 당사자들과 불필요한 접촉을 하지 않도록 해야 합니다.
- c. 통역자는 개인적 의견을 삽입하거나 자신의 통역 대상자에게 상담하거나 조언하지 않아야 합니다.

5. 전문성

- a. 통역자는 약속된 장소에 정확하게 도착하여야 하며, 준비된 상태이며 적절한 복장을 착용해야 합니다.
- b. 에이전시에 고용된 통역자는 에이전시 고객들에게 직접적으로 자신들의 사업을 추진하거나, 그들에게서 감사/요청 사례비를 추가로 받아서는 안 됩니다.
- c. 통역자는 자신의 자격, 훈련, 경험을 정확하게 표명해야 하며, 자신의 능력을 벗어난 분야의 임무 접수는 사양해야 합니다.
- d. 통역자는 필요할 경우 지속적인 교육 프로그램에 참여해야 합니다.
- e. 통역자는 자신의 직무를 향상시키기 위한 평가 피드백을 받도록 추구합니다.

English version is adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii

Interpreter Code of Ethics

Kakien ko Ikijen Ukok

1. Jimwet

- a. Rukok ro rej aikuij lakin lelok kwalok melele ko ilo tiljek im ilo wāween wōtlōk in kenono ko ilo jīmwe im jejjet eo, im bwe en ejelok kakoboba ak ejolok jabrewōt.
- b. Rukok ro rej aikuij ukok ilo jimwe ikijen kajin, naan ko rejab naan in loblej, im ikijen sexual im remaroñ kōmḡman jekjek ko ñan rukok eo ilo tore eo ej kōmḡman jermal in ukok ko.
- c. Rukok ro remaroñ kajitok ñan bōk elablok melele elañnee aikuij.
- d. Ilo lalelok ke wāween kenono ko remaroñ in kar jab kanooj melele, rukok ro remaroñ boktok eo ekkar ilo likjab in melele ñan ro rej lelok, ro renaaj karok wāween bukot mejlan. (Ejab aikuij in kōmḡman ilo jikin kajimwe ko lok iloñ.)

2. Jekjek Ko Retino

- a. Rukok ro rej aikuij bwe ren tiljek kin jekjek ko retino ilo aolep melele ko rebaake doon im rejab aikuij in leto letak melele ilo kabbe ikijen jermal, ekoba im ejelok joñan ilo, ko topari jen peba ko raorōk ak ko jet ilo jeje.

3. Melele ko Remool

- a. Rukok ro rej aikuij bojrak jen ebok kain jekjek ko elañnee baamle, armij ak ro moteer elab kapeel ibeer im enaj jelet wāwen ikijen ko remo im jejot.
- b. Rukok ro rej aikuij kwalok mol ikijen kadmok ko iben juon doulul ko im remaron kōmḡman kelmanelokjen ko me reban jermal iben doon.
- c. Rukok ro rej aikuij kwalok aer kautiej aoleb armij ro rej koba lok wot ilo jermal in ukok im aikuij walok ilo juon wewen ikon, jimwe, meanwōd im kwalok kadmok im manit.

4. Joñok Ko

- a. Rukok ro rej aikuij in kejerbal melele ko an armij eo imaan ñan jibañ kōmḡman bwe jermal eo en bidodo ekkar ñan joñan ko tobari.
- b. Rukon ko rej aikuij in bed wot ilo jekjek eo ekar ñan jermal im eddo ko, ellok jen wāween ko ilo tobar doulul eo juon ilo tore eo bareinwot ijoko iilikin ejelok jermal in ukok ej kōmḡman.
- c. Rukok ro rejab aikuij in kwalok kōnaan ko aer ak lelok naan in rejañ jipañ kajojo ro rej jipañ er ikijen ukok.

5. Ro Eloñ Kapeel Ibeer

- a. Rukok ro rej aikuij bwe ren mokaj tōprakak lok ijo jiroñ er bwe ren etal ñane, bojak bareinwot kōnak nuknuk ko rekarbōb im eman.
- b. Rukok ro kelet er jen juon bar kombani rejab maroñ kwalok im karelel kin bejnef eo rej itok jene iben kajtōmōr ro an agency eo ak bōk/kajitok ikijen nebar ak ekoba oneen ko jen er.
- c. Rukok ro raikuj kwalok jermal ko rejimwe ñan kwalok joñan jela eo eped ibeer, katak ekoba kapeel, im enaaj kōmḡman bwe enjab bōk jermal ko me ejab maroñ komani.
- d. Rukok ro rej aikuij bok konaer ilo wōnmanlok wot ñan bok jeralokjen ilo birokrām ko elañnee rebelok.
- e. Rukok ro ren bukot jabrewot ro remaroñ etale wāween aer jermal im lelok melele ko ñan aer maroñ kokmanmanlok kilen jermal ko aer ñan emanlok eo.

English version was adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii

INTERPRETER FORM
PEPA FAATUMU MO LE TAGATA FAALILIU

Suafa: _____ Gagana: _____

Numera ole Telefoni: _____ Tuatusi imeli: _____

DHS Vaega/Lala/Faatulagaga/Vasega: _____

Tulaga o loo iai i le matagaluega o DHS: _____

Mo le tagata tauofo e faaliliu mo DHS:

Ou te mana'o ia ou iai i le lisi mo tagata tauofo e faaliliu mo DHS. O le a ou faailoa atu i le ofisa o DHS LEP Project Manager/Coordinator, pe afai ou te le toe fia tauofo e avea ma tagata faaliliu.

Ou te le mana'o e iai i le lisi mo tagata tauofo e faaliliu; ae peita'i o le a ou saunia seisi e fai mo'u sui. galuega faatino mo _____

Mo aiga ma uo o loo faatinoina le faaliliuga:

Suafa ole tagata o loo manaomia se faaliliuga: _____

O lou faia ma le tagata lea o loo manaomia le faaliliuga: _____

Tuatusi ole tagata Faaliliu: _____

(P.O. Pusa poo le numera ma le auala, Numera ole Apt. Numera, aai, Numera ole Zip Code)

Telefoni ole tagata faaliliu: _____

(Telefoni ole maota)

(Seisi telefoni)

Ou te faailoa atu e sa'o nei faamatalaga o loo mulimulimai:

Ua ou faitauina ma malamalama i le faatulagaga mo tagata faaliliu (o loo i tua o lenei pepa) ma ua ou malie e mulimuli iai a o faia se faaliliuga.

Ua atoa lo'u 18 tausaga le matua pe sili atu.

Maka i lalo so o se mea o loo mulimuli mai e fetauli ma oe: E mafai ona ou tautala ma malamalama i le faa-Peratania ma le gagana o loo lisi i luga. E mafai ona ou faaliliu ile Faa-Peratania, mai le Faa-Peratania i le gagana o loo i luga. E mafai ona ou faaliliuina mai mea ua tusia i le Faa-Peratania i le gagana o loo i luga. E mafai ona ou faaliliuina mai mea ua tusia i le gagana o loo tusia i luga ile Faa-Peratania.	Malamalama		
	Feololo	E lelei	E matua lelei atoatoa.

Seiloga ua taliaina e DHS, ou te malamalama o lo'u matafaioi e tauofoina ma e le totogia e DHS mo le faaliliuina.

_____ Sainia lou Suafa:

_____ Aso

Interpreter Code of Ethics

Faatulagaga mo tagata faaliliu

1. Sa'o 'aia'i

- a. O le a faaliliu atu e le tagata faaliliu le faamatalaga ma le auala o loo fai atu ai se faamatalaga i lona atoaga, e aunoa ma le faaopoopo atu pe aveesea nisi mea.
- b. O le a faaliliu atu upu masoa, upu le talafeagai, ma faamatalaga tau i feusuaiga ma tumau pea lou pulea totino pe a oo ina faaliliuina atu i tulaga o loo a'asa se talanoaga.
- c. O le a sailia se faamatalaga faamanino atu pe a manaomia.
- d. Pe a iloa atu e le tagata faaliliu ua le mautonu pe le malamalama, e mafai e le faaliliu ona faailoa atui le o loo saunia mai faamatalaga, ma o ia lea e filifilia le auala e taulimaina. (E le faia pe afai o loo faia i se faatulagaga i luma o se faamasino po o se loia)

2. Puipuiqa mai le salalau atu i le lautele

- a. So o se faamatalaga e maua mai pe fesoota'i ma lenei mataupu o le a le faailoa atu e le tagata faaliliu, e aofia ai ae le gata ile, faamatalaga e maua mai tusitusiga po o isi faamaumauga.

3. Tulaga solitu

- a. E le taliaina e se tagata faaliliu se galuega faaliliu pe afai o se aiga po o se uo po se tagata e masani iai e ono aafia ai le tulaga solitu.
- b. E tatau ona faailoa atu e le tagata faaliliu pe afai e iai se faia ma se tasi e ono aafia ai le galue male faamaoni.
- c. E tatau i le tagata faaliliu ona faatino le faaaloalo i tagata uma o loo aafia ai i le tulaga o loo manaomia ai le faaliliu ma e gaoioi i se auala e sollitu, e le faailoga tagata, ma e le 'au atu i se itu ae e amana'ia foi masaniga faaleaganuu.

4. Mea e gata mai ai lou ave ma faaliliu

- a. E tatau i le tagata faaliliu ona faafesoota'i tuusa'o atu i tagata o loo aafia ai i le faaliliuga.
- b. E tatau i le tagata faaliliu ona tumau pea i lona lava tulaga, e tatau ona alofia le fesoota'i e le manaomia a o faia le faaliliuga po o seisi lava taimi.
- c. E tatau i le tagata faaliliu ona alofia le faaopoopo atu sona lava manatu pe fautua atu i le tagata o loo manaomia le faaliliuga.

5. Tulaga faaaloologia

- a. E tatau i le tagata faaliliu ona taunu'u atu i le nofoaga i le taimi ua faatulagaina, ua lava saunia ma ua talafeagai laei.
- b. O tagata faaliliu ua totogi e seisi matagaleuga e le tatau ona faalauiloa atu o latou lava pisinisi ma le tagata o loo manaomia le faaliliuga pe faaopoopo atu nisi tupe totogi.
- c. E tatau i tagata faaliliu ona faamaoni pe a faailoa mai o latou agavaa, toleniga ma galuega sa faatinoina, ma alofia le taliaina mai galuega ua iloa e le o agavaa e faatinoina.
- d. E tatau i tagata faaliliu ona auai i toleniga faifai pea afai e mafai.
- e. E sailia e tagata faaliliu ni faamatalaga mai galuega sa faia ina ia iloa po o a nisi mea e mafai ona faaleleia atili.

