STATE OF HAWAI'I

Department of Human Services

LANGUAGE ACCESS PLAN

September 1, 2016 - August 31, 2018

LANGUAGE ACCESS PLAN

Department of Human Services
September 1, 2016 – August 31, 2018

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1. INTRODUCTION

Hawai'i is one of the most culturally diverse states and has one of the highest proportions of non-English speakers in the nation. According to the U.S. Census Bureau, 2010-2014 American Community Survey (ACS) 5-year estimates, the total population in the state of Hawai'i was 1,348,972. An estimated 25.3% or 329,072 of Hawai'i residents, 5 years and older, speak a language other than English at home.[1] Of those, 161,551 or 12.4% indicated that they speak English "less than very well," ranking Hawai'i fourth in the nation.[2]

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

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

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

2. AGENCY OVERVIEW

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

DHS believes that when each of us individually reaches his or her potential, our community and, in turn, the state of Hawai'i thrives. DHS has worked for more than 50 years toward nurturing and partnering with Hawai'i residents. The Territorial Department of Public Welfare was reorganized (by the State Legislature) as the state

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[1] U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES, *available at* http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

[2] U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, PERCENT OF PEOPLE 5 YEARS AND OVER WHO SPEAK ENGLISH LESS THAN "VERY WELL" - United States -- States; and Puerto Rico Universe: Population 5 years and over, *available at* http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

Department of Social Services and Housing (DSSH) in 1959 after statehood. In 1988, the Department was again reorganized and renamed the Department of Human Services (DHS).

DHS provides benefits and services for 25% of Hawai'i residents and about half of all Hawai'i children, but DHS is often thought of as just a safety net. In fact, DHS is a trampoline that springboards people back to health, well-being, and self-sufficiency.

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

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

DHS has four divisions:

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

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

2) Med-QUEST Division (MQD)

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

3) Social Services Division (SSD)

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

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

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

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

4) Division of Vocational Rehabilitation (DVR)

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

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

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

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

5) Administratively Attached Agencies and Agencies

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

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

The Hawai'i Public Housing Authority (HPHA) is the sole public housing agency for the state of Hawai'i. HPHA is dedicated to providing safe, decent, and sanitary housing for low-income residents of Hawai'i. HPHA administers the federal and state Low Income Public Housing programs, Section 8 program, Veterans program, Rent Supplement program, and project-based housing.

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

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

Each year, DHS strives to provide effective and efficient programs, services, and benefits to improve Hawai'i residents' well-being. This coming year will include DHS incorporating a new multigenerational approach, 'Ohana Nui, that invests early and concurrently in children and families to improve health, education, employment, and other outcomes. DHS will do so with other state departments and community stakeholders, and this will also allow DHS to more efficiently administer programs and funding to make a bigger impact on those whom we serve.

3. LEGAL BASES FOR LANGUAGE ACCESS

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

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

On July 10, 2006, the state of Hawai'i enacted Hawai'i's Language Access Law, now codified in the Hawai'i Revised Statues, Chapter 321C ("HRS Ch. 321C"). The purpose of the Hawai'i Language Access Law is to affirmatively address, on account of national

origin, the language access needs of LEP persons to ensure meaningful access to state services, programs and activities. The Hawai'i Language Access Law requires, among other mandates, all state agencies and covered entities (entities that receive state funds) to establish a language access plan ("LAP") to be reviewed every two years and revised if necessary.

Accordingly, DHS continues to take reasonable steps to provide meaningful access to LEP individuals in compliance with Title VI of the Civil Rights Act of 1964, EO 13166, and HRS Ch. 321C.

4. LANGUAGE ACCESS IMPLEMENTATION PLAN: COMPONENTS

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

Component 1: Assessment of LEP Population Requirements

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

To determine how to provide effective and meaningful access to LEP applicants and clients, DHS will look at the totality of circumstances, including the following four factors established by the U.S. Department of Health and Human Services ("DHHS Guidance").[3]

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

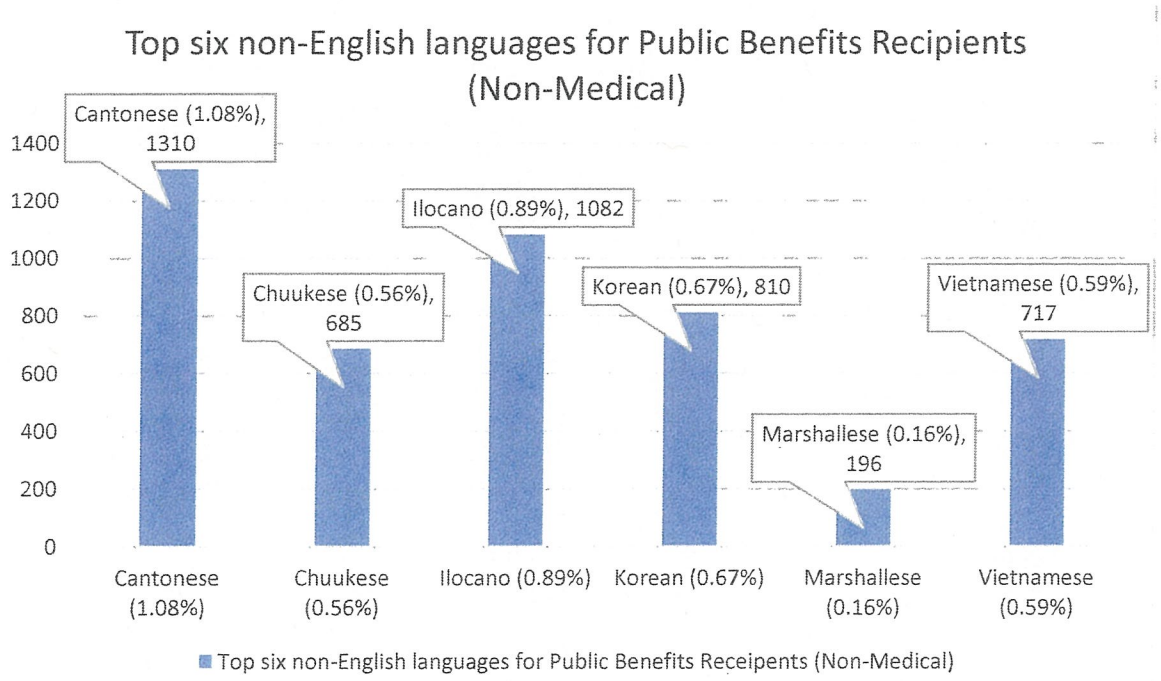
[3] U.S. Department of Health and Human Services, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," U.S. Department of Health and Human Services, 68 FR 47317 (August 8, 2003).

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

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

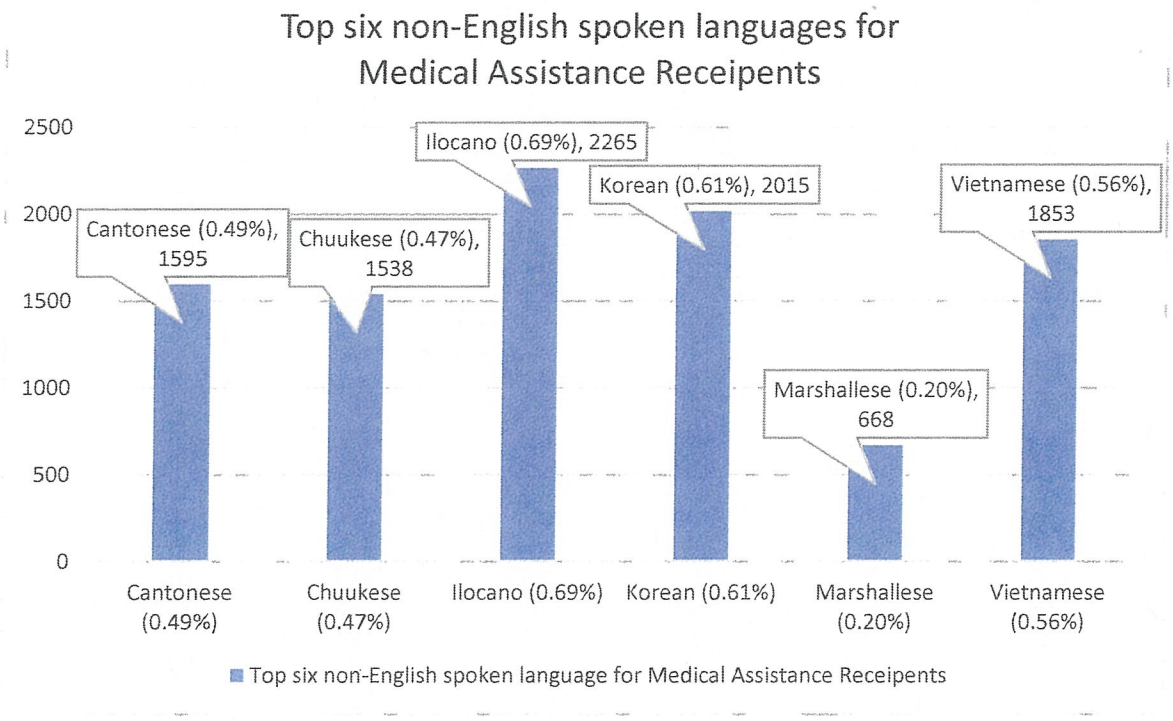
According to data collected by HAWI, as of March 2016, 13.9% or 16,903 of the 121,278 unique clients that were eligible for public benefits (non-medical), identified their English proficiency as "minimum command or below." The top six non-English languages reported by HAWI are: Cantonese, Ilocano, Korean, Vietnamese, Chuukese, and Marshallese [see Table 1].

Table 1



According to data from KOLEA, as of March 2016, 3.6 % or 11,026 of the 328,484 unique clients who are eligible for medical assistance indicated other non-English languages as their preferred spoken language. The top six non-English spoken languages reported by KOLEA are: Ilocano, Korean, Vietnamese, Cantonese, Chuukese, and Marshallese [see Table 2].

Table 2



Using the figures and data provided by HAWI and KOLEA, along with Census Data Information, DHS concluded that the most common languages spoken by LEP persons who are eligible for DHS benefits are: Chinese (Cantonese), Chuukese, Ilocano, Korean, Marshallese, and Vietnamese. The department's assessment of language needs is in line with the top four state-wide languages (Korean, Vietnamese, Chinese, and Ilocano) as reported by the Hawai'i Department of Business, Economic Development and Tourism.[4]

[4] The Hawai'i Department of Business, Economic Development and Tourism, NON-ENGLISH SPEAKING POPULATION IN HAWAI'I (April 2016).

Component 2: Providing Notice of Language Assistance Services

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

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

DHS also provides a translated "Access Hawai'i" brochure, which provides notice to LEP individuals of their right to language assistance. This brochure also includes the discrimination complaint notice and contact information for filing grievances with DHS and federal agencies. This brochure is translated into 10 languages (Chinese, Chuukese, Korean, Japanese, Ilocano, Marshallese, Samoan, Spanish, Tagalog, and Vietnamese) and is available in the department's program offices and on its website.

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

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

Component 3: Providing Oral Interpretation Services

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

Telephonic Interpretation Services

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

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

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

Onsite Interpretation Services

Onsite interpreting generally requires advanced booking. This type of interpretation is normally used for complex or formal settings that require lengthy discussion. Each DHS office or unit can utilize a volunteer interpreter, contact an interpreter directly[5], or use an interpreter referral service.

