

**INTERNAL  
COMMUNICATION FORM**  
DEPARTMENT OF HUMAN SERVICES

Suspense

Subject: DIRECTOR'S MEMORANDUM #15-01  
Opportunities to Participate in Programs and Services

Originator: G. Watts/x64955  
PERS/CRCS

To: SOs, DAs, EDs

From: DIR

Date: 01/12/15

Memo No. 1

The Department of Human Services (DHS) is committed to assuring that program benefits and services are made available and provided to all eligible individuals. This commitment is consistent with Federal and State statutes and regulations that prohibit discrimination in the provision of services by recipients of Federal and State funds.

To ensure that all persons are provided with an equal opportunity to participate in and benefit from our programs, services and activities, we must eliminate barriers that may preclude meaningful access for otherwise qualified individuals who might have special needs. In particular, persons with limited English skills and/or disabilities might require assistance to access and participate in our programs, services, and activities in and outside our facilities.

This memorandum serves to reinforce and make clear the commitment of the DHS to providing interpreter services at no cost to applicants and recipients of DHS services, programs, and activities. Collecting data relative to the need for interpreter services (including, but not limited to, interpretation and/or translation of vital written documents) is important to this commitment.

This DHS commitment continues to grow. All DHS employees and sub-recipients of Federal and State funding through DHS must be aware of this commitment and shall conduct themselves appropriately when servicing applicants/participants. Discrimination will not be tolerated by the DHS and its sub-recipients.

We have an opportunity and obligation to provide services through processes that are free of discriminatory practices. DHS employees and its sub-recipients who engage in discriminatory conduct shall be subject to disciplinary action in accordance with the applicable personnel rules and regulations, bargaining unit agreements, and/or contractual agreements.

Prohibiting discrimination against individuals on the basis of genetics and/or disabilities.

Federal laws, such as the Americans with Disabilities Act, as Amended (ADAAA) and the Rehabilitation Act, prohibit discrimination against individuals on the basis of disabilities. Additional State laws prohibit discrimination in employment, provide for reasonable accommodations, and further protect individuals who are Victims of Domestic or Sexual Violence in the State of Hawaii.

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In keeping with the DHS' policies (4.10.3 and 4.10.4) and to meet our obligations under Federal and State laws, as well as to benefit from the ideas and efforts of individuals we serve, the DHS will continue to:

- ✓ Provide reasonable accommodations to ensure access to programs, services and employment for persons with disabilities and to employment for victims of domestic or sexual violence. This must include an interactive process between the person requesting the accommodation and the supervisor or case worker to determine the most effective accommodation to meet the needs of the requestor and the DHS. See attached Request for Auxiliary Aid for Services and Request for Accommodation.
- ✓ Ensure our facilities that serve the public on a regular basis are physically accessible to applicants, participants and employees with disabilities. If this is not readily achievable, services shall be programmatically accessible to qualified individuals. Renovations and modifications to State owned and leased buildings will comply with 2010 Accessible Design Standards.
- ✓ Make reasonable modifications to our procedures and practices to ensure that persons with disabilities are not excluded from participation in our programs, services and activities.

#### Providing Equal Access by Removing Language Barriers and Providing No Cost Interpretation

The exclusion of Limited-English Proficient (LEP) persons from our programs because of their inability to communicate in English could be considered a form of national origin discrimination under the Civil Rights Act, as well as Hawaii Revised Statutes. In order to comply with these laws and statutes, and more importantly to benefit from the opportunities to serve LEP persons and ensure that they are free from discriminatory practices at the DHS, we must take the following steps to assure that all eligible persons with LEP have meaningful access to the benefits, services, and activities we provide:

- ✓ Ensure that LEP persons are informed of their right to be provided with interpreter services free of charge to them.
- ✓ Provide written or oral (sight) translation of vital documents, such as applications, consent forms, and notices regarding denial or changes in benefits to promote understanding based on guidelines from program funding agencies and State laws.
- ✓ Contact qualified individuals and organizations, profit and/or non-profit, when interpreter services are needed. Utilize qualified multi-lingual staff as well as qualified employees and community volunteers who have volunteered to serve as interpreters. Follow your Division's protocol in using court interpreter list.

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- ✓ Utilize technology effectively to promote clear communication and understanding about programs, processes, and rights.

In 2014, several documents were translated into ten languages, some of which are available for use by DHS applicants for services and employment at <http://humanservices.hawaii.gov> in the Civil Rights Corner.