English version was adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii

INTERPRETER FORM
FORMULARIO DE INTÉRPRETE

Nombre: _____ Idioma: _____

Nº de teléfono: _____ Dirección de correo electrónico: _____

División DSH/Sucursal/Sección/Unidad: _____

Título de posición DSH: _____

Para el intérprete voluntario del DSH:

- Me gustaría entrar en la lista del DSH de intérpretes voluntarios. Informaré a la Oficina de Personal del DSH, el Personal del Cumplimiento de los Derechos Civiles, si ya no desea ofrecer mis servicios como intérprete voluntario.
- No desea entrar en la lista del DSH de intérpretes voluntarios; sin embargo, proporcionaré servicios de intérprete de _____.

Para familiares y amigos que proporcionan servicios de intérprete:

Nombre de la persona para la que hace de intérprete: _____

Su relación con la persona para la que hace de intérprete: _____

Dirección postal del intérprete: _____
(Apartado de correos o número y calle, Nº Apt, Ciudad, Estado, código postal)Nº de teléfono del intérprete: _____
(Número fijo) (Otros)

Afirmo que la siguiente información es verídica:

He leído y entiendo el Código Ético del Intérprete (en el reverso de este formulario) y acuerdo respetarlo cuando proporcione servicios de intérprete.

Tengo 18 años de edad o más.

Marque según corresponda:

Puedo comunicarme en inglés y los idiomas arriba enumerados.

Puedo interpretar del inglés a los idiomas arriba enumerados y viceversa.

Puedo traducir textos escritos de inglés a los idiomas arriba enumerados.

Puedo traducir textos escritos de los idiomas arriba enumerados al inglés.

Fluidez		
Regular	Buena	Excelente

A menos que tenga la aprobación del DSH, entiendo que mis servicios son voluntarios y que no recibiré ningún pago adicional del DSH por mis servicios de intérprete.

Firma_____
Fecha

Interpreter Code of Ethics

Código Ético del Intérprete

1. Precisión

- a. Los intérpretes deben transmitir el mensaje y el tono del hablante precisa y completamente, sin añadir ni omitir información.
- b. Los intérpretes deben interpretar con precisión el lenguaje ofensivo, las obscenidades y la terminología sexual y mantendrán la compostura durante la interpretación de situaciones con carga emocional.
- c. Los intérpretes solicitarán aclaraciones cuando sea necesario.
- d. Tras reconocer que la posible malinterpretación de una comunicación, los intérpretes informarán de la posible malinterpretación al proveedor, que decidirá cómo resolverlo (No debe hacerse en procedimientos legales).

2. Confidencialidad

- a. Los intérpretes mantendrán la confidencialidad de toda la información relacionada con la asignación y no divulgarán la información obtenida en sus encargos, incluyendo, entre otros, la información conseguida mediante el acceso a documentos y otros materiales escritos.

3. Imparcialidad

- a. Los intérpretes se abstendrán de aceptar encargos cuando las relaciones familiares, personales o profesionales puedan afectar a su imparcialidad.
- b. Los intérpretes revelarán cualquier relación con una parte que pueda considerarse como un conflicto de intereses.
- c. Los intérpretes mostrarán respeto a todas las personas involucradas en la situación de interpretación y actuarán de manera neutral, imparcial, justa y sensible a la cultura de los involucrados.

4. Limitaciones de función

- a. Los intérpretes usarán un discurso en primera persona para facilitar la comunicación directa en la medida posible.
- b. Los intérpretes respetarán las limitaciones de su función adecuadas, evitando todo contacto innecesario con las partes durante y fuera de la situación de interpretación.
- c. Los intérpretes no interpondrán opiniones personales ni ofrecerán guía o consejo a las personas para las que ofrecen interpretación.

5. Profesionalidad

- a. Los intérpretes llegarán con puntualidad a la ubicación indicada, preparados y vestidos adecuadamente.
- b. Los intérpretes contratados por una agencia no promocionaran su negocio propio directamente con los clientes de la agencia ni aceptarán/solicitarán gratificaciones o tasas adicionales de ellos.
- c. Los intérpretes representarán con precisión sus cualificaciones, formación y experiencia y se abstendrán de aceptar encargos para los que no estén cualificados.
- d. Los intérpretes participarán en programas de educación continua cuando estén disponibles.
- e. Los intérpretes solicitarán comentarios evaluativos para mejorar su desempeño.

English version was adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii

INTERPRETER FORM
PORMULARYO NG TAGASALIN

Pangalan: _____ Lenguwahe: _____
 Telepono: _____ E-Mail: _____
 Dibisyon/Sangay/Seksyon/Yunit ng DHS: _____
 Titulo ng Posisyon sa DHS: _____

Para sa Kawani ng DHS na Boluntaryong Tagasalin (DHS Staff Volunteer Interpreter):

- Gusto kong maging boluntaryong tagasalin ng DHS. Ipaalam ko sa DHS LEP Project Manager/Coordinator, kung hindi ko na gustong maging boluntaryong tagasalin.
- Hindi ko gustong maging boluntaryong tagasalin ng DHS; gayunman, maaari akong maglingkod bilang tagasalin:

Para sa mga Pamilya at Kaibigang Maglilingkod bilang Tagasalin:

Pangalan ng Taong Aalayan mo ng
 Paglilingkod bilang Tagasalin: _____

Kaugnayan mo sa Taong
 Paglilingkuran bilang Tagasalin: _____

Adres ng Tagasalin _____
 (P.O. Box o Numero at Kalye, Apt. No., Lungsod, Estado, Zip Code)

Telepono ng Tagasalin: _____
 (Telepono sa Tahanan) (Iba pang Telepono)

Ipinahahayag ko na totoo ang mga sumusunod:

Nabasa ko at naiintindihan ang Kodigo ng Etika ng Tagasalin o Interpreter Code of Ethics (nasa likod ng pormularyong ito) at sang-ayon akong sundin ito kung maglilingkod bilang tagasalin.

18 taong gulang na ako o mas higit pa.

Lagyan ng tsek ang lahat na angkop sa iyo:

Kaya kong makipag-usap sa Ingles/English at sa lengguwaheng nakalista sa itaas.

Kaya kong magsalin sa Ingles/English at sa lengguwaheng nakalista sa itaas.

Kaya kong isalin ang nakasulat sa Ingles/English sa lengguwaheng nakalista sa itaas.

Kaya kong isalin sa Ingles/English ang nakasulat na lengguwaheng nakalista sa itaas.

Pagkamatatas

	Katamtaman	Mahusay	Napakahusay

Maliban kung hindi aprubado ng DHS, naiintindihan kong boluntaryo ang paglilingkod ko at hindi ako tatanggap ng anumang bayad mula sa DHS.

 Pirma

 Petsa

INTERPRETER CODE OF ETHICS

Kodigo ng Etika ng mga Tagasalin1. Katumpakan

- a. Dapat isalin nang wasto at kumpleto ng tagasalin ang mensahe at tono ng nagsasalita, nang walang idinadagdag o ibinabawas.
- b. Dapat isalin nang tumpak ng tagasalin ang mga salitang nakasasakit, malaswa, at terminolohiyang sekswal, sa paraang mahinahon bagaman nasa matinding sitwasyong emosyonal ang tagasalin.
- c. Dapat humingi ng paglilinaw kung kinakailangan ang tagasalin.
- d. Kapag napansing hindi naintindihan ang komunikasyon, maaaring ihayag ng tagasalin ang posibleng hindi pagkaunawa sa nagpapasalin ng serbisyo na siyang magpapasiya kung paano ito lulutasin. (Na hindi dapat paraanin sa legal na hakbangin.)

2. Pagkakumpidensyal

- a. Dapat panatilihin kumpidensiyal ng mga tagasalin ang lahat ng impormasyong kaugnay ng kanilang takdang gawain at hindi dapat ibunyag ang anumang impormasyong natamo sa mga dokumento o iba pang kasulatang sumakamay nila kaugnay ng gawain.

3. Kawalang Pinapanig

- a. Dapat umiwas ang tagasalin sa pagtanggap ng takdang gawaing makaaapekto ang pamilya, personal o propesyonal na kaugnayan sa patas o walang pinapanigang pag-iisip.
- b. Dapat ibunyag ng tagasalin ang anumang kaugnayan sa sinuman o anumang maaakalang kasalungat ang interes.
- c. Dapat magpakita ang tagasalin ng paggalang sa lahat ng taong kasangkot sa sitwasyon ng interpretasyon; dapat din siyang kumilos sa paraang walang kinakampihan, walang pinapanigan, walang kinikilingan, at bukas sa kulturang pinaglilingkuran.

4. Mga Hangganan ng Ginagampanang Papel

- a. Dapat gumamit ang mga tagasalin ng unang panauhan (first person) sa pagsasalita upang mapagaang ang tuwirang komunikasyon.
- b. Pananatilihin ng mga tagasalin ang angkop na hangganan ng papel na ginagampanan sa pag-iwas sa lahat ng di-kinakailangang kaugnayan sa partido sa labas, at habang ginagawa ang interpretasyon.
- c. Hindi isisingit ng tagasalin ang mga personal na opinyon; ni hindi magbibigay ng payo o pangaral sa mga taong pinaglilingkuran bilang tagasalin.

5. Propesyonismo

- a. Dapat dumating sa oras, sa itinakdang lugar ang tagasalin; handa at angkop ang bihis.
- b. Hindi dapat ianunsyo ng isang tagasaling kinasundo ng ahensya ang sariling negosyo sa mga kustomer nito; ni hindi dapat tumanggap/humingi ng pabuya o karagdangang bayad sa kanila.
- c. Dapat iharap ng mga tagasalin ang kanilang mga kuwalipikasyon, pagsasanay at karanasan; dapat ding iwasan ang pagtanggap ng mga takdang gawaing hindi sila kuwalipikadong gawin.
- d. Lalahok ang mga tagasalin sa mga programang patuloy na edukasyon kung mayroon ang nito.
- e. Para mapabuti ang pagganap sa kanilang tungkulin, dapat humingi ang tagasalin ng mga punang tumataya ng kanilang mga kakayahan.