1. Determine the need for an interpreter.
    - Ask the applicant/client directly which language they speak.
    - Use visual aids that list languages, such as Office of Language Access posters and I-Speak cards, so the applicant/client may point to the language they speak.
    - Check for information about spoken language in referral documentation, such as application form, client's file, or database.
    - Seek assistance from others, such as friends, family, or multilingual staff if the applicant/client is unable to say which language they speak.
2. When an oral interpreter is needed, DHS staff must explore all effective and timely options.
    - Utilize technology to effectively promote communication and understanding about programs, process, and LEP rights.
    - Consider the feasibility of having the interpretation by phone or face-to-face, as appropriate.
    - Have processes for utilizing such services based on needs, contracts, and resources.

[5] Hawai'i Court Interpreter Registry *available at* http://www.courts.state.hi.us/docs/services/interpreters.pdf; Office of Language Access Online Roster of spoken Language Interpretation and Translation *available at* http://45.40.134.199/SurveyApp/Home/LanguageList. The Language registers and roster can be searched to show the names, languages, contact information, geographic area, and relevant credentials of the spoken language interpreters.

3. Telephone interpreter services are available to all DHS staff. However, if on-site interpretation services are more appropriate, the requesting employee may first utilize volunteer interpreters located at the worksite or general geographic area.
4. Volunteer interpreters should be familiar with the program for which interpretation is needed, be given a copy of the Interpreter Code of Ethics, and sign DHS Form 5050 concerning their interpreter abilities.
5. If volunteer interpreters are not available or are not appropriate, the requesting employee must contact an interpreter using all other available methods.
6. DHS discourages the use of friends and family members as interpreters. If an LEP individual declines the offer for free language assistance services and insists on using their own interpreter, DHS staff must document that an offer for a free interpreter was declined. The proposed interpreter must sign DHS Form 5050 concerning their interpreter abilities and the Interpreter Code of Ethics.
7. Use of a minor as an interpreter is permitted in emergency situations only.

Component 4: Providing Written Translation Services

Written translation of vital documents is provided for each eligible LEP language group that meets the threshold. The threshold is defined as five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.[6] All translation services are centralized and coordinated by the LEP Project staff under the Office of the Director.

DHS has determined that there are four prevalent languages that meet the threshold for written translation purposes: Chinese, Ilocano, Korean, and Vietnamese. This assessment is in line with the top four state-wide languages.[7]

For an LEP person who is seeking translation services, but speaks a language that does not meet the threshold, DHS provides written notice in the LEP person's primary language of the right to receive oral interpretation of written materials, free of cost.[8]

Action steps:

1. Identify vital documents.
    - A document will be considered vital if it contains information that is critical for obtaining federal services and/or benefit, or is required by law. Vital documents include, for example, applications, consent forms, complaint forms, and notices of rights.

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[6] Hawai'i Revised Statute (HRS) § 321C-3 (c).

[7] Hawai'i Department of Business, Economic Development and Tourism, NON-ENGLISH SPEAKING POPULATION IN HAWAI'I (April 2016).

[8] *See* "Component 3" for explanation of oral interpretation services.

2. Categorize and prioritize documents for translation.
    - Consider the frequency a document may come into contact with an LEP individual, i.e. forms, information brochures, and periodic or seasonal communications.
3. Make documents language access ready.
    - Documents should be user-friendly and translatable. Documents should be written, and designed in plain language so that documents are clear, logical, concise, and easy to read.
    - Plain language means the author needs to analyze and decide what information is needed by the client to make informed decisions, before words, sentences, or paragraphs are considered.
    - Plain Language documents use words economically and at a level that the client can understand. The sentence structure should be tight, the tone welcoming and direct, and the design visually appealing.
4. Identify the targeted languages using language data collection.
    - All vital documents must be translated for languages that meet the threshold.
5. Assess translation options.
    - Translation vendor vs. Bilingual volunteer staff.
    - Currently DHS uses translation vendors due to the issue of liability and quality control.
    - Consider pros and cons of all options.

Component 5: Maintaining Agency Language Access Services

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

Action Steps:

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

Component 6: Ensuring Quality of Language Access Services

To ensure the quality of telephone interpreter services, the current authorized vendors were selected through an RFP evaluation process. As part of the evaluation, the committee took into consideration the vendor's own quality assurance measures, such as the screening process for interpreters, and the general minimum requirements for experience, education, language proficiency, and certification to ensure quality of interpreters.

To ensure the quality of in-person interpretation, DHS requires interpreters to adhere to the interpreter code of ethics. DHS does this by requiring all in-person interpreters to sign form (DHS 5050) prior to interpreting.[9]

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

- All translators must be authorized or qualified by the American Translators Association (ATA) and/or other approved translator programs.
- Materials that are translated into other languages must go through a 2-step process. Each step must be handled by a different translator in order to provide optimum accuracy and quality control:
    - Step 1: Translation,
    - Step 2: Editing and proofreading.
- Machine generated translations are not permitted.
- Translated materials must be at the same reading level as the source material.
- Translated materials must thoroughly and faithfully render the source language's message (omitting or adding nothing), give consideration to linguistic variation in both source and target languages, and conserve the tone and spirit of the source language's message.

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

Component 7: Maintaining reporting systems

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

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

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

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

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

Component 8: Staff Training

In order to successfully implement the Language Service Plan, DHS staff must develop awareness, knowledge, and best practices, to effectively communication with LEP persons. DHS is committed to providing language access training opportunities to all program staff.

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

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

Action steps:

1. Provide training on language access for all DHS employees who have regular contact with the public and newly hired staff.
2. Require annual training on language access for all staff.
3. Develop, update, and provide training materials to DHS staff.
4. Coordinate and organize training for bilingual volunteer staff on language competency and ethics.

5. Encourage DHS staff to attend workshops, webinars, and conferences that address language access issues.
6. Regularly monitor and assess the effectiveness of training provided.

Component 9: Stakeholder Consultation

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

Action steps:

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

Component 10: Monitoring and Updating the Language Access Plan

The language access coordinator shall be responsible for the evaluation and revision of the Language Access Plan.

Action steps:

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

Component 11: Designating DHS Language Access Coordinator

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

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

5. CONCLUSION

This Language Access Plan covers the period September 1, 2016 through August 31, 2018. This Plan addresses the department's commitment to enhancing access to DHS services and programs.

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

This Plan shall take effect upon approval by the Director of the Hawai'i Department of Human Services.

APPROVED:

Pankaj Bhanot

Pankaj Bhanot, Director

APPENDICES

APPENDIX A	DHS Volunteer Interpreter List (Updated May 17, 2016)
APPENDIX B	Court Interpreter Registry (Updated June 16, 2016)
APPENDIX C	Multilingual Notice of Availability of Language Service
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APPENDIX J	Language Encounter Report
APPENDIX K	Language Access Reporting Tool

APPENDIX A

DHS Volunteer Interpreter List (Updated May 17, 2016)

Department of Human Services
Volunteer Interpreter List
Updated 5.17.16

LAST NAME	FIRST NAME	POS. TITLE	ISLAND	DIVISION/UNIT	EMAIL	PHONE #	LANGUAGE (or Dialect)	
Anderson	Ronalde	Eligibility Worker	Hawaii	BESSD/SB/WHS/SO Kona	Ronalde Anderson/bessd/DHS	323 0029	French	
Anderson	Ronalde	Eligibility Worker	Hawaii	BESSD/SB/WHS/SO Kona	Ronalde Anderson/bessd/DHS	323 0029	Tahitian	
Mathew	Marvin J.	Office Assistant	Hawaii	BESSD/N. Hilo 3 Ut	MMathew/bessd/DHS	933-0331	Palauan	
Thomas	Percila B.	Community Volunteer	Hawaii	Community		699-3627	Marshallese	
Galvan	Daritza	Community Volunteer	Kauai	Community		246-2030	Spanish	
Summers	Molly	Community Volunteer	Kauai	Community		245-8349	Hawaiian	
Domingo	Rilan Grace	Eligibility Worker	Oahu	BESSD	rg.domingo@yahoo.com	245-8295	Tagalog, Ilocano, Visayan	
Herrera-Mendoza	Alma	Human Resources Spec.	Oahu	PERS/LR	AHerrera-Mendoza@dhs.hawaii.gov	586-4979	Spanish	
Chang	Ru-Charn	Info Tech Splct	Oahu	Office of Information Technology	rchang@dhs.hawaii.gov	586-9441	Chinese/Taiwanese	
Cabradilla	Gladys	Eligibility Worker I	Oahu	BESSD/Kapolei PC 250		692-8370	Ilocano/Tagalog	
Atalig	Adeloisa B.	Office Assistant	Oahu	BESSD 526	adeloisa @yahoo.com	319-0294	Tagalog/Visayan/Cebua	
Miu	Charles	SSSS Spclt	Oahu	BESSD/Wahiawa FTW Ut	Charles Miu/bessd/DHS	622-0541	Cantonese	
Bumagat	Matilde	Clerk	Oahu	BESSD/Waikele Ut	Mitilde Bumagat/bessd/DHS	675-0042	Ilocano	
Salcedo	Diann	Eligibility Wkr	Oahu	BESSD/Pauahi Ut	Diann Salcedo/bessd/DHS	586-3732	Korean	
Yanong	Ceres	Secretary	Oahu	BESSD/Waianae FTW Ut	Ceres Yanong/bessd/DHS	692-7760	Visayan	
Chu	Yuen Kai	Pre-Audit Clerk	Oahu	FMO/Money Pymts Stf	Yuen-Kai Chu/DhS	586-5043	Cantonese	
Chong	Wen L.	Eligibility Worker	Oahu	MQD/EB/OS/OAU2		358-8234	Mandarin/Cantonese	
Gomez	Cynthia	Accountant	Oahu	FMO/Prog Acctg I	Cynthia Gomez/DHS	586-5647	Tagalog	
Gomez	Marie E.	Community Volunteer	Oahu	Community Volunteer	mariaelenagomez75@yahoo.com	250-7439	Spanish	
Ibrahim	Sahar	Bldg Engineer	Oahu	HPHA/Construction Mgmt Sec	Sahar Ibrahim/DHS/State/HiUS	832-6006	Arabic	
Lumabao	Placido	Bldg Maint Wkr	Oahu	HPHA/MU 3	Placido Lumabao/DHS/State/HiUS	832-3153	Ilocano	
Lumabao	Placido	Bldg Maint Wkr	Oahu	HPHA/MU 3	Placido Lumabao/DHS/State/HiUS	832-3153	Tagalog	
Burmeister	Katharina	Eligibility Wkr	Oahu	MQD/Oahu Ongoing Ut 3	Kburmeister/medicaid.dhs.state.hi.us	587-3548	German	
Charles	Hui Son	Eligibility Wkr	Oahu	MQD/Oahu Apps Ut 2	Huison Charles/MQD/DHS	587-3564	Korean	
Nakasone	Imelda C.	Clerk	Oahu	MQD/Mbrshp File & Integrity Sec	Inakasone/medicaid.dhs.state.hi.us	692-8162	Tagalog	
Nakasone	Imelda C.	Clerk	Oahu	MQD/Mbrshp File & Integrity Sec	Inakasone/medicaid.dhs.state.hi.us	692-8162	Visayan	
Yu	Ming Qiu	Research Statistician	Oahu	Audit, QC & Research Ofc/Research	Ming Yu/DHS	586-5111	Mandarin	
Zhang	Jing	Info Tech Splct	Oahu	OIT/Sys Mgmt Sec	Jingzhang/DHS	586-9441	Mandarin	
Sanchez	Raul	Case Mgr	Oahu	BESSD/Arbor/Child Care Unit	Raul Sanchez/bessd/DHS	566-2616	Spanish	
Shaw	Haidee C.	Hlth Care Business Analyst	Oahu	MQD/Reqmts & Mntrng Stf I	Hshaw/medicaid.dhs.state.hi.us	692-7963	Tagalog	
Ugalde	Melitonrychell	SSSAid III	Oahu	West Oahu CWS Unit 2		692-7815	Tagalog	
Morin	Beata	C/APS Spclt	Oahu	SSD/Oahu Spec Svc CMU	BeataMorin/SSD/DHS	692-7838	Polish	
Masaniai	Barbara C.	Soc Svc Aid	Oahu	SSD/Central CWSU 2	Barbara Masaniai/SSD/DHS	692-7800	Samoan	

