INTRODUCTION

The Department of Human Services (DHS) will provide equal opportunity to participate in its programs, services and activities.

This policy has legal authority within the parameters of Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, as amended, as well as the Hawaii Revised Statutes, including but not limited to, Chapters 371, Part II, 31-37, and 378, as amended, and other applicable statutes as added or amended periodically.

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.

1.0 PURPOSE

The primary purpose of this policy is to assure that opportunities to participate in DHS services are free from discriminatory practices.

2.0 REFERENCES, ACRONYMS AND DEFINITIONS

See APPENDIX A.

3.0 POLICY

It is the policy of the DHS to provide all persons with an equal opportunity to participate in, and benefit from all departmental programs, services and activities.

4.0 SCOPE

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

Director. Ensures that all programs, services and activities administered by the Department are provided in an environment free of discriminatory practices. The Director may delegate any portion to a deputy director, staff officer and/or division administrator.

Civil Rights Compliance Staff (CRCS). (a) Develops, coordinates, monitors and maintains all departmental programs related to civil rights in accordance with appropriate Federal and State laws and regulations, (b) develops and implements policies and procedures relative to providing an opportunity to participate in programs, services and activities, (c) provides technical assistance and staff support to the Director, Deputy Director, Personnel Officer, and supervisory personnel in matters concerning non-discrimination in the provision of services, (d) resolves complaints of discrimination in accordance with Section 4.10.1 of this Policy and Procedures Manual, (e) establishes and maintains a volunteer interpreter list and disseminates to divisions and administratively attached agencies and commissions on matters relating to equal opportunity in the provision of services, and (f) negotiates settlements and submits recommendations to the Director for review.

Division Administrators/Executive Directors/Staff Officers. (a) Ensures programs are provided in a non-discriminatory manner to all eligible persons, (b) coordinates the Department’s compliance programs, services and activities as they relate to their respective organizations, (c) provides direct assistance to the CRCS in civil rights-related matters as deemed necessary, (d) disseminates list of volunteer employee interpreters to their respective organizational units, (e) notifies prospective and actual applicants and clients of their right to interpreter and other services at no cost to them assuring timely and meaningful access.

Program Administrators (includes Division, Branch, Section and Unit Supervisors, Administratively Attached Agencies, Commissions and Staff Officers). Identifies language and access needs of their clientele, and persons in the community likely to be affected by their program. Further, they are responsible for planning and administering the program, service or activity in a manner that does not openly result in, or have the effect of treating a person or a group of persons unfairly.

Supervisors. (a) Must ensure the consistent application of the Department’s non-discrimination policy and method of administration in the provision of programs, services and/or activities to the public, (b) inform each employee of the procedures to provide meaningful access to all individuals, including LEP persons and people with disabilities, (c) inform clients, applicants and DHS employees of their rights and responsibilities in filing an alleged discrimination complaint as well as the process for filing a complaint, and (d) respond to requests from clients and applicants for auxiliary aids (DHS 6008, 06-2014) Appendix E.
Employees. (a) Implement and consistently apply the Department’s non-discrimination policy and method of administration in the performance of their jobs in a timely manner, (b) inform clients and applicants of the availability of language assistance, auxiliary aids and services, (c) arrange for a sign or other language interpreter on behalf of the requesting individual, (d) explain discrimination complaint process, and (e) explain to clients their rights and responsibilities, and (f) process requests for auxiliary aids (DHS 6008).

Contractors or Sub-recipients. This policy extends beyond those programs, services and activities administered directly by the Department and applies to all contractors, service providers and other sub-recipients that receive Federal and State funds that provide services on behalf of DHS. DHS or its organizational divisions, administratively attached agencies and commissions will not approve any application for or make any expenditures of Federal or State funds for the establishment, conduct or continuation of any program or activity, until the service provider furnishes an assurance in writing to comply with all of the requirements imposed by, or pursuant to, the applicable Federal and State laws and regulations. Each program will be responsible for securing that written assurance of compliance and for monitoring the service delivery practices of the service provider to ensure compliance with the applicable laws, regulations and this policy.