Guidelines for DHS Divisions, Staff Offices, Attached Agencies, Commissions, Service Providers and All Sub-Recipients of Federal and State Funding through the DHS.

The following guidelines must be followed by the DHS, its providers and sub-recipients:

- ✓ Notices Up-to-date notices must be placed in all public waiting areas.
- ✓ Data Collection Each DHS Division, administratively attached agency or commission, and sub-recipient of Federal or State funding must collect and report data relative to language access needs.
- ✓ Training and Follow-up Annual refresher training and follow-up of procedures and protocols are required. 2015 refresher training can be found at <http://humanservices.hawaii.gov> in the Civil Rights Corner and on the Q drive.

This Internal Communication Form (ICF) should be disseminated to all employees, service providers and sub-recipients. A copy should also be filed in the Director's Memorandum section of the DHS Policies and Procedures Manual (Reference 4.10.3 and 4.10.4). This ICF replaces Director's Memorandum #14-01 which should be removed from postings.

  
\_\_\_\_\_  
DIR

Attachments: Request for Auxiliary Aid (DHS 6008, 06/2014)  
Request for Accommodation (RA-1 HS 05/13/13)

**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](mailto:gwatts@dhs.hawaii.gov).

**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 making request.**

**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](mailto:gwatts@dhs.hawaii.gov) or (808) 586-4955.

**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.

### 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)

1. I am requesting the following accommodation(s): \_\_\_\_\_
2. 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](mailto:gwatts@dhs.hawaii.gov) or 586-4955 to discuss the above determination.

Departmental Personnel Officer Signature: \_\_\_\_\_ Date \_\_\_\_\_

## General Instructions

This form is meant to simplify the processing and recording of requests for accommodations. Requests for reasonable accommodation are confidential.

### REQUEST FOR ACCOMMODATION (optional)

#### **General Information: To be completed by employee or applicant making request.**

**Date of Request:** Enter the date this application for request is made.

**I am an:** Check only one. Employee includes new appointee or applicant that has accepted an offer of employment.

**Requester's Name:** Self-explanatory. Enter the name the requester is using for employment within the State.

**Class of Work or Position Title and Level:** Enter information position held (if employee) or on the position being applied for (if applicable).

**Division/Section/Unit:** Enter only if employee of the State.

**Worksite Address:** Enter only if employee of the State.

**Worksite/Day Phone:** An employee should enter a worksite phone number. An applicant should enter a daytime phone number.

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

1. **Requesting accommodation(s):** Describe what requester believes is needed.
2. **Reasons:** Describe the functional limitations that make this request necessary.

**Requester's Signature:** Self-explanatory.

**Date:** Enter the date application is signed.

#### **Determination: To be completed by the Appointing Authority of the Department receiving the request.**

**Date of Request:** Enter date of signature.

**Approved/Disapproved:** Check one only.

**Accommodations Provided:** If approved, enter accommodation to be provided.

**Reason(s) Denied:** Enter reason request denied. Be specific.

**Telephone/Extension:** Enter appointing authority's voice and/or TTY phone number, as appropriate.



**Appointing Authority's Signature:** Self-explanatory (signature of supervisor or higher level designee as specified by Department head.).

**Date:** Enter date of appointing authority's signature of action.

**Guidelines for Making Determination Regarding Accommodation**

It is important to meet with the employee or applicant requesting accommodation to discuss the request, which is called the interactive process. More than one meeting may be necessary. The Employer should document this meeting with the following information:

- Employee or applicant name.
- Employee or applicant limitation (Example: mobility).
- Functional limitation (Example: climbing stairs to mezzanine of library to file returned books).
- Accommodation requested (Example: remove climbing stairs requirement).
- Accommodation(s) considered.
- Date and time of meeting(s) and the people present.
- Employer decision: approved as specifically requested, approved with alternate accommodation, denied (Example: modified, alternate provided. Will install a chair lift. Employee will be at front desk from 8:00 to 10:00 a.m., until lift installed).
- If original request is denied, explain the reason.
- Note the employee decision: accepted, rejected.
- Trial or temporary period, if applicable (Example: until lift installed, trial period for light duty during specific dates).

<b>FOR INTERNAL USE ONLY</b>	
Date Request Received:	_____
Final Decision:	_____
Action Taken:	_____
Comments:	_____
Civil Rights Compliance Officer Signature:	_____
Date Notice Sent:	_____