Department of Human Services
Volunteer Interpreter List
Updated 5.17.16

LAST NAME	FIRST NAME	POS. TITLE	ISLAND	DIVISION/UNIT	EMAIL	PHONE #	LANGUAGE (or Dialect)	
Niupulusu	Crissy K.	C/APS Spclt	Oahu	SSD/DH CWSU 3	Crissy Niupulusu/SSD/DHS	832- 5347	Samoan	
McGovern	Lita	Social Worker	Oahu	SSD/Central Perm Ut	Lita McGovern/SSD/DHS	832-5473	Spanish	
Samia	Wilford	Social Service Asst.	Oahu	DVR/Honolulu/Counseling Section	wilfordsamia@gmail.com	699-1515	Samoan	
Villaren III	Irenio	Soc Svc Assistant	Oahu	SSD/DH CWSU 3	Irenio Villaren/SSD/DHS	832-5344	Spanish	
Jutz	Haydee	Human Serv. Prof. III	Oahu	SSD/CWS 161	hjutz@hawaii.gov	832-5414	Spanish	
Gallano	Lorna D.	Secretary	Oahu	VRSBD/Counseling Sec	Lorna Gallano/VR/DS	586-5257	Ilocano	
Gallano	Lorna D.	Secretary	Oahu	VRSBD/Counseling Sec	Lorna Gallano/VR/DS	586-5257	Tagalog	
Hoy	Michelle A.	Office Assistant III	Oahu	BESSD/Waipahu PCU	mai_m3@yahoo.com	208 391 9747	Tagalog	
Lukukui	Nai	Community Volunteer	Oahu	CT/MED	NIAK8082@YAHOO.COM	421-7227	Tongan	
Balgos-Campos	Maricar	Property Mgt Specialist	Oahu	HPHA	maricar.campos@hawaii.gov	832-4684	Tagalog	
Bamrungruan	Aphirak	LEP Kolea Proj Manager	Oahu	Director's Ofc	abamrungruan@dhs.hawaii.gov	586-5069	Thai	
Macaraeg	Agnes S.	Eligibility Wkr	Oahu	MQD/Oahu Ongoing Ut 2	amacaraeg@dhs.hawaii.gov	587-3531	Ilocano	
Macaraeg	Agnes S.	Eligibility Wkr	Oahu	MQD/Oahu Ongoing Ut 2	amacaraeg@dhs.hawaii.gov	587-3531	Tagalog	
Zhou	Sharon X.	Pubic Hsg Spclt	Oahu	HPHA/MU 1 (AMP 30)	sharon.x.zhou@hawaii.gov	483-2550	Cantonese	
Zhou	Sharon X.	Pubic Hsg Spclt	Oahu	HPHA/MU 1 (AMP 30)	sharon.x.zhou@hawaii.gov	483-2550	Mandarin	
Gomes	Mary C.Y.	Cantonese	Oahu		Mary.Gomes168@yahoo.com	587-8281	Cantonese	
Spear	Genevieve	Program Spclt	Oahu	BESSD/SNAP	gspear@dhs.hawaii.gov	586-5724	French	
Spear	Genevieve	Program Spclt	Oahu	BESSD/SNAP	gspear@dhs.hawaii.gov	586-5724	Spanish	
Fukutomi	Akemi	Eligibility Worker	Oahu	BESSD/OB/OS3/Moanalua	ake_s1@hotmail.com	489-6514	Japanese	
Felix-Pascua	Jerilyn	Office Assistant	Oahu	BESSD/Homeless Program	jerifel@yahoo.com	551-2453	Tagalog	
Lee	Alfredo	Eligibility System Prom. Mgr.	Oahu	BESSD , Aud. QCRO		586-5729	Spanish & Chinese	
Chang	Michelle A.	Account Clerk II	Oahu	MU III	pycmichelle@yahoo.com	381-9876	Cantonese	
Aguinaldo	Joceline F.	Office Assistant III	Oahu	BESSD INVO		586-7153	Tagalog	
Hungalu	Winnie	Social Service Asst. II	Oahu	SSD	winlou@yahoo.com	315-3598	Tongan	
Higa-Rebuldela	Lynn	Office Assistant	Oahu	BESSD OAI/OR& L PCU		586-8135	Japanese	
Duracak	Amir	Vocational Rehab. Spec. I	Oahu	DVR Transition Section		681-9569	German	
Takayesu	Mee Sun	Office Assistant III	Oahu	HPHA/PMMSB/RSS/CSS	MeeSunTakayesu/DHS/State.HI.US	832-4696	Korean	
Masaniai	Sela	Office Assistant III	Oahu	BESSD/SSBOS1/KPT PCU	smasaniai7@yahoo.com	371-8892	Tongan	
Lee	Hou Keong	Account Clerk	Oahu	HPHA/FMO/Accounting		398-5954	Cantonese	

APPENDIX B

Court Interpreter Registry (Updated June 16, 2016)

THE JUDICIARY • STATE OF HAWAI'I
COURT INTERPRETER CERTIFICATION PROGRAM
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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
AMERICAN SIGN	Oahu	6	LANI, TAMAR H.	216-6898(C), tamarness@gmail.com
AMERICAN SIGN	Oahu	4	SAPKO, REGINA C.	429-3553(C), reginaclare@hotmail.com
AMERICAN SIGN	Oahu	4	SAKAL, PATRICIA L.	223-5841(B), mumpkin2@gmail.com
AMERICAN SIGN	Oahu	4	NAKAMOTO, LYNN M.	551-3778(C), lynnsigns@gmail.com
AMERICAN SIGN	Oahu	4	LAMBRECHT, LINDA Y.	393-9861(C) Text Only, 734-9154 (B), aslteal@gmail.com or lambrech@hawaii.edu
AMERICAN SIGN	Oahu	4	KROE-UNABIA, SUSAN L.	295-0647(B), susankroe@aol.com
AMERICAN SIGN	Oahu	4	JACKSON, DEBBRA L.	239-6163(H), alii.interpreting.svc@gmail.com
AMERICAN SIGN	Oahu	4	HUNGERFORD, GINA C.	778-6790(B)(C), ginahungerford@yahoo.com
AMERICAN SIGN	Oahu	4	FRIED, JAN L.	734-5889(H), 734-9154(B), 734-9799(F) janfried@gmail.com or jfried@hawaii.edu
AMERICAN SIGN	Oahu	4	COOPER, KENNEDY L.	497-9925(C), kennedyclm@mac.com
AMERICAN SIGN	Oahu	4	BLAKE, JENNY S. L.	codasignhi@gmail.com, 277-0785(C)
AMERICAN SIGN	Oahu	4	BENJAMIN, HEATHER L.	heather.interpreter@gmail.com
AMERICAN SIGN	Oahu	4	BAIRD, DARLENE L.	352-2246(C), missinglinkhawaii@gmail.com
AMERICAN SIGN	Maui	4	GREEN, DENISE	845-558-2012(C), greeninterpreter@yahoo.com
AMERICAN SIGN	Hawaii	4	TRUJILLO, TARA M. W.	557-1616(C), 934-0827(H), tarawolf@hotmail.com
AMERICAN SIGN	Hawaii	4	SAPKO, REGINA C.	429-3553(C), reginaclare@hotmail.com
AMERICAN SIGN	Hawaii	4	KERN, KU MEI B.	896-9059 (C)(B), kooshmabob@yahoo.com
AMERICAN SIGN	Hawaii	4	BROOKS, PAULINE C.	430-5129(C), pbrooks.asl@gmail.com
AMERICAN SIGN	Kauai	4	LITTLETON, LARRY M.	241-1386(Voice), 240-1717(Message), LarryMLittleton@gmail.com
AMERICAN SIGN	Oahu	3	SAFRANSKI, LAURA B.	lauraterp@yahoo.com
AMERICAN SIGN	Oahu	3	GALAPIN, NORMAN R., JR.	714-309-2528(B)(H)(C), 951-808-8605(F), normang2005@yahoo.com
ARABIC	Oahu	1	SMITH, WILLIAM H.	258-7971(C), 237-8301(H)(F), smithwm@hawaii.rr.com
ARABIC	Oahu	1	MOUSTAFA, NEVINE FARID	377-3093(H), 393-3683(C), vanvoun293@aol.com
ARABIC	Oahu	1	BANDACK, FREDRICK E.	382-2945(C), hawaiian8heart@aol.com
BENGALI	Oahu	1	SMITH, WILLIAM H.	258-7971(C), 237-8301(H)(F), smithwm@hawaii.rr.com
BENGALI	Oahu	1	ROUF, MOHAMMAD A.	479-0298(C), 949-1163(H), 833-5787(B), 833-5987(F), mohammad@globeteckgroup.com

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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
BOSNIAN	Hawaii	1	ZJAK, DEJAN M.	345-2795(B), dejan2810@yahoo.com
BULGARIAN	Oahu	1	IBISHEVA, ZHULIETA B.	636-3068(C), zibisheva@gmail.com
CANTONESE	Oahu	1	ZHU, JIAN YOU	startcrafter@yahoo.com
CANTONESE	Oahu	1	YUEN, PEARL P.J.C.	721-0533(C), ppcyuen@hotmail.com
CANTONESE	Oahu	1	YING, MONICA T.	languagemajor@gmail.com, 228-2978(C), 415-326-3382(B)
CANTONESE	Oahu	1	XU, MICHELLE WONG	408-676-9891(C)(H)(B), michellewongxu@gmail.com
CANTONESE	Oahu	1	WONG, WILLY	626-0237(H), 677-2592(F), wongwillywonka@aol.com
CANTONESE	Oahu	1	WONG, PATRICK T. C.	255-6188(C), patricktcwong@yahoo.com
CANTONESE	Oahu	1	SO, GLORIA C. M.	228-6355(C), gloria.cm.so@gmail.com
CANTONESE	Oahu	1	SHIMABUKURO, LYNNETTE LEE LING	230-0826(C), 732-6205(H)(F), lynnstreasures@gmail.com
CANTONESE	Oahu	1	NARUSE, WENDY (YIP)	772-8215(C), 258-7878(C), 577-1636(P), 696-8787(F) wendyn61@gmail.com
CANTONESE	Oahu	1	LIANG, WEIPENG	485-7788(C), liangw8@hawaii.edu
CANTONESE	Oahu	1	LAU, ROWENA C. W.	232-1370(C), rlbbsea@hotmail.com
CANTONESE	Oahu	1	KONG, YUET MUI	yuetmui_kong@hotmail.com
CANTONESE	Oahu	1	HAYASHI, DAWN S. M.	595-7289(H)
CANTONESE	Oahu	1	CHOI, JOHNSON	524-5738(B), 524-8063(F), jwkc8168@yahoo.com
CANTONESE	Oahu	1	CHOI, CANDY	429-2028(C), candychoi68@gmail.com
CANTONESE	Oahu	1	CHAN, SHIRLEY W. Y.	shirchan88@hotmail.com
CANTONESE	Oahu	1	AU, NANETTE Y. B.	523-6568(B)(F), 533-2108(H), nanette000@gmail.com
CEBUANO	Oahu	2	WASHBURN-REPOLLO, EVA ROSE B.	735-4874(B), 728-3089(C), wr.evarose@gmail.com
CEBUANO	Oahu	1	NELSON, CRYSTAL Y. D.	230-1150(C), 487-8765(H), crystalydnelson@yahoo.com
CEBUANO	Maui	1	LUBATON, EUFEMIA P.	205-8108(C), 874-7554(H), emie_wolf2009@yahoo.com
CEBUANO	Hawaii	1	MANIPOL-LARSON, JOCELYN	640-1540(C), 960-6006(B), raven_reuboni@yahoo.com
CHUUKESE	Oahu	2	ALBERT, JOSEPHINE M.	308-0441(C), 1langcsolutions@gmail.com
CHUUKESE	Oahu	1	VON OELHOFFEN, MARCUS T.	292-6388(C), 342-5421(H), mvonoelhoffen5@gmail.com
CHUUKESE	Oahu	1	SILANDER, KACHUSY M.	954-0487(C), 200-2483(H), kachusy_silander@yahoo.com