6.0 DESCRIPTIVE PARAGRAPHS

With the approval of this Policy, by the Director, DHS’ Opportunity to Participate in Programs, Services and Activities will be implemented and will remain in effect until such time it is cancelled or superseded by order of the Director.

This part shall supersede any prior directive concerning equal opportunity to participate in programs, services and activities. Authorized modifications of content will not affect the life of these policies and procedures, unless so specified by the Director.

APPROVED: Patricia McManaman, Director
7.0 PROCEDURES

7.1 Dissemination of Information

a. Programs shall inform clients, applicants, potential applications, and related program participants that the Department’s programs, services and activities are provided in a manner that is free of discriminatory practices. Additionally, such individuals shall be informed of their right to file a discrimination complaint with the Department or appropriate enforcement agency.

b. All such information and assurance of compliance statements shall be included as a provision in all contracts, grant assignments, licensing agreements, and other similar documents that are used in the administration of programs, services and activities of the DHS.

7.2 Maintenance of Records and Reports

a. The Department will maintain such records and submit such reports as may be required by Federal or State agencies to assure compliance with regulations.

b. The Department will require such program, agency or facility receiving Federal or State financial assistance directly or through contractual, licensing or other arrangements with the Department, to maintain and submit those records and reports deemed necessary to determine compliance.

7.3 Comparable Level of Service

a. The Department shall take the necessary steps to ensure that resources are available to provide all persons with an equal opportunity to participate in the programs, services and activities administered by the Department. The level of service shall be equally effective as that provided to the general public. Accordingly, each program, service or activity shall be responsible to ensure that:

1. no person is denied program services or benefits because of the person’s inability to communicate in the English language; or due to a disability; and

2. each unit employee shall arrange for a sign or language interpreter for anyone requiring such accommodation in order to access benefits or services, and
3. Each unit will make reasonable accommodation by providing auxiliary aids to the extent required by law for clients and applicants for services who qualify as disabled (mentally or physically, pregnant (including pregnancy-related disabilities, such as breastfeeding), victims of sexual or domestic abuse or for bona fide religious purposes.

b. To promote a comparable level of service to that provided the general public, programs or activities that have substantial participation of LEP persons or persons with disabilities, shall take the necessary steps to furnish vital program information and notices in the appropriate languages, or in alternate format.

c. Website information must be made accessible to clients and applicants who are seeing or hearing impaired.

d. To ensure that all persons are provided an 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 disabilities and those with limited English skills might require assistance to access and participate in our programs, services and activities.

For further information DHS' Access Policy and Procedures which covers language, facilities and employment to support human services, see Access Policy 4.10.4 (2014).

For protocol on providing access for Persons with Disabilities under ADA, as amended, see Appendix B.

For protocol on providing access for persons with special communication needs, see Appendix C.

For protocol on providing access for Limited English Proficient (LEP) persons, see Appendix D.

For revised Request for Auxiliary Aid, see Appendix E (DHS 6008).

For Interpreter Form and Code of Ethics, see Appendix F (DHS 5050, 06-2014).

For guidelines and scripts for equal access and language identification, see Appendix G.

For information on translation services, see Appendix H.