INTERPRETER FORM
MẪU CHO THÔNG DỊCH VIÊN

Tên: _____ Ngôn ngữ: _____

Số Điện thoại: _____ Địa chỉ Email: _____

Ban/Chi nhánh/Bộ phận/Đơn vị tại DHS: _____

Chức Danh tại DHS: _____

Đối với Thông dịch viên Tình nguyện là Nhân viên của DHS:

- Tôi muốn được đưa vào danh sách thông dịch viên tình nguyện của DHS. Khi nào tôi không muốn tiếp tục làm thông dịch viên tình nguyện nữa, tôi sẽ thông báo cho DHS LEP Project Manager/Coordinator.
- Tôi không muốn được đưa vào danh sách thông dịch viên tình nguyện của DHS; tuy nhiên, tôi sẽ cung cấp dịch vụ thông dịch cho _____.

Đối với Gia đình và Bạn bè Cung cấp Dịch vụ Thông dịch:

Tên Người mà Bạn Đang Thông Dịch Cho: _____

Mối Quan hệ giữa Bạn với Người mà Bạn Đang Thông Dịch Cho: _____

Địa chỉ Gửi thư của

Thông dịch viên: _____

(PO Box hoặc Số Nhà và Tên Đường, Số Phòng, Thành phố, Bang, Mã Bưu điện)

Số Điện thoại của

Thông dịch viên: _____

(Điện thoại Nhà)

(Khác)

Tôi tuyên bố rằng những điều sau đây là đúng:

Tôi đã đọc và hiểu Bộ Quy tắc Đạo đức dành cho Thông dịch viên (ở mặt sau của mẫu đơn này) và đồng ý tuân theo bộ quy tắc này khi cung cấp dịch vụ thông dịch.

Tôi từ 18 tuổi trở lên.

Đánh dấu vào ô phù hợp:	Thành thạo		
	Tương đối	Tốt	Xuất sắc
Tôi có thể giao tiếp bằng tiếng Anh và ngôn ngữ được liệt kê ở trên.			
Tôi có thể thông dịch từ ngôn ngữ được liệt kê ở trên sang tiếng Anh và từ tiếng Anh sang ngôn ngữ đó.			
Tôi có thể dịch văn bản tiếng Anh sang ngôn ngữ được liệt kê ở trên.			
Tôi có thể dịch văn bản của ngôn ngữ được liệt kê ở trên sang tiếng Anh.			

Trừ khi được sự chấp thuận của DHS, tôi hiểu rằng dịch vụ của tôi là tự nguyện và tôi sẽ không nhận thêm khoản thanh toán nào từ DHS để cung cấp dịch vụ thông dịch.

Chữ ký

Ngày

Interpreter Code of Ethics**Bộ Quy tắc Đạo đức dành cho Thông dịch viên****1. Tính chính xác**

- a. Thông dịch viên phải truyền đạt thông điệp và ngữ điệu của người nói một cách chính xác và đầy đủ, không thêm hoặc bớt bất cứ điều gì.
- b. Thông dịch viên phải chuyển ngữ một cách chính xác những lời xúc phạm, tục tĩu và thuật ngữ về tình dục và phải giữ thái độ bình tĩnh khi đang thông dịch trong những tình huống dễ xúc động.
- c. Thông dịch viên phải hỏi để hiểu rõ thông tin khi cần.
- d. Sau khi nhận ra một thông tin có thể đã bị hiểu nhầm, thông dịch viên có thể nêu lên vấn đề có thể bị hiểu lầm này để người nói lưu ý và người nói này sẽ quyết định cách lý giải hiểu lầm đó. (Không được thực hiện trong các thủ tục tố tụng pháp lý.)

2. Tính bảo mật

- a. Thông dịch viên phải giữ bí mật mọi thông tin liên quan được giao phó cho họ và sẽ không tiết lộ bất kỳ thông tin nào thu được trong khi làm nhiệm vụ được giao, bao gồm nhưng không giới hạn đến các thông tin thu được qua việc truy cập các hồ sơ hoặc các tài liệu văn bản khác.

3. Sự công tâm

- a. Thông dịch viên phải tránh nhận những nhiệm vụ mà trong đó sự công tâm bị gia đình và các mối quan hệ cá nhân hoặc công việc tác động.
- b. Thông dịch viên phải công khai mọi mối quan hệ với bên được cho là có xung đột lợi ích.
- c. Thông dịch viên phải chứng tỏ sự tôn trọng đối với tất cả những người tham gia vào tình huống thông dịch và phải làm việc một cách trung lập, vô tư, khách quan và nhạy cảm về văn hóa.

4. Giới hạn của Vai trò

- a. Thông dịch viên phải xưng hô theo ngôi thứ nhất để tạo điều kiện trao đổi càng nhiều thông tin trực tiếp càng tốt.
- b. Thông dịch viên phải duy trì các giới hạn thích hợp trong vai trò của mình, tránh mọi liên lạc không cần thiết với các bên trong và ngoài tình huống thông dịch.
- c. Thông dịch viên không được xen ý kiến cá nhân vào hoặc tư vấn hoặc cho lời khuyên cho những người mà họ đang thông dịch cho.


5. Sự chuyên nghiệp

- a. Thông dịch viên phải đến đúng giờ tại địa điểm chỉ định, chuẩn bị sẵn sàng và ăn mặc phù hợp.
- b. Thông dịch viên do một cơ quan thuê không được quảng bá công việc kinh doanh của mình trực tiếp với khách hàng của cơ quan, hoặc nhận/yêu cầu những khách hàng này thưởng tiền hoặc trả lệ phí bổ sung.
- c. Thông dịch viên phải thể hiện chính xác năng lực, kỹ năng được đào tạo và kinh nghiệm của họ và phải tránh nhận những nhiệm vụ nào họ không đủ năng lực thực hiện.
- d. Thông dịch viên phải tham gia các chương trình giáo dục thường xuyên khi có thể.
- e. Thông dịch viên nên xin đánh giá phản hồi từ khách hàng để cải thiện năng lực của họ.

English version is adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii

APPENDIX L

**DHS Policy and Procedures 4.10.1
Discrimination Complaints Policy**

	Department of Human Services POLICIES AND PROCEDURES MANUAL	Number 4.10.1	Page 1 of 4
	Subject DISCRIMINATION COMPLAINTS POLICY	OPR PERSONNEL OFFICE	
		Issue/Revision Date OCT 1 2014	

INTRODUCTION The Department of Human Services (DHS) will prevent discrimination in employment and in provision of its programs, services and activities. State and Federally-funded programs must be planned and administered such that they do not have the effect of denying or delaying services to any particular person or groups of persons seeking services at the DHS. Further, DHS must prevent discrimination and ensure that all persons are free from discriminatory practices in employment and in the application for and provision of services. Discrimination, harassment, bullying, and retaliation for having filed a complaint are prohibited by the DHS' policy and by Federal and State law and will not be tolerated at the DHS.

1.0 PURPOSE

The primary purpose of this policy is the prevention of discrimination in employment and services at the DHS. The purpose surrounds establishing a timely, uniform, and effective means of resolving internal discrimination complaints filed by employees, former employees, applicants for employment, and service applicants/recipients. This is to enhance the morale and efficiency of employees, and to encourage public confidence in the DHS' commitment towards providing services and benefits exclusive of discrimination practices.

2.0 REFERENCES AND DEFINITIONS

SEE APPENDIX A.

3.0 POLICY

It is the policy of the DHS to assure a work and service environment free from discriminatory practices for all department employees, applicants for employment, applicants for participation in the DHS programs, and participants in DHS programs. The work and service environments shall be without discrimination, retaliation for having filed a complaint, and/or harassment on the basis of age, arrest/court records, breastfeeding, child support assignment, citizenship, credit history, disability (physical or mental), domestic/sexual violence victim status, genetic information, National Guard absence, national origin/ancestry, political belief, race or color, religion, relationship status, sex/gender (expression or identity), sexual orientation, veteran status, retaliation for filing a complaint or participating in complaint process, and harassment based on one or more of the protected factors listed here or might be added to law periodically.

DHS P&PM	Subject DISCRIMINATION COMPLAINTS POLICY	Number 4.10.1	Page 2 of 4
		Issue/Revision Date OCT 1 2014	

In keeping with this policy, complaints of discrimination, harassment, and retaliation are to be processed fairly and promptly.

Individuals filing a complaint, or participating in the complaint process have the right to:

- a. Representation by legal counsel, union agent, if appropriate, or designee of their choice.
- b. Confidentiality, provided such confidentiality does not impede the process of fairly and thoroughly investigating the complaint. Confidentiality cannot be guaranteed. (An individual will be asked to complete a Consent/Release Form. See APPENDIX B.)
- c. Freedom from restraint, interference, coercion, or retaliation in presenting complaints or in providing information in the resolution of problems or complaints.
- d. Forego this internal complaint process and file a complaint directly with an appropriate external enforcement agency, including but not limited to, the Department of Human Resources Development.
- e. Alternative means of participation, such as the provision of an interpreter (i.e., sign or other language), written material in large print, and other reasonable modifications, free of charge to the individual.

4.0 SCOPE

The DHS is committed to employment/training decisions being based so as to further the principle of equal opportunity and affirmative action, and ensuring that selections for employment/training and promotion decisions are in accordance with the principles of equal opportunity and affirmative action for employees, applicants for employment, applicants for participation, and participants in DHS-sponsored programs.

All services provided to the public by the DHS or DHS-sponsored programs and activities shall be on an equal and non-discriminatory basis. No person shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination, harassment, bullying or retaliation under any phase or level of program or activity.

This policy applies to all the DHS divisions and their branches, sections and units, as well as agencies and commissions administratively attached to the DHS, and individuals or organizations that receive State and Federal funds through contracts or other arrangements with the DHS. It covers employees, former employees, clients, applicants, and potential applicants for employment and services, service providers, and contractors. This also includes individuals subjected to alleged discrimination because of their association with persons who are protected by non-discrimination law.

DHS P&PM	Subject DISCRIMINATION COMPLAINTS POLICY	Number	Page
		4.10.1	3 of 4
		Issue/Revision Date	
		OCT 1 2014	

All employees and applicants for employment or services shall be entitled to an environment free of discrimination, including harassment and bullying. Harassment based on a person's membership in a protected group is strictly prohibited, and will not be tolerated at the DHS.

5.0 RESPONSIBILITIES

SEE APPENDIX C.