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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
CHUUKESE	Oahu	1	SANDY, ELIAS H.	364-0795(C), 690-5225(C)
CHUUKESE	Oahu	1	ROBERT, CHARLENE	
CHUUKESE	Oahu	1	MANNERING, JOHN M., JR.	546-1087(H), 779-0577(C), kapetablock@hotmail.com
CHUUKESE	Oahu	1	ESAH, SOPHIE	861-5578(C), sophie_esah@yahoo.com
CHUUKESE	Hawaii	2	MURITOK, LESTHER F.	854-8165(C), lmletok@yahoo.com
CROATIAN	Hawaii	1	ZJAK, DEJAN M.	345-2795(B), dejan2810@yahoo.com
FARSI	Oahu	2	NIKOU, MOANA R.	226-3729(C), mrnikou@hotmail.com
FRENCH	Oahu	1	ROLLAND, PATRICIA M.	256-6419(B), bientranslated@hawaii.rr.com
FRENCH	Oahu	1	NAKAOKA, VANINA	223-1883(C), 595-7221(H), bruce_vanina@yahoo.com
FRENCH	Oahu	1	MOUSTAFA, NEVINE FARID	377-3093(H), 393-3683(C), vanvoun293@aol.com
FRENCH	Oahu	1	MILLER, STANLEY FRANCOIS	923-9079(H)(B), 922-8309(F), francois@lava.net
FRENCH	Oahu	1	KRIEGER, KATHLEEN F.	kkrieger47@gmail.com
FRENCH	Oahu	1	FUKUDA, TANIA M.H.	388-6103(C)(B), translationexpert@fastmail.fm
FRENCH	Oahu	1	DRUKER, ROMAN	487-7774(H), 227-3747(C), druker@hawaii.edu
FRENCH	Oahu	1	CHAUVET, TATIANA F.M.	808-895-2623(C), tatianachauvet@gmail.com
FRENCH	Maui	1	NEWLIGHT, NADINE	573-7730(H)
FRENCH	Maui	1	ADLER, MARTIN E.	870-0770(C), adlerm002@hawaii.rr.com
FRENCH	Hawaii	1	SULT, PAULE	831-915-9781(C), jampataye@gmail.com
FRENCH	Hawaii	1	BERNSTEIN, ALEXANDRA N.	883-3666(H)
FRENCH	Kauai	1	TORRES, LYNNE	332-9767(H)
GERMAN	Oahu	1	DAVILA, DAMIAN	699-5577(C), damian@idaconcpts.com
HAWAIIAN-NIIHAU	Kauai	1	CLEELAND, BYRON R.	byronic43@yahoo.com
HEBREW	Oahu	1	BORITZER, RAFAEL B.	356-0776(F), boritzer@bioinfomedical.com
ILOKANO	Oahu	4	CALAYCAY, ROCK PAUL S.	497-0091(C)(B), edjrcalaycay@gmail.com
ILOKANO	Oahu	3	MANZANO, MARIA CORAZON B.	282-3081(C)
ILOKANO	Oahu	2	CORTEZ, ALEXANDER B.	224-9290(C), alexbcortez@gmail.com

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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
ILOKANO	Oahu	1	TUZON, OPIE WALTER U.	853-8816(C), opiewalter.tuzon@yahoo.com
ILOKANO	Oahu	1	TIPON, EMMANUEL S.	225-2645(C), filamlaw@yahoo.com
ILOKANO	Oahu	1	TAGAYUNA, AL A.	286-2767(C), 637-9038(H)(F), altagayuna@yahoo.com
ILOKANO	Oahu	1	RAMOS, ALEJANDRO A.	291-0264(C), jfrseller@gmail.com
ILOKANO	Oahu	1	PAVON, LYDIA A.	258-4880(C), lydiaabajo@yahoo.com
ILOKANO	Oahu	1	GONZALES, REMEDIOS	
ILOKANO	Oahu	1	FRONDA, CESAR B.	234-3671(C), cbfnam123@yahoo.com
ILOKANO	Oahu	1	FLORES, ABRAHAM R., JR.	352-3030(C)
ILOKANO	Oahu	1	FAGIN, BELINDA P.	478-3872(C), belindafagin@gmail.com
ILOKANO	Oahu	1	ERENO, ALMOND JAYE C.	398-6835(C), ajereno@hawaii.edu or ajereno@gmail.com
ILOKANO	Oahu	1	DALERE, VICTOR T.	386-2401(C), 677-3662(B), 621-8969(H), vdalere@hotmail.com
ILOKANO	Oahu	1	CORPUZ, EULALIA A.	
ILOKANO	Oahu	1	BONILLA, CESAR G.	372-0264(C), alohapilipinas@yahoo.com
ILOKANO	Oahu	1	BAUTISTA, LILIA EDNA C.	306-1218(C), 678-1088(H)
ILOKANO	Oahu	1	BASILIO, JENELYN D.	393-8792(C), jbasilio77@msn.com
ILOKANO	Oahu	1	BARTOLOME, HONOFRE E.	450-5093(C)
ILOKANO	Oahu	1	ARRE, JENNIFER V.	971-1213 (C), jennifer.arre2019@gmail.com
ILOKANO	Oahu	1	ANDALLO, NOEL H.	372-0527(C), nlhernandez39@gmail.com
ILOKANO	Oahu	1	ALIMBUYUGUEN, RAFAEL O.	484-9872(H), 382-0574(C)
ILOKANO	Maui	1	WICKMAN, RUTH	633-4181(H), ruthienkihei@gmail.com
ILOKANO	Maui	1	SUMER, NIEVA J.	280-8778(C), 214-5592(H), sumer@hawaii.edu
ILOKANO	Maui	1	PEROS, GREGORY T.	276-8771(C)
ILOKANO	Maui	1	LORENZO, HERMELINA I.	877-0831(H)
ILOKANO	Maui	1	LOPEZ-RAHMAN, LILIA B.	871-4950(H)(B), lilia3843@msn.com
ILOKANO	Hawaii	1	MONTIBON, JOCELYN V.S.	990-2223(C), jocelynmontibon@hawaii.rr.com
ILOKANO	Hawaii	1	MABABA, ARMANDO B.	990-1632(C)

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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
ILOKANO	Hawaii	1	ANTONIO, FERO E.	895-2017(C), 966-8573(H)(F)
ILOKANO	Kauai	1	JIMENEZ, PACITA A.	245-4265(H)
ILOKANO	Kauai	1	GARDUQUE, FELIPA-FELINA C.	822-2062(H)(F), 639-6590(C), 822-2464(B)
ILOKANO	Kauai	1	GARDUQUE, CHITO P.	822-2062(H)(F), 639-0718(C)(B), tochig@hotmail.com
ILOKANO	Kauai	1	ABADILLA, DANILO P.	346-1830(C), abadilla@alum.bu.edu
ILONGO	Oahu	1	WASHBURN-REPOLLO, EVA ROSE B.	735-4874(B), 728-3089(C), erepollo@yahoo.com
ILONGO	Maui	1	LUBATON, EUFEMIA P.	205-8108(C), 874-7554(H), emie_wolf2009@yahoo.com
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ILONGO	Kauai	1	GOLDBERG, MARY CAMELA T.	332-7848(H), 652-7799(C), candlegoldberg@yahoo.com
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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
SPANISH	Oahu	2	ZAMORA, REBECA	585-1974(C), rebezamo@gmail.com
SPANISH	Oahu	1	YURKIEVICH, PABLO G.	783-0457(C), pyurkievich@hotmail.com
SPANISH	Oahu	1	WYSARD, NANCY S.	259-1129(C), wysard@hawaii.edu
SPANISH	Oahu	1	VERA-RIVASPLATA, KATYA	277-2751(C), katyahawaii@hotmail.com
SPANISH	Oahu	1	VELASQUEZ, CESAR A.	779-3082(C), cevel4@hotmail.com
SPANISH	Oahu	1	VASQUEZ-PAYNE, NORMA J.	282-9438(C)(H), normajeanvas@yahoo.com
SPANISH	Oahu	1	SPENCER, YOLANDA	258-9701(C), yolandaspencer@yahoo.com
SPANISH	Oahu	1	SONSON, JENNIFER C.	330-9315(C), 671-8886(B), jennifercorrea2012@gmail.com
SPANISH	Oahu	1	SMITH, WILLIAM H.	258-7971(C), 237-8301(H)(F), smithwm@hawaii.rr.com
SPANISH	Oahu	1	SIMBAHON, ALYSSA N. E.	282-9490(C), alyssa.simbahon@gmail.com
SPANISH	Oahu	1	ROUSE, ANDREW T.	originalrouse@gmail.com
SPANISH	Oahu	1	ROBINSON, CLAUDIA M.	melarac@aol.com
SPANISH	Oahu	1	RIPLEY, LURY	679-6929(C), spanishbylury@hawaii.rr.com
SPANISH	Oahu	1	PORRAS, KATHERINE A.	k.porras@ymail.com, (415) 685-6112(C)
SPANISH	Oahu	1	PITALUA, SILVIA S.	254-394-3220(C), pitalua870911@gmail.com
SPANISH	Oahu	1	MIGUEL, SAMANTHA A.	
SPANISH	Oahu	1	MEARIG, ADELA	258-7615(C), adela@hawaii.edu
SPANISH	Oahu	1	MCGOVERN, LITA C.	393-1614(C), litainhawaii@aim.com
SPANISH	Oahu	1	KAMOE, MICAH K. M.	953-5890(C), micahkmkamoe@gmail.com
SPANISH	Oahu	1	IRIONDO SIMEK, MAYA V.	778-5125(C), mayairiondo@mac.com
SPANISH	Oahu	1	HONG, ANGELICA	ahhonga@gmail.com
SPANISH	Oahu	1	HERNANDEZ, LUSANA J.	386-5683(C), alivewithaloha@gmail.com
SPANISH	Oahu	1	HAYS, JOHN T., III	947-6013(H), johnthays@gmail.com
SPANISH	Oahu	1	HAYMER, BEATRIZ A.	395-4316(H), interpret.hi@gmail.com
SPANISH	Oahu	1	DONOSO, MARTHA C.	206-6027(C)
SPANISH	Oahu	1	DEHEZA RODRIGUEZ, SANDRA	352-1136(C), sandradeheza@yahoo.com