For Acceptance or Waiver of Interpreter Services, see Appendix I (DHS 5000, 06-2014).
2.0 REFERENCES, ACRONYMS AND DEFINITIONS

2.1 REFERENCES

Title VI of the Civil Rights Act of 1964, as amended
Title VIII of the Civil Rights Act of 1968, as amended
Food Stamp Act (SNAP Supplemental Nutrition Assistance Program)
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
American With Disabilities Act of 1990 (ADA), as amended
U. S. Department of Health and Human Services, Office of Civil Rights, Policy
   Guidance: Prohibition Against National Origin Discrimination as it Affects Persons
   with Limited English Proficiency
Hawaii Revised Statutes, Chapter 489; 368, 1.5; Chapter 371, Part II (31-37), and other
   selected Statutes and Chapters, as amended, or added periodically
Department of Human Services Administrative Directives Update 2014-01 and 2014-02,
   January 2014

2.2 ACRONYMS

ADA                  AMERICANS WITH DISABILITIES ACT, AS AMENDED
ASL                  AMERICAN SIGN LANGUAGE
CRCS                 CIVIL RIGHTS COMPLIANCE STAFF (DHS PERSONNEL)
DAGS                 DEPARTMENT OF ACCOUNTING GENERAL SERVICES
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
LEP                  LIMITED ENGLISH PROFICIENCY
OCR                  OFFICE OF CIVIL RIGHTS
2.3 DEFINITIONS

**Auxiliary aids and services:** Equipment, materials and services that are used to provide effective services 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.

**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 group of persons, on the basis of one or more memberships in protected groups (groups protected by Federal and State laws).

**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.
**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 by orally converting what is said to another language while retaining the same meaning.

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

**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.

**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 impairment.

**Service Provider:** Any person, or group of persons, agency, organization, institution, political subdivision, that delivers a program, service or 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: applications, consent forms, complaint forms, letters or notices pertaining to eligibility for benefits, letters or notices pertaining to the reduction, denial or termination of services or benefits or that require a response, written tests that test competency for a particular license, job or skills, documents that must be provided by law; and notices regarding the availability of free language assistance services.
In keeping with the ADA, as amended, as well as a policy of the State of Hawaii that "no qualified individual with a disability is excluded from participation in, denied the benefits of, or is otherwise subjected to discrimination by any program, service or activity of the State of Hawaii on the basis of disability," the Department of Human Services (DHS) will take the following actions:

1. Make reasonable modifications to DHS policies, procedures and practices, to ensure that persons with disabilities are not excluded from participation;

2. Provide auxiliary aids and services to ensure effective communication access for persons with disabilities, taking into consideration the requesting individual’s preference; and (See Appendix E)

3. Ensure our offices that serve the public on a regular basis are accessible. If this is not readily achievable, services shall be programmatically accessible to qualified individuals.

Program

Programs are required to operate in such a manner that, when viewed in their entirety, are readily accessible to persons with disabilities. This means making reasonable modifications to program procedures, practices and processes to ensure that persons with disabilities are afforded an opportunity to participate in programs, services and activities of the Department.

Modifications included, and are not limited to:

1. Making home visits in lieu of office visits;

2. Conducting interviews are the telephone rather than in person; and

3) Providing services in an alternate accessible site without compromising confidentiality.
Physical

DHS will ensure that all programs, services and activities, when viewed in their entirety, be accessible to persons with physical and mental disabilities. This includes ensuring all DHS offices that serve the public are structurally accessible to persons with disabilities, in accordance with administrative directives related to facility access. All renovation and modification to DHS State-owned facilities will comply with 2010 ADA Standards. All leased facilities which house DHS programs and services shall be brought into 2010 Standards or face non-renewal of lease potential.

1. State-Owned Buildings

Programs shall work with DAGS, Planning Branch, and the Fiscal Management Office to ensure that existing state buildings are upgraded, when necessary, to meet access requirements, including 2010 ADA Standards for modifications and renovations. If this is not readily achievable, programs shall assure that access is achieved programmatically.

2. Leased Facilities

DHS will lease office space in accordance with Comptroller’s Memoranda, Policy Guidance and Procedures for Leasing Office Space to Ensure Program Access for Persons with Disabilities and 2010 ADA Standards for modifications and renovations.

DHS will ensure that organizational units in leased facilities are accessible to persons with disabilities. The programs shall work with the DAGS, Leasing Branch, when negotiating a new lease or lease renewal. All lease renewals are reviewed by the ADA Coordinator prior to renewal.