6.0 DISCRIMINATION COMPLAINT PROCEDURES (DEPARTMENTAL)

Discrimination complaint procedures are available in DHS Policy and Procedure 4.10.1, APPENDIX D, and are applicable to all DHS offices and programs, administratively attached agencies, commissions and private entities receiving Federal or State funds from the DHS. In order for the DHS to maintain consistency in the administration of discrimination complaints procedures and to comply with various requirements, recipients who operate Federally/State funded programs for the DHS in the State of Hawaii may use these procedures. Recipients who desire to develop internal complaint procedures must ensure they are reviewed by the DHS Civil Rights Compliance Staff prior to use. Complainants should follow the appropriate DHS Departmental Discrimination Complaint Procedure (APPENDIX D) when filing discrimination complaints.

7.0 IMPLEMENTATION

In implementing this Discrimination Complaint policy and procedure, the following shall apply:

Confidentiality. Confidentiality will be maintained to the extent possible to successfully conduct a thorough investigation. Information regarding the complaint will be shared with appropriate individuals on a "need to know" basis. Complainants will be asked to sign a consent/release form indicating their consent or denial of consent to release information. Confidentiality cannot be guaranteed. (APPENDIX B)

Retaliation. The DHS prohibits retaliation against any individual who files a discrimination complaint, participates in complaint proceedings or who otherwise opposes acts of discrimination. Employees and applicants have a right to complain about discrimination, harassment, or bullying without fear of retaliation.

DHS P&PM	Subject DISCRIMINATION COMPLAINTS POLICY	Number 4.10.1	Page 4 of 4
		Issue/Revision Date OCT 1 2014	

Violations of Policy. Employees who violate this policy shall be subject to disciplinary action in accordance with the respective collective bargaining agreement and related DHS policies. Contractors will be at risk of non-renewal of contract. Clients will be at risk for seeking services elsewhere. Applicants for employment, programs and services could be asked to withdraw from applying for programs or services as warranted.

Discriminatory practices will not be tolerated at the DHS in any form, and appropriate measures will be taken to prevent discrimination and to address discriminatory acts.

Disciplinary and other action shall be designed to correspond with the seriousness of the action, and be reasonably calculated to stop the discrimination and to ensure that the discrimination will not recur.

With the approval of this Departmental Discrimination Complaint Policy by the Director, the policy shall be effective and implemented and will remain in effect until such time that it is cancelled or superseded by order of the DHS Director. This policy is in addition to DHS Directive 2014-01 and must be displayed prominently on bulletin boards.

This part shall supersede any prior directive concerning discrimination. Authorized modifications of content will not affect the life of these policies and procedures, unless so specified by the Director.

APPROVED: 
 Patricia McManaman, Director

APPENDIX M

DHS 6000 - Discrimination Complaint Form

DISCRIMINATION COMPLAINT FORM

NAME	XXX-XX SSN (Last Four Digits)	PHONE (Home/Cell)	PHONE (Work)
ADDRESS	CITY	STATE	ZIP CODE

EMPLOYER (Division/Unit), if applicable: _____

1. JOB TITLE: _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Arrest/Court Records | <input type="checkbox"/> National Guard Absence | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> National Origin/Ancstry | <input type="checkbox"/> Retaliation for Filing a
Complaint or Participating in
Complaint Process |
| <input type="checkbox"/> Child Support Assignment | <input type="checkbox"/> Political Belief | <input type="checkbox"/> Harassment (Based On)* |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Race or Color | *Must Indicate Protected Class Basis |
| <input type="checkbox"/> Credit History | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Disability (Physical or Mental) | <input type="checkbox"/> Relationship Status | |
| <input type="checkbox"/> Domestic/Sexual Violence
Victim Status | <input type="checkbox"/> Sex/Gender (Expression or
Identity) | |

Explain briefly what, if anything, you have done about the alleged discrimination. (Attach additional sheets if you require more space.)

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. Explain how and why you believe you were discriminated against. Please be SPECIFIC and include any names, dates, witnesses and places of the incident(s). (Attach additional sheets if you require more space.)

7. Is the alleged discrimination against others? No Yes. 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 the Department of Human Services, Personnel Office, Civil Rights Compliance Staff, P. O. Box 339, Honolulu, Hawaii 96809-0339, if I change my address or telephone number. I swear or affirm that I have read the above statements, and they are true to the best of my knowledge and belief.

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

Signature _____

Date _____

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 is sufficient.
HOWEVER, THE INFORMATION REQUESTED ON THE FORM MUST BE PROVIDED; WHETHER THE FORM IS USED OR NOT.

(PLEASE READ THE NOTICE OF DISCRIMINATION COMPLAINTS AND NON-RETALIATION REQUIREMENT)

NOTICE TO INDIVIDUALS FILING DISCRIMINATION COMPLAINTS

Individuals alleging discrimination 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. 06/2014). 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 Office/Civil Rights Compliance Staff
 P. O. Box 339
 Honolulu, Hawaii 96809-0339
 Phone: (808) 586-4955 Relay: 711
 Email: DHSCivilRightsBox@dhs.hawaii.gov

Individuals also have a right to seek redress for their complaint through the appropriate collective bargaining unit, state or federal compliance agencies, and/or 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 begin 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 employees or applicants for employment, for an employment agency, or joint labor-management committee controlling apprenticeship or other training or retraining, including on-the-job training programs, to discriminate against any individual, or for a labor organization to discriminate against any member thereof or applicant for membership, because he has opposed any practice made an lawful employment practice by this subchapter, or because he has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing this this subchapter."

Persons filing charges of employment discrimination are advised of this non-retaliation requirement and are instructed to notify the DHS Civil Rights Compliance Staff if any attempt at retaliation is made as a result of their filing this complaint.

Additionally, laws enforced prohibit recipients of federal financial assistance from intimating 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 DHS are advised of this non-retaliation requirement and are instructed to notify the department's Civil Rights Compliance Staff if any attempt at retaliation is made as a result of filing a discrimination complaint relative to DHS services or programs.

RIGHTS AND RESPONSIBILITIES: The following 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 or discrimination complaint. Such representative shall not be a departmental, state or federal equal employment opportunity representative or human resources specialist.

2. You have the right to discontinue your complaint at any time by submitting a Complaint Withdrawal Form (DHS 6007).
3. You have the right to be notified 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 accommodation, including and not limited to, language interpreters/translators, auxiliary aids, and/or facilities and accessible 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.

The 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, HI 96813
Telephone: (808) 586-8636

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

U. S. Department of Health and Human Services
Director, Office for Civil Rights (OCR)
Room 509-F, HHH Building
200 Independence Avenue, SW
Washington, DC 20201
Telephone: 1-800-368-1019
TDD: 1-800-537-7697
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
<https://hhs.gov/ocr/office/file/index.html> (Forms)

U. S. Department of Agriculture
Office for Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, DC 20250-9410
Telephone: (866)632-9992 (Toll Free) (Voice)
(800) 877-8339 (Relay)
(800) 845-6136 (Spanish Relay)
Email: programintake@usda.gov

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

U. S. Department of Housing and Urban Development
Office for Civil Rights
451 7th Street, SW
Washington, DC 20410
Telephone: (202) 708-1112
TTY: (202) 708-11455

U. S. Department of Education
Region IX, Office for Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099

OR

Office for 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

APPENDIX N

DHS 6006 - Consent/Release Form

CONSENT / RELEASE FORM

Name: _____

Address: _____

Please read, initial, sign and date this form.

I understand that in the course of a preliminary inquiry or investigation, it might be necessary for the Department of Human Services (DHS), Civil Rights Compliance Staff (CRCS), to reveal my identity to persons at the organization under investigation, including personal information that is gathered as a part of the preliminary inquiry or investigation of my complaint. 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 non-discrimination statutes. **Confidentiality cannot be guaranteed.**

	CONSENT GRANTED
Initial here if you give consent.	<ul style="list-style-type: none"> ▪ 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, and/or have responsibility for civil rights compliance. ▪ I authorize DHS to receive materials and information pertinent to the investigation of my complaint. This release includes, but is not limited to: applications, case files, personal records, and medical records; and will be used only for authorized civil rights compliance and enforcement activities. ▪ I understand that I am not required to authorize this release. I do so voluntarily. ▪ This authorization is effective for one year from the date of the authorization.

OR

	CONSENT DENIED
Initial here if you <u>deny</u> consent.	<ul style="list-style-type: none"> ▪ I have read and understand the above information. I do not want DHS, CRCS, to reveal my identity to the organization under investigation or to review, receive, or discuss material, and consent information pertinent to the investigation of my complaint. ▪ I understand that by declining consent, it may make the investigation of my complaint more difficult and, in some cases, may result in the investigation to be closed.

Signature_____
Date**RETURN** signed and dated form to:

Department of Human Services
Personnel Office/Civil Rights Compliance Staff
P. O. Box 339
Honolulu, Hawaii 96809-0339

SEND questions to: DHSCivilRightsBox@dhs.hawaii.gov

APPENDIX O

Language Access Reporting Tool

APPENDIX P

DHS ICF Dated June 27, 2019 – Language Assistance Services

**INTERNAL
COMMUNICATION FORM**

DEPARTMENT OF HUMAN SERVICES

Suspense

Subject: Language Assistance Services

Originator: C.Uesugi X64898

To: SO/DAs

From: DIR/LEP

Date: 06/27/19

Memo No. 1

The Department of Human Services (DHS) is committed to providing meaningful access for people with limitations to speak, read, write and understand English. Under Federal and State laws, Limited English Proficient (LEP) individuals have the right to receive assistance through qualified interpreters and translated materials at no cost to them and without significant delay.

The immediate availability of an oral interpreter service is critical for LEP individuals in order to communicate with DHS staff and apply for services from DHS. Each DHS office/unit must provide oral language assistance services to ensure meaningful access and an equal opportunity for all prospective clients to participate fully in these services.

Telephonic Interpretation Services

Telephonic interpretation is a useful tool for brief-encounters or urgent situations where immediate assistance is needed. It is an economical option and provides quick language access for LEP persons.

CTS LanguageLink, Linguistica and Voiance are the current authorized vendors that provide telephonic interpretation services to all state agencies (SPO Vendor List Contract No. 16-5).

Service Providers (Telephonic Interpretation)

CTS LanguageLink (Vendor Code 316277-00)

Voiance (Vendor Code 343961-00)

Linguistica (Vendor Code 338310-00)

DHS offices and units are not required to use only CTS Language Link, Linguistica or Voiance. Staff may also obtain interpretation services from the below mentioned providers. DHS offices and units that already have an interpretation provider may elect to retain that provider but will have to follow applicable procurement rules and regulations.