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COURT INTERPRETER CERTIFICATION PROGRAM
COURT INTERPRETER REGISTRY
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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
SPANISH	Oahu	1	DE HARO-MORNING, OLGA	951-603-6432(C)
SPANISH	Oahu	1	DE ABREU, JORDAN E.	954-9668(C), jordande6@aol.com
SPANISH	Oahu	1	DAVILA, DAMIAN	699-5577(C), damian@idaconcpts.com
SPANISH	Oahu	1	COSTELLO, FRANCINE C.	398-2377(C), fcostello02@gmail.com
SPANISH	Oahu	1	CORREA, MARY ESTHER	689-4651(H), 619-446-9714(C), losamigosballet@yahoo.com
SPANISH	Oahu	1	CHAPA, LAURA G.	222-7655(H)(B)(C)
SPANISH	Oahu	1	CEPEDA, HUGO A.	429-3677(C), hugoaloha@gmail.com
SPANISH	Oahu	1	BATLLE, FLORENCE	294-4070 (C), florence.batlle@gmail.com
SPANISH	Oahu	1	BALLESTEROS, LILIANA	888-4685(H), hokuconsulting@gmail.com
SPANISH	Oahu	1	AUZ, HUGO V. JR.	679-1342(C)(B), hauz@earthlink.net
SPANISH	Oahu	1	AMBROSE, DONNA M.	469-6050(C), (866)759-8939(F), venice2kailua@hawaii.rr.com
SPANISH	Maui	4	TORRES, SAUDINA O.	281-8629(C), saudina.torres@gmail.com
SPANISH	Maui	4	MONTES, FRANCISCO J.	385-4522(B)(C), frncsmont@gmail.com
SPANISH	Maui	1	VILLARRUEL, PATRICIA	264-6729(C), pvillarruel808@gmail.com
SPANISH	Maui	1	TUTTLE, LUZ M. (MYRIAM)	276-2623(C), luzmyriamtuttle@gmail.com
SPANISH	Maui	1	TOYOSHIMA, LANCE	lancetoyo@gmail.com
SPANISH	Maui	1	SOMERS, NINOSKA M.	276-2385(W)(C), gardengnomemaui@yahoo.com
SPANISH	Maui	1	SCHULTZ, OLIVIA E.	264-5702(C), bandjsch@msn.com
SPANISH	Maui	1	RUIZ-RIOS, NILSA M.	269-5652(C), nzyabucoa@yahoo.com
SPANISH	Maui	1	RAICH, NADIA	298-6860(C), nadiaraich@hotmail.com
SPANISH	Maui	1	PHILLIPS, ANA S.	298-0003(C), anasphillips@gmail.com
SPANISH	Maui	1	NEWLIGHT, NADINE	573-7730(H)
SPANISH	Maui	1	MORALES, DESIREE	298-5163(C)
SPANISH	Maui	1	MOJICA, WALTER A.	594-9517(C), dr.walter.a.mojica.md.mph@hawaiil.rr.com
SPANISH	Maui	1	LOWY, MARIANA	463-7204(C), mariana_lowy@hotmail.com
SPANISH	Maui	1	LISTINGART TAVARES, DEBORA	282-9750(C), alohadebora@hotmail.com

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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
SPANISH	Maui	1	IUORNO, ANTHEA P.	573-5210(H)
SPANISH	Maui	1	HERNANDEZ, PHYLLIS M.	205-7289(C), phylliswailuku@aol.com
SPANISH	Maui	1	HAHN, VIVIANA E.	250-9696(B), vivihahn@hotmail.com
SPANISH	Maui	1	EHRLICH, AMELIA G.	610-334-0260(W), ameliaehrlich@comcast.net
SPANISH	Maui	1	DODDS, MARIA L.	264-4004(C), laurispot@hotmail.com
SPANISH	Maui	1	DAVIS, PAUL A.	773-882-2274(C)(B), 66davispaul@gmail.com
SPANISH	Maui	1	AVILA, JOSE A.	669-2042(H), t4o4n4o4@gmail.com
SPANISH	Maui	1	ALFIE, DENISE	250-2193(C), denissealfie@hotmail.com
SPANISH	Maui	1	ADLER, MARTIN E.	870-0770(C), adlerm002@hawaii.rr.com
SPANISH	Hawaii	4	NEALON, JOHN P.	358-8615(C), 968-9666(H), johnpnealon@gmail.com
SPANISH	Hawaii	4	LOPEZ-FISHER, MARIA E.	987-1273(B)(C), 326-5635(H), 331-8626(F), melopez@hawaiiantel.net
SPANISH	Hawaii	1	WOODS, ADRIANA V.	333-9680(B), bam_adri@yahoo.com
SPANISH	Hawaii	1	VALENCIA, MARTA E.	333-5339(H)(F), 987-1060(C), martaevalencia@yahoo.com
SPANISH	Hawaii	1	TEPPER, MARA E.	895-4798(C)
SPANISH	Hawaii	1	SWEENEY, CLEMENTINE M.	884-5533(H), clemntippy@yahoo.com
SPANISH	Hawaii	1	SOTO, SARAY	773-408-2054(C), ssoto611@gmail.com
SPANISH	Hawaii	1	SOLIS, JESUS G.	808-884-5986(H), boxingcoach@hawaii.rr.com
SPANISH	Hawaii	1	SEABURY, ALFRED	430-1014(C), 968-6917(H), alf@hawaiiislandrealestate.us
SPANISH	Hawaii	1	SAENZ, JULIO	935-7844(B), jrs093065@yahoo.com
SPANISH	Hawaii	1	RODRIGUEZ GUILLEN, SANTIAGO	329-8076(H), 989-8076(C), sanddtranslations@gmail.com
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SPANISH	Hawaii	1	ROBERTS, MARIA R.	355-2213(H), 987-7100(C), romaria@juno.com
SPANISH	Hawaii	1	POBLETE, CECILIA M.	936-8714(C), ceciliapoblete@hotmail.com
SPANISH	Hawaii	1	MADRIGAL, CARIDAD M. (MARITZA)	217-7668(C), lahaweyana@yahoo.com
SPANISH	Hawaii	1	HIDALGO, ROLANDO G.	937-6313(C)(H)(B), rfarmshawaii@yahoo.com
SPANISH	Hawaii	1	HART, TAMARA O.	443-9247(C), 982-7431(H)

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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
SPANISH	Hawaii	1	GONZALEZ, VICENTE MARCELO V.	895-2836(C)
SPANISH	Hawaii	1	GOMEZ-PEREZ, JUDITH M.	987-4789(C), 325-5901(H), munecapreciosa43@yahoo.com
SPANISH	Hawaii	1	FIGUEROA, BERTA A.	345-0006(C), 345-7020(B), bertafig@hotmail.com
SPANISH	Hawaii	1	ESPINOSA, ROSARIO D. P.	333-7688(C), sathya592000@yahoo.com
SPANISH	Hawaii	1	DESROSIERS, MARY ELLEN	241-2910(C)
SPANISH	Hawaii	1	CUSHMAN, LAURA L.	(971)235-1106(C), laura_cushman@hotmail.com
SPANISH	Hawaii	1	COUSINS, CARMELINA O.	775-1001(B)(H), tcousaaa@aol.com
SPANISH	Hawaii	1	COOPER, GABRIELLA K.	328-9696(H), 987-6364(C), 328-9697(F), kamana001@gmail.com
SPANISH	Hawaii	1	CHASTAIN, WALLACE W.	965-6101(H)(B), 557-4772(C), wally@wallywchastain.com
SPANISH	Hawaii	1	BERNSTEIN, ALEXANDRA N.	883-3666(H)
SPANISH	Hawaii	1	AHIER-MCCABE, JENNIFER L.	896-6505(C), jenn_ahier@yahoo.com
SPANISH	Kauai	1	TORRES, LYNNE	332-9767(H)
SPANISH	Kauai	1	OLSEN, KEITH C.	822-2032(H), 707-433-9616(C), alohakokua810@gmail.com
SPANISH	Kauai	1	GALVAN, DANITZA M.	246-2030(H), saecyning@hawaiiantel.net
TAGALOG	Oahu	2	QUIBOL, LOLITA A.	368-5415(C), laquibol@gmail.com
TAGALOG	Oahu	2	HVIDDING, MARIA ELENA T.	343-1520(C), malentalusan@gmail.com
TAGALOG	Oahu	2	CORTEZ, ALEXANDER B.	224-9290(C), alexbcortez@gmail.com
TAGALOG	Oahu	2	CALAYCAY, ROCK PAUL S.	497-0091(C)(B), edjrcalaycay@gmail.com
TAGALOG	Oahu	1	WASHBURN-REPOLLO, EVA ROSE B.	735-4874(B), 728-3089(C), erepollo@yahoo.com
TAGALOG	Oahu	1	TIPON, EMMANUEL S.	225-2645(C), filamlaw@yahoo.com
TAGALOG	Oahu	1	TICHEPCO, JONATHAN M.	
TAGALOG	Oahu	1	TAGAYUNA, AL A.	286-2767(C), 637-9038(H)(F), altagayuna@yahoo.com
TAGALOG	Oahu	1	STONE, ANNABELLE S.	469-7239(C), annabelle.stone@gmail.com
TAGALOG	Oahu	1	PAVON, LYDIA A.	258-4880(C), lydiaabajo@yahoo.com
TAGALOG	Oahu	1	NELSON, CRYSTAL Y. D.	230-1150(C), 487-8765(H), crystalydnelson@yahoo.com
TAGALOG	Oahu	1	MANZANO, MARIA CORAZON B.	282-3081(C)

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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
TAGALOG	Oahu	1	LACANIENTA, JOY M.	joyL247@hawaii.edu, joyL247@aol.com
TAGALOG	Oahu	1	LABRADOR, JERALDINE C.	523-8799(H), 256-9622(C), gigi192170@gmail.com
TAGALOG	Oahu	1	FRONDA, CESAR B.	234-3671(C), cbfnam123@yahoo.com
TAGALOG	Oahu	1	FARINA, JACQUELINE	941-1616(H), 741-1000(C), naninani@hawaiiantel.net
TAGALOG	Oahu	1	DALERE, VICTOR T.	386-2401(C), 677-3662(B), 621-8969(H), vdalere@hotmail.com
TAGALOG	Oahu	1	CARPIO, MARIA A.	841-3312(H), zee.carpio@gmail.com
TAGALOG	Oahu	1	CAMBE, ASHLEY JOY E.	225-5740(C), ashleycambe@yahoo.com
TAGALOG	Oahu	1	BONILLA, CESAR G.	372-0264(C), alohapilipinas@yahoo.com
TAGALOG	Oahu	1	BAUTISTA, LILIA EDNA C.	306-1218(C), 678-1088(H)
TAGALOG	Oahu	1	BASILIO, JENELYN D.	393-8792(C), jbasilio77@msn.com
TAGALOG	Oahu	1	BARTOLOME, HONOFRE E.	450-5093(C)
TAGALOG	Oahu	1	ARRE, JENNIFER V.	971-1213 (C), jennifer.arre2019@gmail.com
TAGALOG	Maui	1	WICKMAN, RUTH	633-4181(C), ruthienkihei@gmail.com
TAGALOG	Maui	1	VILLEGAS, SYDNEY G.	874-8714(H), 205-7274(C), syds329@yahoo.com
TAGALOG	Maui	1	SUMER, NIEVA J.	280-8778(C), 214-5592(H), sumer@hawaii.edu
TAGALOG	Maui	1	LUBATON, EUFEMIA P.	205-8108(C), 874-7554(H), emie_wolf2009@yahoo.com
TAGALOG	Maui	1	LOPEZ-RAHMAN, LILIA B.	871-4950(H)(B), lilia3843@msn.com
TAGALOG	Hawaii	1	MANIPOL-LARSON, JOCELYN	640-1540(C), 960-6006(B), raven_reuboni@yahoo.com
TAGALOG	Hawaii	1	MABABA, ARMANDO B.	990-1632(C)
TAGALOG	Hawaii	1	GUENTHOER, JAMES R.	769-1113(C), bumbero911@hotmail.com
TAGALOG	Hawaii	1	ANTONIO, FERO E.	895-2017(C), 966-8573(H)(F)
TAGALOG	Kauai	1	GOLDBERG, MARY CAMELA T.	332-7848(H), 652-7799(C), candlegoldberg@yahoo.com
TAGALOG	Kauai	1	GARDUQUE, FELIPA-FELINA C.	822-2062(H)(F), 639-6590(C), 822-2464(B)
TAGALOG	Kauai	1	GARDUQUE, CHITO P.	822-2062(H)(F), 639-0718(C)(B), tochig@hotmail.com
TAGALOG	Kauai	1	ABADILLA, DANILO P.	346-1830(C), abadilla@alum.bu.edu
TAIWANESE	Oahu	1	TSWEI, KATHY	735-0045(H)(B), 780-5583(C), 735-0030(F), kathy.tswei@hawaiiantel.net