Administrators and Unit Supervisors or a designee shall accompany DAGS and the DHS ADA Coordinator in a walk-thru of a prospective leased facility. The programs shall utilize the survey tool provided by DAGS and updated by DHS when performing site assessments to determine whether or not the facility meets access requirements.
The Department of Human Services (DHS) will ensure that persons with communication disabilities have a means of communication that is as effective as that provided to persons without communication disabilities. Programs shall provide an effective means of communication with people who have hearing, visual, speech or cognitive disabilities by providing auxiliary aids and services. Programs shall take into consideration the preferences of the requesting individual when providing an auxiliary aid or service.

Programs shall not provide an auxiliary aid or service if it will fundamentally alter the program or create an undue financial or administrative burden. Under these circumstances, the program shall consult with the Civil Rights Compliance Staff (CRCS) to ensure compliance with the applicable laws, rules, regulations and this protocol.

1. **Hearing Impairments** - Examples of auxiliary aids and services for people who are hearing impaired include, and are not limited to:
   - Qualified interpreters
   - Note takers or computer assisted note takers
   - Written material
   - Real-time transcription or video text displays
   - Amplified and hearing aid compatible telephones
   - Assistive listening devices
   - Open and closed captioning
   - Caption decoders
   - TTY (teletypewriters), TDDs (telephones devices for the deaf) or TTs (text telephones), video phones or other video devices

   (a) **Obtaining Qualified Sign Language Interpreters** - DHS staff will obtain a qualified sign language interpreter in accordance with Hawaii Administrative Rules, Title 11, Chapter 218.

   (b) **Interpreters** will be nationally-certified or hold a local certification awarded by a local screening agency. Appropriate certification level of the interpreter will depend on the nature of the meeting or appointment.
(c) When it is determined that a sign language interpreter is necessary for effective communication, the requesting employee will contact an interpreter referral service agency with the following information: (1) requesting employee's full name and phone number, (2) location and purpose of meeting, (3) date of appointment, (4) start and stop time, (5) interpreter preference of hearing impaired individual, and (6) onsite contact person and telephone number (if different from requesting employee).

2. **Visual Impairments**

Examples of auxiliary aids and services for people who have visual disabilities include, and are not limited to:

- Printed information on audio cassette or computer disk, in Braille, or large print, or ready by skilled readers;
- Verbal description of action and visual information to enhance the accessibility of performances and presentations; and
- A staff member serving as a guide to enable a person who has limited vision to locate items or to find his or her way along an unfamiliar route.
- Transportation as the most effective accommodation.

3. **Cognitive Impairments**

Examples of auxiliary aids and services for persons with cognitive impairments, include and are not limited to:

- Readers
- Communication assistants
- Rewording of information to use clear and concise language
- Pictograms
- Graphic presentation of information

4. **Speech Impairments**

Examples of auxiliary aids or services to persons with speech impairments include, and are not limited to:

- Written material
- More active and acute listening on part of listener
- Communication assistants who are familiar with person’s speech
- Computer, typewriter, TTYs or TDDs, video phones
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.
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.
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.
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:

□ Approved  AUXILIARY AID(S) PROVIDED: ____________________________

□ Disapproved  REASON(S) DENIED: ____________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

□ Approved with Modification: ____________________________
   Comments: ____________________________

□ Approved for Trial Period from: ____________________________ to: ____________________________

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.

DHS 6008 (06/2014)
STATE OF HAWAI'I

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, g watts@dhs.hawaii.gov or (808) 586-4955.

PLEASE PROCESS IMMEDIATELY. DELAY IS SOMETIMES DENIAL.
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.
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.

Fluency

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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.

Adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii
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.
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
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 or Nadine Mahiai
LEP Project Coordinator or Office Assistant III
Phone No.: (808) 586-5069 or Phone No.: (808) 586-5161

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
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.