Additional Service Providers (Telephonic Interpretation)

Helping Hands HI/Bilingual Access (Vendor Code 237198-00)

Language Services Hawaii (Vendor Code 322563-01)

Pacific Gateway Center (Vendor Code 264812-01)

CTS Language Link, Linguistica, and Voiance will require an account number and/or pin number to access their services. Some may also require an additional location code. Most DHS offices already have an

Subject: Language Assistance Services

Originator: C.Uesugi X64898

To: SO/DAs

From: DIR/LEP

Date: 06/19/19

Memo No. 1

account with these vendors. Staff may inquire with their Division secretaries for account number and location code (if needed). If you need to establish an account, please contact the LEP Project Manager.

Please see attachments for more information about each provider including how to request an interpreter, current rate, language covered, minimum charge, billing information, etc.

Face-to-Face or Onsite Interpretation Services

This type of interpretation is normally used for complex or formal settings that require lengthy discussion. e.g., interviews, hearings, health or medical related issues, etc. Face-to-Face or Onsite interpreting generally requires advanced booking. Each DHS office or unit may contact a qualified interpreter directly or contact an interpreter referral service. For your convenience, below are local vendors that currently provide Face-to-Face interpretation services to various state agencies.

Service Providers (Face-to-Face)

Helping Hands Hawaii/Bilingual Access (Vendor Code 237198-00)

Language Services Hawaii (Vendor Code 322563-01)

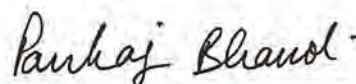
Pacific Gateway Center (Vendor Code 264812-01)

Please see attachments for more information about each provider including how to request an interpreter, current rate, language covered, minimum charge, billing information, etc.

Written Translation Services

Written translation of vital documents is provided for each eligible LEP language group that meets the legal threshold. All translation services are centralized and coordinated by the LEP Project Manager under the Office of the Director. Please contact the LEP Project Manager if you need a document to be translated.

Questions regarding Language Access Services should be directed to Cari Uesugi, LEP Project Manager, at cuesugi@dhs.hawaii.gov or (808) 586-4898.



Pankaj Bhanot, Director

Attachment: NASPO Contract
Vendor information sheets

DAVID Y. IGE
GOVERNOR



BONNIE KAHAKUI
ACTING ADMINISTRATOR

STATE OF HAWAII
STATE PROCUREMENT OFFICE

P.O. Box 119
Honolulu, Hawaii 96810-0119
Tel: (808) 586-0554
email: state.procurement.office@hawaii.gov
<http://spo.hawaii.gov>
Twitter: [@hawaiispo](https://twitter.com/hawaiispo)

February 18, 2022

TO: Executive Departments/Agencies
Department of Education
Hawaii Health Systems Corporation
Office of Hawaiian Affairs
University of Hawaii
Public Charter School Commission
and Schools
House of Representatives
Senate
Judiciary

City and County of Honolulu
Honolulu City Council
Honolulu Board of Water Supply
Honolulu Authority for Rapid Transportation
County of Hawaii
Hawaii County Council
County of Hawaii-Department of Water Supply
County of Maui
Maui County Council
County of Maui-Department of Water Supply
County of Kauai
Kauai County Council
County of Kauai – Department of Water

FROM: Bonnie Kahakui, Acting Administrator

Bonnie Kahakui

SUBJECT: **Change No. 5**
SPO Price List Contract No. 20-17
**NASPO VALUEPOINT ON-DEMAND REMOTE INTERPRETING (OPI AND VRI) AND
DOCUMENT TRANSLATION - STATEWIDE**
90-000-18-00003
Expires: November 3, 2022

The following change is made to this Price List Contract:

- The point of contact information for Executive, Honolulu City Council, Honolulu Board of Water Supply, Hawaii County City Council, County of Hawaii – Department of Water Supply, and County of Maui – Department of Water Supply has been updated.

The current price list contract incorporating Change No. 5 is available on the SPO website: <http://spo.hawaii.gov>. Click on *Price & Vendor Lists Contracts* at the home page.

If you have any questions, please contact Marcus Lee at (808) 586-0567 or marcus.lee@hawaii.gov.

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**STATE OF HAWAII
STATE PROCUREMENT OFFICE**

**SPO Price List Contract No. 20-17
Replaces SPO Price List Contract 16-05
Includes Change No. 5
Effective: 2/18/2022**

THIS SPO PRICE LIST CONTRACT IS FOR AUTHORIZED BUSINESS USE ONLY

**NASPO VALUEPOINT
ON-DEMAND REMOTE INTERPRETING (OPI AND VRI)
AND
DOCUMENT TRANSLATION**

(NASPO ValuePoint Contract No. 90-000-18-00003)
May 1, 2020 to November 3, 2022

INFORMATION ON NASPO VALUEPOINT

The NASPO ValuePoint Cooperative Purchasing Organization is a multi-state contracting consortium of state governments, including local governments, of which the State of Hawaii is a member. The NASPO ValuePoint Purchasing Organization seeks to achieve price discounts by combining the requirements of multi-state governmental agencies, and cost-effective and efficient acquisition of quality products and services.

The State of New Mexico is the current lead agency and contract administrator for the NASPO Transcription Services contract. A request for competitive sealed proposals was issued on behalf of NASPO ValuePoint Cooperative Purchasing Organization, LLC, and contracts were awarded to seven (7) qualified vendors. The State of Hawaii has signed a Participating Addendum with three (3) Contractors.

The purpose of this contract is to provide On-Demand Over the Phone Interpreting (OPI) and Video Remote Interpreting (VRI) language interpreter services and Document Translation for agencies and their clients who need immediate interpreter assistance. These services are required to assist Limited English Proficiency (LEP) clients uncomfortable speaking English, or whose English is not clearly understood. Immediate Telephone Based Interpreter Services will facilitate communication between clients and customers at a service provider facility when an on-site interpreter is not available

For additional information on this contract, visit the NASPO ValuePoint website at <https://www.naspovaluepoint.org/portfolio/on-demand-remote-interpreting-opi-and-vri-and-document-translation/>.



PARTICIPATING JURISDICTIONS listed below have signed a cooperative agreement and/or a memorandum of agreement with the SPO and are authorized to utilize this vendor list contract.

Executive Departments/Agencies	City and County of Honolulu
Department of Education	Honolulu City Council
Hawaii Health Systems Corporation	Honolulu Board of Water Supply
Office of Hawaiian Affairs	Honolulu Authority for Rapid Transportation
University of Hawaii	County of Hawaii
Public Charter School Commission and Schools	Hawaii County Council
House of Representatives	County of Hawaii – Department of Water Supply
Senate	County of Maui
Judiciary	Maui County Council
	County of Maui – Department of Water Supply
	County of Kauai
	Kauai County Council
	County of Kauai – Department of Water

The participating jurisdictions are not required but may purchase from this vendor list contract, and requests for exceptions from the contract are not required. Participating jurisdictions are allowed to purchase from other contractors, however, HRS chapter 103D and the procurement rules apply to purchases using the applicable procurement method and its procedures, such as small purchases or competitive sealed bidding. The decision to use this contract or to solicit pricing from other sources will be at the discretion of the participating jurisdiction.

POINTS OF CONTACT. Questions regarding the products listed, ordering, pricing, and status should be directed to the contractor(s).

Procurement questions or concerns may be directed as follows:

Jurisdiction	Name	Phone	Fax	E-mail
Executive	Marcus Lee	586-0567	586-0570	marcus.lee@hawaii.gov
DOE	Procurement Staff	675-0130	675-0133	G-OFS-DOE-Procurement@k12.hi.us
HHSC	Nancy Delima	359-0994		ndelima@hhsc.org
OHA	Christopher Stanley	594-1833	594-1865	chriss@oha.org
UH	Karlee Hisashima	956-8687	956-2093	karlee@hawaii.edu
Public Charter School Commission and Schools	Danny Vasconcellos	586-3775	586-3776	danny.vasconcellos@spscsc.hawaii.gov
House	Brian Takeshita	586-6423	586-6401	takeshita@capitol.hawaii.gov
Senate	Carol Taniguchi	586-6720	586-6719	c.taniguchi@capitol.hawaii.gov

Jurisdiction	Name	Phone	Fax	E-mail
Judiciary	Tritia Cruz	538-5805	538-5802	tritia.l.cruz@courts.hawaii.gov
C&C of Honolulu	Procurement Specialist	768-5535	768-3299	bfs purchasing@honolulu.gov
Honolulu City Council	Kendall Amazaki, Jr. Nanette Saito	768-5084 768-5085	768-5011	kamazaki@honolulu.gov nsaito@honolulu.gov
Honolulu Board of Water Supply	Procurement Office	748-5071		fn_procurement@hbws.org
HART	Dean Matro	768-6246		dean.matro@honolulu.gov
County of Hawaii	Diane Nakagawa	961-8440		diane.nakagawa@hawaiicounty.gov
Hawaii County Council	Diane Nakagawa	961-8440		diane.nakagawa@hawaiicounty.gov
County of Hawaii – Department of Water Supply	Ka'iulani L. Matsumoto	961-8050 ext. 224	961-8657	kmatsumoto@hawaiidws.org
County of Maui	Jared Masuda	463-3816		jared.masuda@co.maui.hi.us
Maui County Council	Marlene Rebugio	270-7838		marlene.rebugio@mauicounty.us
County of Maui – Department of Water Supply	Kenneth L. Bissen	270-7684	270-7136	ken.bissen@co.maui.hi.us
County of Kauai	Ernest Barreira	241-4295	241-6297	ebarreira@kauai.gov
Kauai County Council	Codie Tabalba Scott Sato	241-4193 241-4810	241-6349 241-6349	ctabalba@kauai.gov ssato@kauai.gov
County of Kauai – Department of Water	Marcelino Soliz	245-5470	245-5813	msoliz@kauaiwater.org

USE OF THIS LIST CONTRACT BY NONPROFIT ORGANIZATIONS. Pursuant to HRS §103D-804, nonprofit organizations with current purchase of service contracts (HRS chapter 103F) have been invited to participate in the SPO price and vendor list contracts.

A listing of these nonprofit organizations is available at the SPO website: <http://spo.hawaii.gov>. Click on *For Vendors > Non-Profits > Cooperative Purchasing Program > View the list of qualifying nonprofits eligible to participate in cooperative purchasing.*

If a nonprofit wish to purchase from an SPO price or vendor list contract, the nonprofit must obtain approval from each Contractor (participation must be mutually agreed upon, for example). A Contractor may choose to deny participation by a nonprofit. However, if a nonprofit and Contractor mutually agree to this arrangement, it is understood that the nonprofit will retain its right to purchase from other than an SPO price list contract vendor(s).