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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
TAIWANESE	Oahu	1	TINAKORN, DANA	(310) 940-0789(C), dtinakorn@gmail.com
TAIWANESE	Hawaii	1	YAMACHIKA, HSIN-YI H.	443-3625(C)(B)
THAI	Oahu	2	TANHCHALEUN, CHOU L.	486-7882(H), aieamom@hotmail.com
THAI	Oahu	1	TAKAHASHI, CHINTANA Y.	956-3556(B), 626-4454(H), chintana@hawaii.edu
THAI	Oahu	1	PORTER, KHAMTOUN C.	247-3619(H), khamtoun@yahoo.com
THAI	Oahu	1	OSTROWSKI, DEJA M.	699-0609(C), dejamarie@gmail.com
THAI	Oahu	1	HU, VINCENT C. S.	265-6879(B)(C), 396-6387(F), vincenthuu@aol.com
THAI	Oahu	1	CROUSORE, SUNISA C.	349-9599(C), schaviwanc@gmail.com
THAI	Hawaii	1	BURIAN, CHALINTORN N.	775-1064(H), chalintornburian@yahoo.com
THAI	Kauai	1	SRIMAKE, YAWADEE	455-0417(B), yawadee@hawaii.edu
TONGAN	Oahu	2	KAULUKUKUI, SOFOLONIA F.	421-7227(C), niak808@yahoo.com
TONGAN	Oahu	1	FINAU, SAIA S.	841-7293(B)(H), 428-8213(C), 843-1071(F), saiasfinau@gmail.com
TONGAN	Maui	1	OLEVAO, SIONE K.	269-4869(C), lunas4life2011@gmail.com, 661-9080(F)
TONGAN	Maui	1	MAKONI, ANA	283-8076(C)(H), anamakoni@gmail.com
TONGAN	Hawaii	2	TUIKOLOVATU, AISEA T.	938-6374(B)(C), 325-6234(H)(F), bestchoiceinconstruction@msn.com
TONGAN	Hawaii	1	DEXTER, LESIELI K.	lesielidexter@yahoo.com
UIGHUR	Oahu	1	YILAMU, WUMAIER	675-1604(C), 955-0739(H), wumaier@hawaii.edu
UZBEK	Oahu	1	YILAMU, WUMAIER	675-1604(C), 955-0739(H), wumaier@hawaii.edu
VIETNAMESE	Oahu	3	CRUMPTON, THU-HUONG T.N.	284-0429(C), 239-5532(H), huyenthuhuong44@yahoo.com and huyenthuhuong@hotmail.com
VIETNAMESE	Oahu	2	NGUYEN, STEVE	371-4422(C), trungmail@hotmail.com
VIETNAMESE	Oahu	1	NGUYEN, TONY H.	227-0136(C), tiennguyen68@hotmail.com
VIETNAMESE	Oahu	1	NGUYEN, KIM NGOC P.	220-2762(C), kngoc3@hotmail.com
VIETNAMESE	Oahu	1	LE, LINA M.	linale90@gmail.com
VIETNAMESE	Oahu	1	LE, HANG M.	439-3386 (C), 956-8672(B), 921-0237(H), leminhhanguh@yahoo.com
VIETNAMESE	Oahu	1	LAM, TAMMY THANH	256-4161(C), tam_lam26@yahoo.com
VIETNAMESE	Oahu	1	KORAN, BETTY L.	450-1137(C), betkoran808@gmail.com

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LANGUAGE	ISLAND	TIER	NAME	CONTACT #
VIETNAMESE	Oahu	1	HOLT-NGUYEN, TRUC T.	721-2927(C), 952-216-1772(F), legalwork808@gmail.com
VIETNAMESE	Maui	1	BUI, THOMAS A.	387-2374(C)

APPENDIX C

Multilingual Notice of Availability of Language Service

Do you need help in another language? We will get you a free interpreter. Call **1-877-628-5076** to tell us which language you speak.	**English**
您需要其它語言嗎？如有需要，請致電 **1-877-628-5076**，我們會提供免費翻譯服務	**Cantonese**
En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori **1-877-628-5076** omw kopwe ureni kich meni kapas ka ani.	**Chuukese**
Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'un interprète. Appelez le **1-877-628-5076** pour nous indiquer quelle langue vous parlez.	**French**
Brauchen Sie Hilfe in einer andereren Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter **1-877-628-5076** und sagen Sie uns Bescheid, welche Sprache Sie sprechen.	**German**
Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona **1-877-628-5076** `oe ia la kaua a e ha`ina `oe ia la maua mea `olelo o na `aina `e.	**Hawaiian**
Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti **1-877-628-5076** tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo.	**Ilokano**
貴方は、他の言語に、助けを必要としていますか ？ 私たちは、貴方のために、無料で 通訳を用意できます。電話番号の、**1-877-628-5076**に、電話して、私たちに貴方の話されている言語を申し出てください。	**Japanese**
다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. **1-877-628-5076** 로 전화해서 사용하는 언어를 알려주십시요	**Korean**
您需要其它语言吗？如有需要, 请致电 **1-877-628-5076**，我们会提供免费翻译服务	**Mandarin**
Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok **1-877-628-5076** im kwalok non kim kajin ta eo kwo melele im kenono kake.	**Marshallese**
E te mana'o mia se fesosoani i se isi gagana? Matou te fesosoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea **1-877-628-5076** pea e mana'o mia se fesosoani mo se faaliliu upu.	**Samoan**
¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al **1-877-628-5076** y diganos que idioma habla.	**Spanish**
Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa **1-877-628-5076** para sabihin kung anong lengguwahe ang nais ninyong gamitin.	**Tagalog**
'Oku ke fiema'u tokoni 'iha lea makehe? Te mau malava 'o 'oatu ha fakatonulea ta'etotongi. Telefoni ki he **1-877-628-5076** 'o fakaha mai pe koe ha 'ae lea fakafonua 'oku ke ngaue'aki.	**Tongan**
Bạn có cần giúp đỡ bằng ngôn ngữ khác không ? Chúng tôi se yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi **1-877-628-5076** nói cho chúng tôi biết bạn dùng ngôn ngữ nào?	**Vietnamese** Việt Nam
Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa **1-877-628-5076** aron magpahibalo kung unsa ang imong sinulti-han	**Visayan (Cebuano)**

APPENDIX D

Office of Language Access's Poster

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

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

For more information,
please contact: 1-888-764-7586

DAVID Y. IGE
Governor
State of Hawai'i

APPENDIX E

12 Action Steps LEP Checklist

Checklist for Supervisors

Important Action Steps

Assessing Language Needs and Resources

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

Providing Notice to LEP Persons

- ✓ Place bi-lingual or multi-lingual and pictorial signs in waiting/reception areas and offices.
- ✓ __ Posted signs/notices at intake area and resource areas. __ Client file notations of date/s discussed. __ Process explained during orientation/intake.
- ✓ __ Other (Please specify_____)
- ✓ Form community-based partnerships to inform others about linguistic accessibility.

Providing Language Assistance to LEP Persons

- ✓ Affirm that (Division, Agency, Office) protocol for providing interpreter and translation services is updated, distributed and understood.
- ✓ Provide interpreter and translation services in a timely manner.
- ✓ Ensure that interpreters and translators are: fluent in both the source language and the target language; familiar with relevant vocabulary; culturally competent; and understand applicable ethical principles.
- ✓ Recruit and hire sufficient bi-lingual or multi-lingual staff as opportunities arise.
- ✓ Train appropriate staff to assure cultural competence and effective/timely response to LEP individuals.

Monitoring/Evaluating Services to LEP Persons

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

APPENDIX F

DHS Access Hawai'i Brochure
(English and translated versions)

Discrimination complaints may be filed concurrently with the following agencies:

- U.S. Department of Health & Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (Financial & Medical Assistance)

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program-SNAP); OR

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

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

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

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

BASIS FOR THE POLICY

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

QUESTIONS

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

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

Phone: 586-4955
TTY: 586-4950
Fax: 586-4990

Email: gwatts@dhs.hawaii.gov

JULY 2014

DHS 050

Department of Human Services

ACCESS HAWAII

Your Rights
Our Responsibilities

Civil Rights Brochure

For alternative formats, call:
586-4955

DHS POLICY

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

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

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

DISCRIMINATION

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

- treating individuals differently in the determination of eligibility for services;
- subjecting individuals to separate services or different treatment, which does not provide equal access to services;
- failing to provide language interpreter services for limited or non-English speaking individuals or sign language interpreters for persons with hearing or speech impairments; and
- establishing hours of service that have an adverse effect on certain groups of individuals.

EMPLOYEE RESPONSIBILITIES

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

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

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

Program Administrators are responsible for determining the needs of the population they service, considering language, culture, and physical accessibility needs. Program Administrators are also responsible for planning programs that are consistent with those needs and in compliance with laws.

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

DISCRIMINATION COMPLAINT PROCEDURES

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

Written formal alleged discrimination complaints may be filed with:

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

E-mail: gwatts@dhs.hawaii.gov
Fax: (808) 586-4990

歧視投訴可以同時交送給如下機構：

- U.S. Department of Health & Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (*Financial & Medical Assistance)*

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program-SNAP); OR

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

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

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

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

政策基礎

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

問題

寫，發送電子郵件或者打電話給民政部的公民權力投訴人員：

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

電話： 586-4955
TTY: 586-4950
Fax: 586-4990

電子郵件：gwatts@dhs.hawaii.gov

JULY 2014

DHS 050 CHI

Department of Human Services

ACCESS HAWAII

進入夏威夷

你的權力

我們的義務

公民權力手冊

需要其他格式，撥打電話：
586-4955

Chinese

DHS 政策

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

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

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

歧視

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

- 在決定獲得服務資格時對個人採用不同對待方式；
- 讓個人成為不同服務或不同對待的對象，沒有提供均等的機會獲得服務；
- 沒有向語言受限或不懂英語的個人提供語言翻譯服務，或者，或沒有對聽力或語言有障礙的人提供翻譯；還有
- 確定幾小時的服務，會對特定群體或個人產生不利影響。

員工職責

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

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

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

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

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

歧視投訴程序

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

手寫的正式歧視投訴可以呈交給：

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

電子郵件：gwatts@dhs.hawaii.gov
Fax: (808) 586-4990

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

- U.S. Department of Health & Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (Financial & Medical Assistance)

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program-SNAP); OR

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

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

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

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

POPUNUN EI ENNUK

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

KAPAS EIS

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

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

Tenefon:	586-4955
Ren Seningepwas (TTY):	586-4950
Fakisini:	586-4990

Email: gwatts@dhs.hawaii.gov

JULY 2014

DHS 050 CHK

Department of Human Services

ACCESS HAWAII

Omw Kewe Pwung Wisach Kewe

Esinesinin Pwungun Aramas

Ren pwan ekkoch sokkun poraus, kokori: 586-4955

Chuukese

ENNUKUN DHS

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

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

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

NEFINIFIN ARAMAS

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

- Ika ewe neni epwe sani ekkoch aramas nge epwe oput pwan ekkoch aramas;
- Ika ewe neni epwe nefinifin aramas, ika epwe eimwumwu aramas non fansoun an emon aramas mei osupwang ren och mettoch;
- Ika ewe neni esapw kutta ren aninisin chiakku ren emon aramas ese mwo sinei foosun English are emon mi chuun/seningepwas ar repwe tongeni wewe eoch; pwan
- Ika mei wor ekkoch kunok atun an ewe neni suuk mei tawe ngaw ngeni ekkoch aramas ar repwe tawe ngeni ar repwe kutta aninisir.

