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## 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 7 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)

- 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 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](mailto: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.**

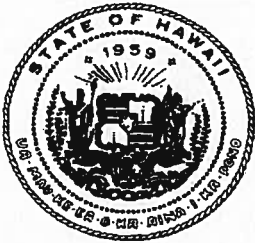
FOR INTERNAL USE ONLY	
Date Request Received in PERS/CRCS with Backup*:	_____
Final Decision:	_____
Date of Final Decision:	_____
Action Taken:	_____
Comments:	_____
Signature:	_____
ADA Coordinator/Civil Rights Compliance Officer	
Date Notice Sent:	_____

**\*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

OCT 7 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](mailto:gwatts@dhs.hawaii.gov).

<b>DHS</b>  <b>P&amp;PM</b>	Subject APPENDIX C REQUEST FOR AUXILIARY AID ACCESS POLICY AND PROCEDURES LANGUAGE, FACILITIES AND EMPLOYMENT ACCESS TO SUPPORT HUMAN SERVICES	Number 4.10.4	Page 2 of 3
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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](mailto:gwatts@dhs.hawaii.gov) or (808) 586-4955.

**PLEASE PROCESS IMMEDIATELY. DELAY IS SOMETIMES DENIAL.**

<b>DHS</b>  <b>P&amp;PM</b>	Subject APPENDIX C REQUEST FOR AUXILIARY AID ACCESS POLICY AND PROCEDURES LANGUAGE, FACILITIES AND EMPLOYMENT ACCESS TO SUPPORT HUMAN SERVICES	Number 4.10.4	Page 3 of 3
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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.