AUTHORIZED CONTRACTORS. The authorized vendors are listed below. They have signed a Master Agreement with the State of New Mexico and a Participating Addendum with the Hawaii State Procurement Office.

Corporate Translations Services, Inc. dba Language Link

Voiance Language Services, LLC

VENDOR CODES for annotation on purchase orders are obtainable from the *Alphabetical Vendor Edit Table* available at your department's fiscal office. Agencies are cautioned that the remittance address on an invoice may be different from the address of the vendor code annotated on the purchase order.

COMPLIANCE PURSUANT TO HRS §103D-310(c). Prior to awarding this contract, the SPO verified compliance of the Contractor(s) named in the SPO Price List Contract No. 20-17. *No further compliance verification is required prior to issuing a contract, purchase order, or pCard payment when utilizing this contract.*

PURCHASING CARD (pCard). The State of Hawaii Purchasing Card (pCard) is required to be used by the Executive department/agencies, excluding the DOE, HHSC, OHA, and UH, for orders totaling less than \$2,500. For purchases of \$2,500 or more, agencies may use the pCard, subject to its credit limit, or issue a purchase order.

PURCHASE ORDERS may be issued for purchases of \$2,500 or more and for vendors who either do not accept the pCard, set minimum order requirements before accepting the pCard for payment, or who charge its customers a transaction fee for the usage.

SPO PRICE LIST CONTRACT NO. 20-17 AND NASPO VALUEPOINT MASTER AGREEMENT NO.'S shall be typed on purchase orders and pCard purchases issued against this price list contract. Please input the following Master Agreement Numbers for the following Contractors:

90-000-18-00003AB – Corporate Translation Services, Inc. dba Language Link
90-000-18-00003AG – Voiance Language Services, LLC

STATE GENERAL EXCISE TAX (GET) AND COUNTY SURCHARGE shall not exceed the following rates if the seller elects to pass on the charges to its customers. The GET is not applied to shipping or delivery charges.

County	County Surcharge Tax Rate	State GET	Max Pass-On Tax Rate	Expiration of Surcharge Tax Rate
C&C of Honolulu	0.50%	4.0%	4.7120%	12/31/2030
Hawaii	0.50%	4.0%	4.7120%	12/31/2030
County of Maui (including Molokai & Lanai)	0.0%	4.0%	4.1666%	No county surcharge
Kauai	0.50%	4.0%	4.7120%	12/31/2030

The GET or use tax and county surcharge may be added to the invoice as a separate line item and shall not exceed the current max pass-on tax rate(s) for each island.

County surcharges on State General Excise (GE) tax or Use Tax may be visibly passed on but are not required. For more information on county surcharges and the max pass-on tax rate, please visit the Department of Taxation's website at <http://tax.hawaii.gov/geninfo/countysurcharge>.

PAYMENTS are to be made to the Contractor(s) remittance address. HRS §103-10 provides that the State shall have thirty (30) calendar days after receipt of invoice or satisfactory completion of the contract to make payment. Payments may also be made via pCard.

VENDOR AND PRODUCT EVALUATION. Form SPO-012, Evaluation: Vendor or Product, to address concerns on this vendor list contract, is available to agencies at the SPO website: <http://spo.hawaii.gov>. Click on *Forms* on the home page.

PRICE OR VENDOR LIST CONTRACT AVAILABLE ON THE INTERNET at the SPO website: <http://spo.hawaii.gov>. Click on *Price & Vendor List Contracts* on the home page.

General Information

Contractors shall provide 365-days a year, 7-days a week, 24-hours a day On-Demand Over the Phone Interpreting (OPI), Video Remote Interpreting (VRI), and Document Translation services on an "as needed" basis for Limited English Proficient (LEP) clients needing an immediate interpreter or translation assistance.

The below are interpreter operational requirements:

1. The interpreter shall remain neutral in the conversation unless prompted by the customer with additional instructions.
2. The interpreter shall speak in the first (1st) person.
3. The interpreter shall use the utmost courtesy when conversing with the customer and/or the client.
4. The interpreter shall respect the cultural differences of the client.
5. The interpreter shall refrain from entering into a disagreement with the customer and/or the client.
6. The interpreter shall accurately interpret the client's statements and relay the message in its entirety with the meaning preserved throughout the conversation. Information will not be edited or deleted which may erroneously change the meaning of the client's statements.
7. All conversations, interpretations, or translations will remain confidential and shall not be shared with individuals unrelated to the call or translation. Calls must only be recorded for Quality Assurance and training purposes. Call recording may be further restricted in other state's Participating Addendums.
8. The translator shall provide accurate (reflect the meaning correctly), effective (provide the intended effect on the reader), and impartial (unbiased) services.

The contractor must provide toll-free access to interpreter services from anywhere in the United States, 365-days a year, 7-days a week, 24-hours a day. The contractor must have all the necessary equipment, installed and functioning, to provide the services required in the contract.

The interpreters must have a telephone terminal equipment with expansion capabilities to accommodate an increase in call volume, as needed.

The contractor must only invoice for the time that interpreter service is provided. The time required for establishing the language service needed and/or connection time to the appropriate interpreter will not be chargeable. Billing of the interpretation period starts when the interpreter answers and begins interpreting. The interpretation period is ended when the interpreter has been disconnected from both the customer and the client.

Commonly Interpreted and Translated Languages

Below is a list of commonly interpreted and translated languages other than the top ten languages: Arabic, Chinese, Spanish, Russian, Somali, Vietnamese, Swahili, Tigrinya, Korean, or Farsi.

Cantonese (Yue)	Bhutanese/Dzongkha	Croatian	Hausa
Toishanese (Toishan, Toisanese) (Yue)	Bosnian	Czech	Hebrew
Fuzhou (Min)	Bulgarian	Danish	Hindi
Shanghai (Wu)	Burmese	Dari	Hindustani
Hunanese	Cambodian	Dinka	Hmong
Foochow (Min)	Canjobal	Dutch	Hungarian
Abron	Cape Verde Creole	Edo	Ibo (Igbo)
Acholi	Catalan	Ethiopian	Ilocano
Afghan	Cebuano	Ewe	Italian
Afrikaans	Chaldean	Fanti	Jakartanese
Akan	Cham	Fijian	Japanese
Akateco/Akateko	Chamorro	Finnish	Javanese (Ngoko)
Albanian	Hakha/Hakha (Chin)	Fon	Jula
American Sign Language (ASL) via VRI only	Chin-Zo	French	Kachin
Amharic	Chin-Mizo	French Creole	Kanjobal
Armenian	Chin-Tedim	French-Canadian	Kannada
Ashanti	Falam Chin	Fukienese	Kaqchikel
Assyrian	Chin	Fulani (Fula)	Karen
Azerbaijani	Chin-Zomi	Ga	Karenni
Bahasa/Brunei	Hakka Chin	Ganda	Khmer
Bambara	Chin-Zophei	Georgian	Kikuyu (Gikuyu)
Bari	Chukchi	German	Kinyamulenge
Basaa (Bantu Language)	Chuukese (Trukese)	Greek	Kinyarwanda
Belorussian	Cora	Gujarati	Kirundi (Rundi)
Bengali	Creole	Haitian Creole	Kiswahili
Kongo	Moldavian	Romanian	Tajiki
Kosraean	Mongolian	Rwanda	Tamil
Krahn	Montenegrin	Samoan	Telugu

Krio	Moroccan	Sango	Teochew
Kunama	Navajo	Serbian	Thai
Kurdish	Neapolitan	Serbo-Croatian	Thonga
Laotian	Nepali	Sicilian	Tibetan
Liberian	Newari	Sindhi	Tigre
Lingala	Nigerian Pidgin	Sinhalese	Tojolabal
Lithuanian	Norwegian	Slovak	Tongan
Luganda	Nuer	Slovenian	Toucouleur
Luo (Dhuluo)	Oromo (Oromifa)	Soninke	Triqui
Maay Somali	Palauan	Soninke (Maraka)	Turkish
Maaymaay	Pashto	Soninke (Sarahuleh)	TWI
Macedonian	Pohnpei	Soninke (Sarakole)	Ukrainian/Ukranian
Indonesian (Malay)	Polish	Sudanese	Urdu
Malay (Bahasa Melayu)	Portuguese	Sundanese	Uzbek
Malayalam	Portuguese Creole	Susu	Wolof
Malinke	Portuguese-Brazilian	Swedish	Yoruba
Mam	Pulaar	Sylheti	Yugoslavian
Mandinka (Mandingo)	Punjabi	Tadzhik	Zarma
Marathi	Q'anjob'al	Tagalog/Filipino	
Marshallese	Quechua	Taishanese	
Mien	Quiche	Taiwanese	
Mixteco	Rohingya/Rohinya	Tajik	

How To Use This Price List Contract

Contact a Contractor for a quote and chose the option that works best for your agency's situation. All quotes shall be kept in the procurement file.

The table below indicates the service each Contractor provides.

Contractor	Over the Phone Interpreting	Video Remote Interpreting	Document Translation
Corporate Translation, Inc. dba Language Link	✓	✓	✓
Voiance Language Services, LLC	✓	✓	✓

On-Demand Remote Over the Phone Interpreting (OPI)

Interpreter services for the most frequently* used languages must be performed within the United States from a professional facility and not a home-based office. Interpreter services for the least frequently used languages may be performed outside of the United States and/or from a home-based office.

**Most frequently used languages" means the top ten frequently used languages.*

A. Prohibition of Interpretation on a Wireless Device in a Moving Vehicle and Noisy Areas

1. The contractor agrees no interpretation work by wireless communication device shall take place in a moving vehicle if the interpreter is the driver. This strict prohibition is intended to avoid driver distractions, accidents, risks to others, and lack of interpreter focus on the interpretation work itself.
2. Background noise such as traffic, barking dogs, crying babies, wind, and other people carrying on nearby conversations is a distraction to others on the phone and interpretation work should not proceed when any participant cannot hear due to the background noise and requests the interpreter to relocate to a quiet area.
3. Any interpretation conducted on a wireless device, whether texting or oral, is **prohibited** under this contract if conducted in a moving vehicle when the interpreter is the driver. To be clear, this prohibition shall also apply in states with laws addressing cell phone use and/or texting while driving and applies to all drivers involved with manually or orally typing; or entering multiple letters, numbers, symbols or other text in a wireless communication device; or sending or reading data in the device, for the purpose of oral or non-voice interpersonal communication, including texting, emailing, and instant messaging. Vehicles equipped with Bluetooth devices and dash-mounted phones are not an exception to this prohibition. Interpreters must not be driving in a moving vehicle when conducting interpretations.