WISEN CHOON ANGANG

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

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

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

Ekkewe Prokram Administrator ar repwe epwungu met sokkun pekin aninis mei fich ngeni emon me emon, faniten ian re kan nomw ia, menni foosun fonuer kewe, are ika ir mei pochokun are rese pochokun ren inisir are mekurer. Ekkewe administrator repwe pwan monota ekoch prokram mei pwung fan ekkewe ennukun aninisin aramas.

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

IFA USUN AN EMON EPWE FAENINI AN OTUTUR REN NEFINIFIN ARAMAS

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

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

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

E-mail: gwatts@dhs.hawaii.gov
Fakisini: (808) 586-4990

차별 제소는 다음 기관에도 동시에 제기할 수 있습니다:

- U.S. Department of Health & Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (*Financial & Medical Assistance)*

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program-SNAP); OR

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

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

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

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

정책 근거

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

질문

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

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

전화: 586-4955
TTY(청각장애인): 586-4950
팩스: 586-4990

이메일: gwatts@dhs.hawaii.gov

JULY 2014

DHS 050 KOR

Department of Human Services

ACCESS HAWAII

하와이에 다가가기

당신의 권리와 우리의 책임

시민권 브로셔

다른 양식이 필요하면 이곳으로 연락: 586-4955

Korean

DHS 정책

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

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

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

차별

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

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

직원의 책임

모든 직원은 DHS의 동등 서비스 기회 정책(4.10.3)에 책임이 있습니다. 여기에는 다음이 포함되며, 반드시 여기에 국한되지는 않습니다.

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

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

프로그램 담당관들은 서비스 대상자들의 언어, 문화, 그리고 물리적 접근성 필요를 고려하여 서비스 내용을 판단할 책임이 있습니다.

프로그램 담당관들은 프로그램을 기획할 때 이 필요에 적합하도록 하고 법을 준수하도록 할 책임도 있습니다.

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

차별 제소 절차

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

서면으로 작성하는 공식 차별대우주장 제소의 대상은 다음과 같습니다:

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

이메일: gwatts@dhs.hawaii.gov
팩스: (808) 586-4990

差別に関する苦情は次の機関に同時に提出していただけます：

- U.S. Department of Health & Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (Financial & Medical Assistance)

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program-SNAP); OR

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

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

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

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

本方針の原則

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

ご質問

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

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

電話：　586-4955
TTY：　586-4950
ファックス：586-4990

Eメール：gwatts@dhs.hawaii.gov

JULY 2014

DHS 050 JPN

Department of Human Services

ACCESS HAWAII

アクセス・ハワイ

あなたの権利と当方の責任範囲について

人権に関するパンフレット

別のフォーマットをご希望の場合は、お電話ください：
586-4955

Japanese

DHSの方針

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

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

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

差別

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

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

職員の責任

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

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

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

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

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

差別に関する苦情の処理

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

書面による公式な差別に関する苦情の申し立ては、次に提出してください：

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

Eメール： gwatts@dhs.hawaii.gov
ファックス： (808) 586-4990

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

- U.S. Department of Health and Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (Financial & Medical Assistance)

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 202-50-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program - SNAP); O

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

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

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

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

PAGIBASARAN DAYTOY A POLISIA

Daytoy a pagibasaran nga polisia maipapan iti pada-pada nga gundaway kadagiti serbisio ket masapul a mai-aplikar ti panangiwanwan ti Title VI iti Civil Rights Act ti 1964; Title VIII iti Civil Rights Act ti 1968; Title IX iti Education Amendment ti 1972; Section 504 iti Rehabilitation Act ti 1973; ken Title II iti Americans with Disabilities Act ti1990, kas na-amendaran; ken mainaig iti Hawaii Revised Statutes.

SALUDSOD

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

Civil Rights Compliance Office
Queen Liliuokalani Building
1390 Miller Street
Honolulu, HI 96813

Telepono: 586-4955
TTY: 586-4950
Fax: 586-4990

E-mail: gwatts@dhs.hawaii.gov

JULY 2014

DHS 050 TGL

Department of Human Services

ACCESS HAWAII

Dagiti Karbengan yo

Dagiti Responsibilidad mi

Polyeto Dagiti Karbengan a Sibil

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

ILOCANO

POLISIA TI DHS

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

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

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

DISKRIMINASION

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

- panangtrato kadagiti tattao a saan nga pada-pada iti panangikeddeng ti kualipikasion para iti serbisio;
- panangidasig kadagiti tattao iti sabali nga serbisio wenno pannakatrato, nga saan a mangted iti pada-pada a panangala ti serbisio;
- mapapaay a panangted iti agipatarus ti lengguahe wenno pagsasao kadagiti limitado iti panagsao da iti Ingles wenno kadagiti agipatarus iti senias nga lengguahe kadagiti tattao nga addaan perdi ti panagdengngeg wenno panagsao da; ken
- panangipasdek iti oras ti serbisio nga addaan epekto a panagkontra kadagiti sierto nga grupo wenno tattao.

RESPONSIBILIDAD DAGITI EMPLEADO

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

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

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

Responsibilidad **dagiti administrador ti programa** a mangikeddeng dagiti kasapulan ti populasion nga maikkan ti serbisio, iraman a kitaen ti lengguahe, kultura, ken kasapulan a pisikal. Dagiti administrador ti programa ket responsable da pay nga agplano kadagiti programa nga natunos kadagitoy a kasapulan ken panangsurot dagiti linteg.

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

ALLAGADEN ITI REKLAMO NGA DISKRIMINASION

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

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

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

E-mail: gwatts@dhs.hawaii.gov
Fax: (808) 586-4990

Abṇōṇō ikijen jerbal in kalijeklok maroñ lemaanlok ilo juōn wōt tōre ñan jikin kein:

- U.S. Department of Health & Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (Financial & Medical Assistance)

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program-SNAP); OR

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

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

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

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

MELELE KO RAORŌK IKIJEN KAKIEN

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

KAJITOK KO

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

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

Talboon: 586-4955
TTY: 586-4950
Fax: 586-4990

E-mail atreej: gwatts@dhs.hawaii.gov

JULY 2014

DHS 050 MAH

Department of Human Services

ACCESS HAWAII

DELOÑE HAWAII

Jimwe Ko

Aṃ Am Eddo

Peba Eo Kemlele Ikijeen Jimwe

Ikijen oktak in jekjek ko, kir lok: 586-4955

Marshallese

DHS KAKIEN

Ej kakien jen Ra eo Eddoon Jerbal ñan Armij (DHS) bwe kajojo armij aikuij bwe en ilok ñan er jekjek ko rejimwe ñan maroñ bōk konaer ilo būrookraaṃ, makitkit im jerbal ko ejelet DHS ilo ejelok kalikjelok nae jabrewōt, ikijen kil, armij in lal ta,dettan, utame ilo enbwin,kōra ak emaan, kabuñ im ekoba ijoko jet im rebed ilo lolorjake an Federal im kakien ko an juon Lal, einwōt an walok ien otemjej.

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

Lal im Federal- būrookraaṃ ko im rej bōk jipañ aikuij peek im kōṃṃan bwe renjab naaj jelet ilo kariab ak bobrae jerbal in jibañ im/ak bōk konaan ilo būrookraaṃ ñan jabrewōt armij ak doulul in armij ro.

KALIKIJEKLOK

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

- kōṃṃan ko nae kajojo rooktaklok ilo wāween pukōt kilen ñan maroñ bōk jipañ kein;
- Lelok ñan kajojo armij jerbal ko rejenelok ak jipañ ko rooktak, ko rejab lelok wāween ko rejimwe ñan maroñ tobar jipañ ko;
- Likjab in lelok melele ilo jerbal in ukok ñan ro im ejabwe ak rejab kenono kajin-Belle ak rukok ñan ro eloñ utame ilo roñjake ak ro rejab maroñ kenono; im
- kōṃṃan awa in jipañ ñan doulul in armij ro rejab erra ilo wāween in ejelet er.

EDDO KO AN RIJERBAL

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

- kōṃṃan ko nae kajojo armij ilo jimwe im jouj kautiej; im
- kwalok ñan armij ikijen jimwe ko aer ñan maroñ tōpar menin jipañ ko ilo juon wāween eo jejjet; ikijen ukok ilo ejelok oneen; ñan lemaanlok juon abṇoṇo nae jerbal in kalijeklok elaññe rej lemnak ke jimwe eo aer emoj kajej tokjen; im/ak ñan lemaanlok juon abṇoṇo elaññe rej lemnak bwe wāween in ar walok ñan er.

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

Ro Iloñ Ñan Koman Bebe rej eddo ilo lolorjake kōmman bwe aikuij ko ikijen eddeklok in armij ilo aer jibañ, ekitbuuj kajin, manit, im wewen ko ejelet enbwin ñan tobar menin aikuij ko. Rijerbal ro rej Eddo in būrookraaṃ in rej lolorjake ta ekar ñan būrookraaṃ ko im renaaj jimwe im jejjet ekkar ñan aikuij ko, im rejejjet ñan kakien ko.

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

JEKJEK KO IKIJEN JERBAL IN KALIKIJEKLOK

Armij ro, rej eñjake ke eloñ jerbal in kalijeklok nae er itok wōt jen juon jerbal eo kin kwalok juon men eo ejimwe, maroñ lemaanlok an abṇoṇo iikijen jerbal in kalijeklok (DHS Peba ko 6000 & 6006). Abfof ko aoleb ijin maroñ limanlok ñan ijoko rekkar Kien im Ra ko kajojo an juon Lal iloan tore eo emoj karke.

Aikuij itok ilo jeje ilo wāween eo ejimwe ñan kwalok abṇoṇo kein am ikijen jerbal in kalikjeklok maron lemanlok iben:

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

E-mail atreej: gwatts@dhs.hawaii.gov
Fax: (808) 586-4990

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

- U.S. Department of Health & Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (Financial & Medical Assistance)

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program-SNAP); OR

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

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

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

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

Mafuaaga mo lenei faatulagaga

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

Fesili

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

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

Telefoni: 586-4955
Masini mo tagata faaletonu le faalogo (TTY): 586-4950
Fax Masini: 586-4990

Imeli: gwatts@dhs.hawaii.gov

July 2014

DHS 050 SAM

Department of Human Services

ACCESS HAWAII

Ou 'aiaiga faaletulafono

O matou matafaioi

Polosiua mo 'aiaiga faaletagata

Mo nisi faatulagaga, ia vili atu: 586-4955

Samoan

DHS POLICY

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

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

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

FAAILOGA TAGATA

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

- feutaga'i ma seisi i se auala e ese mai le tulaga masani mo le tilofaia agavaa;
- faaesea ni vaega o tagata e ala i le auala e feutaga'i iai pe faatinoina se gaoioiga ia i latou, le e faamaonia e le o maua se latou avanoa e talafeagai.
- ua le sauni atu se faaliliuga mo tagata e itiiti pe le tautala foi i le gagana faa-Peratania po o faaliliuga mo tagata logonoa mo tagata e faaletonu le faalogo po o le tautala; ma
- faatulaga se taimi e faigata pe aafia se vaega o tagata i se auala faaletonu.