B. Connection

1. On average per month, the Contractor must answer at least 95% of all incoming calls within five (5) seconds of the call starting to ring at the Contractor's facility. The call may be answered by an automated attendant but the customer must be given an option, either by voice prompt or keypad selection, to speak with a live operator/customer service representative. If the customer opts for a live operator/customer service representative, the connection must occur within ten seconds of the customer's selection.
2. On average per month, the Contractor must respond to calls at a rate of 95% or greater within 30 seconds of the client's language being identified. Once interpretation begins, the call cannot be placed on hold or put into a queue of any kind.
3. If in a given month the language mix of Spanish to all other languages is below 75%, the percentage of calls that must meet the 30 second response time will be adjusted as follows:

If the percentage of Spanish is:	Connective time will be:
Less than 60%	80% of all calls will be responded to within 30 seconds, after the client's language being identified
60-70%	85% of all calls will be responded to within 30 seconds, after the client's language being identified
70-80%	90% of all calls will be responded to within 30 seconds, after the client's language being identified

4. In the event interpretation service for Arabic, Chinese, Spanish, Russian, Somali, Vietnamese, Swahili, Tigrinya, Korean or Farsi does not begin within 60 seconds of the client's language is identified, the customer shall not be charged for any interpretation services provided for the duration of the call.

In the event, any interpretation service request for Arabic, Chinese, Spanish, Russian, Somali, Vietnamese, Swahili, Tigrinya, Korean or Farsi results in a customer being told "no interpreter is available," the Contractor will be subject to a self-assessed penalty equal to the cost of the customer's average interpreter call for the month in which the "no interpreter available" event occurs.

The above penalties will be assessed monthly by the Contractor and must be itemized and deducted from the appropriate monthly invoice total.

On-Demand Video Remote Interpreting (VRI)

VRI must provide real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication.

VRI must be a sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of body position. [VRI must also provide] a clear, audible transmission of voices.

A. Equipment

1. Real-time, full-motion video, and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication.
2. A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position.
3. Clear, audible transmission of voices.

Document Translation

For all source documents requiring translation from one language to another, standard document translations shall be completed within the following turnaround time set in business days:

Standard Translation	Turnaround Time (Business Days)
Fewer than 1,000 Words	2 days
1,001 - 2,500 Words	5 days
2,501 - 7,500 Words	7 days
More than 7,500 Words	7 days plus 1 additional day for each additional 500 words

If a contractor offers expedited services, the translation shall be completed within the following turnaround time set in business days

Expedited Translation	Turnaround Time (Business Days)
Fewer than 1,000 Words	1 day
1,001 - 2,500 Words	2 days
2,501 - 7,500 Words	4 days
More than 7,500 Words	4 days plus 1 additional day for each additional 1,000 words

CONTRACTOR INFORMATION

LANGUAGE LINK

Contractor:	Corporate Translation Services, Inc. dba Language Link	
Contact Information:	Name:	George Schoeck, Government Account Executive
	Phone:	360-433-0401
	Fax:	360-433-0401
	E-mail:	naspo@language.link
Website:	www.language.link/naspo-valuepoint	
Correspondence & Remittance Address:	701 NE 136 th Ave., Suite 200 Vancouver, WA 98684	

For Pricing, please go to <https://www.naspovaluepoint.org/portfolio/on-demand-remote-interpreting-opi-and-vri-and-document-translation/corporate-translation-services-dba-language-link/>



Contractor:	Voiance Language Services, LLC		
Contact Information:	Name:	Bill Martin	
	Phone:	520-573-2367	
	E-mail:	bmartin@voiance.com	
Website:	www.voiance.com		
Correspondence & Remittance Address:	2650 E Elvira Road, Suite 132 Tucson, AZ 85756		

For Pricing, please go to <https://www.naspo.valuepoint.org/portfolio/on-demand-remote-interpreting-opi-and-vri-and-document-translation/voiance-language-services/>

APPENDIX Q

On-Demand, On-Line Mandatory Annual Language Access Training – Module 3



Civil Rights Awareness – Module 3

DHS Language Access Training

SERVICES:

FOR SERVICE PROVIDERS, CONTRACTORS, VENDORS AND EMPLOYEES

1

GOALS

- Increase your awareness and ability to provide language access services.
- Ensure that individuals with language needs understand their rights and the benefits, services and activities we offer.



2

AGENDA

I. Background of Languages in Hawaii

II. Language Access Process

3

Part I

Background of Languages in Hawaii



4

Hawaii Residents

- 1 in 4 speak a language other than English at home.
- Nearly 1 in 5 are immigrants.
- 51% of immigrants speak English less than "very well."
- Around 1 in 8 residents are LEP.
- Approximately 124 languages are spoken in Hawaii.

5

Top 15 Languages Used In Hawaii

Chuukese

Marshallese

Ilokano

Korean

Cantonese

Vietnamese

Tongan

Japanese

Mandarin

Spanish

Samoan

Tagalog

Thai

Pohnpeian



6

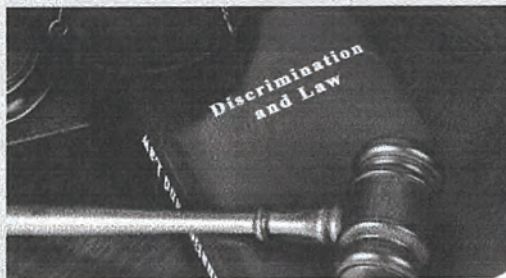
Federal and State Laws

- Title VI, Civil Rights Act of 1964 – Prohibits discrimination on the basis of race, or national origin in programs and activities receiving Federal financial assistance.
- Executive Order 13166 (2000) – Purpose was to improve access to federal government services for persons with (LEP)
- Hawaii Revised Statute (HRS) 321C - Hawaii's Language Access Law applies to all state agencies and covered entities

7

Discrimination – National Origin

- Discrimination:
 - Failure to provide interpretation/translation services
- Violation of:
 - Civil Rights Act
 - Hawaii Revised Statutes



8

Requirements

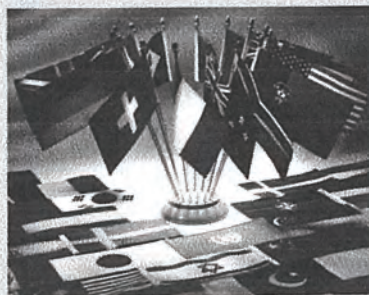
State agencies and covered entities are required to:

- Assess the need for providing language services and take “reasonable steps” to ensure “meaningful” access to state services, programs and activities.
- Provide oral language services in a “timely” and “competent” manner.
- Provide written translations of “vital” documents
- Establish a language access plan.

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Part II

Language Access Process



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What is Language Access?

Language Access: Providing language services (interpretation and translation) to Limited English Proficient (LEP) individuals to ensure meaningful access to government services, programs and activities.

Limited English Proficient (LEP) Person: A person whose primary language is not English and who has difficulty speaking, reading, writing or understanding English.

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11 .

Why Language Access?

Language for LEP persons can be a barrier to:

- Accessing important benefits or services
- In understanding and exercising important rights
- Complying with their responsibilities

Denial of Language Access can be costly:

- Loss of federal funds, complaints, investigations, public and media criticism

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Types of Language Access Services

Oral Interpreting: The act of listening to a communication in one language and orally converting it to another language while retaining the same meaning.

- Types of Oral Interpreting Services:

Telephonic

In-Person

Video Remote

Written Translation: The rendering of written text from one language into an equivalent written text in another language while retaining the same meaning.

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Telephonic Interpreting Services

A useful tool for brief-encounters or urgent situations where immediate assistance is needed.

It is an economical option and provides quick language access for LEP persons.

Each DHS office or unit has immediate access to telephone interpreter services in more than 100 languages, 24 hours per day, 7 days per week.



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In-Person Interpreting Services

- In-Person interpreting services generally requires advanced booking.
- Normally used for complex or formal settings that requires lengthy discussion.
- DHS discourages the use of friends and family members as interpreters due to conflict of interest.
- Use of a minor as an interpreter is permitted in emergency situations only.

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Providing Language Access

Steps to Take:

- STEP 1 – Identify LEP person
- STEP 2 – Identify the language spoken
- STEP 3 – Obtain interpreter
- STEP 4 – Record LEP Encounter

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STEP 1 - How do you identify a LEP person?

- Person does not speak English
- Listen for grammar or sentence structure
- Listen to pronunciation
- Ask questions requiring narrative responses
(Not "Yes/No" Questions)
- Identify inappropriate responses
- Self-identifies

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An LEP Person May Self-Identify

An LEP person may:

- Ask for interpreting services
- Identify their language by using
 - Language ID Poster
 - Language ID Cards
- Use some other means of communication

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How have we been communicating with LEP persons?

- Talk louder
- Talk slower
- Use simple words
- Use gestures
- Draw pictures



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What if the LEP person does not ask for services?

- You have a duty to offer language services when there is no meaningful communication.
- The person appears to be having trouble communicating/does not seem to understand what you are saying.
- You have difficulty understanding the person and are unsure of what is being said.

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STEP 2 – Identify the Language Spoken

- Ask Client by:
 - Talking more slowly
 - Using simple words
- Contact Interpreting Service for assistance
- Use of Language Poster
- Use of ID Cards
- Check Client's Application Form

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Language Poster

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

Chinese 請在此處指點如果您需要一名翻譯人員(不收費)

Japanese 日本語の通訳サービスの方へ、ここに指點してください(通訳サービスは無料です)

Korean 韓文과 韓文의 사용이 필요할 경우에는 아래의 위치로 指點하십시오

Tagalog 請在此處指點如果您需要一名翻譯人員(不收費)

Spanish 請在此處指點如果您需要一名翻譯人員(不收費)

Vietnamese 請在此處指點如果您需要一名翻譯人員(不收費)

Indonesian 請在此處指點如果您需要一名翻譯人員(不收費)

Arabic 請在此處指點如果您需要一名翻譯人員(不收費)

Thai 請在此處指點如果您需要一名翻譯人員(不收費)

Malay 請在此處指點如果您需要一名翻譯人員(不收費)

Chamorro 請在此處指點如果您需要一名翻譯人員(不收費)

Polish 請在此處指點如果您需要一名翻譯人員(不收費)

Russian 請在此處指點如果您需要一名翻譯人員(不收費)

Ukrainian 請在此處指點如果您需要一名翻譯人員(不收費)

Hebrew 請在此處指點如果您需要一名翻譯人員(不收費)

Portuguese 請在此處指點如果您需要一名翻譯人員(不收費)

Spanish (Catalan) 請在此處指點如果您需要一名翻譯人員(不收費)

Spanish (Basque) 請在此處指點如果您需要一名翻譯人員(不收費)

French 請在此處指點如果您需要一名翻譯人員(不收費)

German 請在此處指點如果您需要一名翻譯人員(不收費)

Italian 請在此處指點如果您需要一名翻譯人員(不收費)

Japanese (Katakana) 請在此處指點如果您需要一名翻譯人員(不收費)

Japanese (Hiragana) 請在此處指點如果您需要一名翻譯人員(不收費)

Japanese (Romanji) 請在此處指點如果您需要一名翻譯人員(不收費)

Japanese (Kanji) 請在此處指點如果您需要一名翻譯人員(不收費)

Japanese (Mixed) 請在此處指點如果您需要一名翻譯人員(不收費)

Japanese (Other) 請在此處指點如果您需要一名翻譯人員(不收費)

Other 請在此處指點如果您需要一名翻譯人員(不收費)

For more information, please contact:

Office of Language Access
110 Franklin Street, Room 111
Boston, MA 02111

Toll-free: 1-800-949-9111
Tel: (617) 725-7373
TDD: (617) 725-7373
Fax: (617) 725-7373

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STEP 3 – How to access an interpreter

Once you have established a client's primary language, you will need to make timely arrangements for an interpreter:

- Schedule for either a Telephone or In-Person Interpreter Service through Interpreting Companies on the DHS Language Assistance Resource List.
- You may also contact a DHS volunteer staff interpreter (Preferably one who is familiar with the program).
- Other resources available: Court Interpreter List, Office of Language Access (OLA) Online Roster.
- The type of interpreter services used, depends on the situation.

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DHS Volunteer Staff Interpreter

- Have agreed to interpret on a voluntary basis for the Department or just within their office. Useful for brief encounters where immediate language assistance is needed.
- If possible, contact volunteer staff within proximity of your office. Most do telephonic interpreting.
- To access the DHS Volunteer Staff Interpreters List, go to: Q Drive > LEP > Volunteer Staff Interpreters > 2019
- If you are interested in becoming a volunteer interpreter, contact the LEP Project Manager/Coordinator at 586-4898.

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Interpreting Companies

Refer to the DHS Language Assistance Resource List.

This is a list of Interpreting Companies that provide telephonic and in-person interpreting services.

- Contact your Supervisor or Office Secretary if you do not have a Resource list.
- Some Interpreting Companies may require an Account Code. Contact Supervisor or Office Secretary for assistance.
- Each Office has it's own account code for billing purposes.
- Do not share your office's account code.

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Use of Family or Friends as Interpreters

If, after offering free language assistance, an LEP individual chooses to use a family member or friend, DHS shall take reasonable steps to determine if the individual providing the interpretation is competent to provide this service.

Determine whether conflict of interest, confidentiality or other concerns make the use of the family member or friend inappropriate.

Use caution if the LEP individual 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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STEP 4 – Document the LEP Encounter

- Document each LEP encounter.
- Document your efforts and the decision of the client to accept or decline interpreter services offered by DHS at no cost to the individual.
- File in case file: DHS Form 5000, and DHS Form 5050, if needed.



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DHS Form 5000 - Offer of No-Cost Interpreter Services

Have the LEP individual complete and sign the “Offer and Acceptance or Waiver of Free Interpreter Services” DHS form 5000.

- Document offer of no-cost interpreter services and whether the individual accepts or declines the offer.
- Interpreting Services may be necessary to explain the form.

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DHS Form 5000

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
OFFER AND ACCEPTANCE OR WAIVER OF
FREE INTERPRETER SERVICES

Client Name: _____ Case Number: _____
Worker: _____ Date: _____
Phone: _____

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

I, ENRIQUE, is my primary language: YES NO

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.

I need 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 ensure the accuracy of the communication.
- 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 provides the use of trained interpreters.
- I understand that if I do not want interpreter services at this time, I have the right to change my mind at the time and have DHS provide free interpreter services at the time or being an interpreter of my choice.

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

Date: _____
Signature: _____

Staff must offer client free interpreter services.

If there is a copy of DHS form 5000 in client's file. 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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LEP Individual Who Has Declined the Offer for Interpreter Services

DHS staff shall document:

- That an offer was made by DHS to provide an interpreter free of cost.
- That the offer was declined.
- The name of the family member or friend who will provide language assistance at the LEP individual's request.
- That the client was informed that they may reconsider and request an interpreter at any time.
- Even if LEP individual declines Offer for Interpreter Services, if there is a question regarding the competency of the client's interpreter or a conflict of interest, DHS may obtain an interpreter.

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DHS 5050 – Interpreter Form

All interpreters must complete the Interpreter Form, DHS Form 5050, including:

- Friends/Adult Family member
- Bilingual staff who is not on the DHS volunteer staff interpreter list.

The following do NOT need to complete DHS Form 5050:

- DHS contracted interpreters
- DHS staff on the DHS Volunteer Staff Interpreter List

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DHS Form 5050

STATE OF HAWAII
Department of Human Services

INTERPRETER FORM

Name: _____ Language: _____
 Phone No.: _____ E-mail Address: _____
 DHS Division/Section/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: Fair Basic Excellent

I can communicate in English and the language listed above. _____
 I can interpret to 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

DHS Form 5050 (01/17)

STATE OF HAWAII
Department of Human Services

**STATE OF HAWAII
Department of Human Services
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 obscenity and sexual terminology and shall maintain composure while interpreting in extremely charged situations.
- c. Interpreters shall seek clarification when needed.
- d. Upon recognizing that communication has been misunderstood, the interpreter shall identify the misunderstanding and request direction from the parties involved, except in legal proceedings.

2. Confidentiality

- a. Interpreters shall maintain confidentiality in 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 professional skills, family, or other personal or professional responsibilities affect impartiality.
- b. An interpreter shall conceal any relationship with the party that might be perceived as a conflict of interest.
- c. The interpreter shall demonstrate respect towards all persons involved in the interpreting situation and shall act in a manner that is neutral, objective, unbiased and culturally sensitive.

4. Risk Avoidance

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

5. Professionalism

- a. The interpreter shall arrive punctually at the appointed location, be prepared and dressed appropriately.
- b. Interpreters, when hired by an agency, shall not promote their own business directly with clients or assign/accept guests or additional fees.
- c. Interpreters shall accurately represent their qualifications, training and experience.
- d. Interpreters shall participate in continuing education programs when available.
- e. Interpreters shall seek constructive feedback in order to improve their performance.

DHS Form 5050 (01/17)

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Interpreter Guidelines

- Use an interpreter who is proficient in English and in the other language.
- Complete DHS Form 5000 – Offer of No-Cost Interpreting Services
- Complete DHS Form 5050 when using a telephone or in-person interpreter.
- Document that you completed the form with information provided by the interpreter.
- If an interpreter is not working out for a particular situation (regardless of fluency), get another one! Inform your supervisor or LEP Project Manager/Coordinator of the incident.

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Language Assistance Resources

INTERPRETATION SERVICES

Bilingual Access/Helping Hands	526-9724
CTS/Language Link (Naspo) (telephonic only)	(877) 650-8027
Language Service of Hawaii	393-3826
Pacific Gateway Center	773-7051
Voiance (Naspo) (telephonic only)	(866) 998-0338

*Some Interpreting Companies require an account code prior to scheduling an interpreter. Refer to your DHS Language Assistance Resource List. Contact your Supervisor or the LEP Project Manager for more information.

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Language Assistance Resources (Continued)

Interpretation (Sign Language)

Disability and Communication Access Board (DCCA)

<https://health.hawaii.gov/dcab//communication-access/>

586-8121/TTY: 586-8162

Hawaii Judiciary Court Interpreter List/Office on Equality and Access to the Courts (OEAC)

<https://www.courts.state.hi.us/services/court interpreting/list of registered interpreters>

539-4860

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Translation Services

Written translation of vital documents is provided for each eligible LEP (Limited English Proficient) group that meets the threshold.

The threshold is defined as five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

For a language that does not meet the threshold, DHS will provide oral interpreting of written materials.

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Translation Services (continued)



Check with your supervisor if:

- a written translation is requested or
- you need a foreign language document translated into English.

All translation services are centralized and coordinated by the LEP Project Manager/Coordinator.

Contact: Cari Uesugi at (808) 586-5898 or email at: cuesugi@dhs.Hawaii.gov

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Key Points

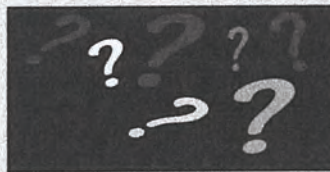
- Inform clients: free interpreter services
- Avoid using friend or family
- Do not use minor unless emergency
- Use DHS volunteers
- Contact Interpreting Companies
- Document efforts and client decision

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Questions?

For more information, contact:
LEP Project Manager/Coordinator
Cari Uesugi
PH: (808) 586-4898
Email: cuesugi@dhs.Hawaii.gov



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Review and Reminders

- Review Handouts
- Service providers, contractors & vendors only
 - Complete 2020 Civil Rights Awareness Training – Module 3 Confirmation Form
 - Send list of employees who completed Module 3 to DHS contract provider by November 30
 - Retain confirmation forms for three years

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Civil Rights Awareness – Module 3 Training Confirmation for DHS Service Providers, Contractors & Vendors

I confirm that my supervisor and I have reviewed this Civil Rights Awareness Training as required no later than November 30, 2020.

SERVICE PROVIDER NAME (please print)

SERVICE PROVIDER SIGNATURE

DATE

SUPERVISOR'S NAME (please print)

SUPERVISOR'S SIGNATURE

DATE

Service Providers, please send signed confirmations ELECTRONICALLY to [DHSCivilRightsBox @dhs.Hawaii.gov](mailto:DHSCivilRightsBox@dhs.Hawaii.gov) no later than _____.

SERVICE PROVIDER/CONTRACTOR/VENDOR NAME (please print)

DATE

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Mahalo!

DEPARTMENT OF HUMAN SERVICES
CIVIL RIGHTS AWARENESS – MODULE 3
LANGUAGE ACCESS TRAINING

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