IGOA O LE KAMUPANI O LOO GALUE AI MATAFAIOI

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

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

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

O e o loo taulima le polokalame ua iai le matafaioi e iloa ai manaoga o i latou e faaaoga nei sauniuniga, e amana'ia le gagana, aganuu, ma manaoga tau faaletino. O e o loo taulima le polokalame e iai le matafaioi e faatulagaina polokalame e talafeagai ma na manaoga ma e ogatusa ma tulafono.

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

FAAILOGA TAGATA FAATULAGAGA MO LE LIPOTIA SE FAALETONU

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

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

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

Imeli: gwatts@dhs.hawaii.gov
Fax masini: (808) 586-4990

Puede presentar reclamaciones por discriminación concurrentemente a las siguientes agencias:

- U.S. Department of Health & Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (Financial & Medical Assistance)

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program-SNAP); OR

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

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

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

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

BASES DE LA POLÍTICA

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

PREGUNTAS

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

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

Teléfono: 586-4955
TTY: 586-4950
Fax: 586-4990

Correo electrónico: gwatts@dhs.hawaii.gov

JULY 2014

DSH 050 SPA

Department of Human Services

ACCESS HAWAII

ACCESS HAWÁI

Sus derechos, nuestras responsabilidades

Folleto de derechos civiles

Para formatos alternativos, llame: 586-4955

Spanish

POLÍTICA DSH

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

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

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

DISCRIMINACIÓN

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

- tratar a individuos de forma diferente al determinar la elegibilidad para los servicios;
- someter a individuos a servicios separados o un tratamiento diferente que no proporciona un acceso igualitario a los servicios;
- no ofrecer servicios de intérpretes de idiomas para individuos con inglés limitado o no hablantes, o intérpretes de idiomas de signos para personas con discapacidades de audición o habla; y
- establecer horas de servicio que tengan un efecto negativo en ciertos grupos de individuos.

RESPONSABILIDADES DEL EMPLEADO

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

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

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

Los administradores del programa son responsables de determinar las necesidades de la población a la que dan servicio, considerando el idioma, la cultura y las necesidades de accesibilidad física. Los administradores del programa también son responsables de planificar programas consistentes con dichas necesidades y que cumplan las leyes.

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

PROCEDIMIENTOS DE RECLAMACIONES POR DISCRIMINACIÓN

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

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

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

Correo electrónico: gwatts@dhs.hawaii.gov
Fax: (808) 586-4990

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

- U.S. Department of Health and Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (Financial & Medical Assistance)

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 202-50-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program - SNAP); O

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

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

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

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

BATAYAN NG PATAKARAN

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

MGA TANONG

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

Civil Rights Compliance Office
Queen Liliuokalani Building
1390 Miller Street
Honolulu, HI 96813

Telepono: 586-4955
TTY: 586-4950
Fax: 586-4990

E-mail: gwatts@dhs.hawaii.gov

JULY 2014

DHS 050 TGL

Department of Human Services

ACCESS HAWAII

Ang Inyong mga Karapatan

Ang Aming mga Pananagutan

Polyeto ng Karapatang Sibil

Para sa mga naiibang pormat, tumawag sa: 586-4955

TAGALOG

PATAKARAN NG DHS

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

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

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

DISKRIMINASYON

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

- magkakaibang trato sa mga tao sa pagpapasiya kung sino ang karapat-dapat sa mga serbisyo;
- pagsasailalim sa mga tao sa magkakahiwalay na serbisyo o magkakaibang trato, na hindi nagbibigay ng pantay na pagkakataon sa serbisyo;
- kabiguang magbigay ng tagasalin o interpreter ng wika para sa mga taong may limitadong kaalaman sa Ingles o ng mga tagasalin sa lengguwaheng senyas (sign language) para sa mga taong mahina ang pandinig at may kapansanan sa pagsasalita; at
- pagtatakda ng mga oras ng serbisyong may masamang epekto sa ilang pangkat ng tao.

TUNGKULIN NG MGA KAWANI

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

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

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

Tungkulin ng mga **Tagapangasiwa ng Programa** na pagpasiyahan ang mga pangangailangan ng populasyong kanilang pinaglilingkuran nang isinasaalang-alang ang lengguwahe, kultura, gayundin ang mga pangangailangang pisikal sa aksesibilidad. Responsable rin ang Tagapangasiwa ng Programa na planuhin ang mga programang kasang-ayon ng mga pangangailangang iyon at sumusunod sa mga batas.

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

PARAAN NG REKLAMONG PANDISKRIMINASYON

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

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

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

E-mail: gwatts@dhs.hawaii.gov
Fax: (808) 586-4990

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

- U.S. Department of Health & Human Services, Region IX
  Office for Civil Rights
  90 7th Street, Suite 4-100
  San Francisco, CA 94103-6705
  (Financial & Medical Assistance)

- U.S. Department of Agriculture
  Director OCR, Room 326-W, Whitten
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410
  Phone: (202) 720-5964
  (Supplemental Nutrition Assistance Program-SNAP); OR

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

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

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

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

CĂN CỨ CỦA CHÍNH SÁCH

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

CÂU HỎI

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

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

Điện thoại: 586-4955
TTY (điện thoại văn bản): 586-4950
Fax: 586-4990

Email: gwatts@dhs.hawaii.gov

JULY 2014

DHS 050 VIE

Department of Human Services

ACCESS HAWAII

Quyền của Bạn

Trách nhiệm của Chúng tôi

Sổ tay Quyền Dân sự

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

Vietnamese

CHÍNH SÁCH CỦA SỞ DỊCH VỤ NHÂN SINH (DHS)

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

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

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

PHÂN BIỆT ĐỐI XỬ

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

- đối xử mỗi người khác nhau trong việc xác định họ có đủ điều kiện sử dụng dịch vụ hay không;
- buộc mỗi người phải sử dụng các dịch vụ riêng biệt hoặc chịu cách đối xử khác biệt, những việc này không đem lại cơ hội tiếp cận bình đẳng các dịch vụ;
- không cung cấp dịch vụ thông dịch ngôn ngữ cho những người không nói được hoặc không nói được nhiều tiếng Anh hoặc thông dịch viên ngôn ngữ ký hiệu cho những người bị suy giảm thính lực hoặc khả năng nói, và
- đặt ra giờ phục vụ gây ảnh hưởng xấu đến một số nhóm người nhất định.

TRÁCH NHIỆM NHÂN VIÊN

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

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

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

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

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

THỦ TỤC NỘP KHIẾU NẠI PHÂN BIỆT ĐỐI XỬ

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

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

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

Email: gwatts@dhs.hawaii.gov
Fax: (808) 586-4990

APPENDIX G

Form DHS 5000
Offer and Acceptance or Waiver of
Free Interpreter Services
(English and translated versions)

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: _____ Case Number: _____

Interpreter Needed For: _____
(Name)

Worker: _____ Unit: _____

Phone: _____ Fax: _____

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

1. ENGLISH is my primary language: ☐ YES* ☐ NO
*Sign and date below.

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

3. ☐ I want DHS to provide an interpreter at no cost to me.
☐ I do not want an interpreter provided by DHS, and I will provide my own.
- I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications.
- I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides.
- I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors (no one under age 18) as interpreters.
- I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice.

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

Print Name: _____ Phone: _____

Signature: _____ Date: _____

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

提供并接受或免除免費的翻譯服務

案例名稱：_____ 案例號碼：_____

需要翻譯來：_____
（姓名）

工作者：_____ 單元：_____

電話：_____ Fax: _____

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

1. 英語是我的母語： ☐ 是* ☐ 號碼
*在下方簽名和日期。

2. ☐ 我不需要一位翻譯。如果你不需要翻譯，看第**4**部分並在下方簽名：
☐ 我需要以下語言的翻譯：_____
如果你需要翻譯，看第**3**部分，并勾選適用的欄。

3. ☐ 我希望DHS免費向我提供翻譯。
☐ 我不想讓DHS給我提供翻譯，我能自己提供。
- 我理解DHS可能會安排一位獨立翻譯來觀察我的翻譯，以確保溝通的準確性。
- 我理解讓家人或朋友做翻譯可能不是幫助我獲得DHS提供的福利和服務的最有效方式。
- 我理解DHS不推薦讓家庭成員或朋友做翻譯，并禁止用未成年人（18歲以下）來做翻譯。
- 我理解，如果我這次不想要翻譯服務，我有權在今後改變主意并讓DHS屆時提供免費的翻譯服務或讓我選一位翻譯。

4. 我已閱讀并理解這張表上的信息。如果我有問題或擔憂，我能聯繫上述工作人員。

打印名：_____ 電話：_____

簽名：_____ 日期：_____

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

TOROPWEN AWORA ME TIPEEW ARE AMAM NGENI ANINISIN CHIAKKU ESE KAMO

Itan Ewe Keis: _____ Nampan Keis: _____

Itan Ewe Choon Tingoren Aninis: _____
(Itan)

Choon Angang: _____ Neni: _____

Tenefon: _____ Fakisini: _____

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

1. ENGLISH ai meinapen foos: ☐ EWER* ☐ APW
*Makkei omw siknacher pwan pwinin maram, me fan.

2. ☐ Ngang use nid emon choon chiakku. Ika pwe kesapw nid emon choon chiakku, kopwe ponueni mosowan 4 chok, me fan:

   ☐ Ngang mei nid emon choon chiakku ren ei foosun fonu: _____
   Ika pwe en mei nid emon choon chiakku, kopwe ponueni mosowan 3, o kopwe pwan makkei e na pwor mei pwung reom, me fan:

3. ☐ Ngang mei mochen DHS epwe awora emon choon chiakku ngeniei, ese kamo.

   ☐ Ngang use mochen DHS epwe awora emon choon chiakku ngeniei, pun upwe pusin neuneu aninis chiakku me ren pwan emon aramas, iwe ngang upwe pwan pusin kamo ngeni i.

   - Ngang mei weweiti pwe DHS mei tongeni choosani/epwungu ika pwe ai we choon chiakku mei wisen pwung non an angangen chiakku/translatini.
   - Ngang mei sinei pwe emon chienei/pwii are emon me non ai famini mei tongeni translatini fanitei, nge mei pwan tawe ngeniei ai upwe neuneu aninisin emon choon chiakku seni pekin DHS.
   - Ngang mei sinei pwe DHS e mochen awora emon choon chiakku ngeniei pwe ach kapas fengen epwe tongeni fakkun fatafatoch, o uwa pwan sinei pwe esapw mwumwuta an emon aramas epwe translatini fanitei ika pwe e kis seni engon-me-wanu (18) ierin.
   - Ngang mei weweiti pwe ika use mochen neuneu aninisin chiakku non ei fansoun, ngang mei tongeni siwini netipei o tingor ren aninisin chiakku non fansoun epwe etto

4. Ngang mei piin annea me weweiti ekkei poraus mei kan pachenong non ei toropwe. Ika pwe mei wor ai kapaseis, ngang mei tongeni makkei ngeni/kokori ewe choon angang mei pachenong asan.

Makkei Itomw: _____ Tenefon: _____

Omw Siknacher: _____ Pwinin Maram: _____

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

무료 통역 서비스 신청과 접수 또는 유예

캐이스 명칭: _____ 케이스 번호: _____

통역자가 필요한 사람: _____
(성명)

담당자: _____ 부서: _____

전화: _____ 팩스: _____

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

1. 나의 주 언어는 영어입니다: ☐ 예* ☐아니오
*서명을 하고 아래에 날짜를 적으시오.

2. ☐ 본인은 통역자가 필요하지 않습니다. 귀하에게 통역자가 필요하지 않다면 4부로 로 가고, 아래에 서명하시오:
☐ 본인은 다음 언어의 통역자가 필요합니다: _____
통역자가 필요하다면 3부로 가고, 당신에게 해당하는 상자에 체크하시오.

3. ☐ 본인은 DHS가 본인에게 무료 통역자를 배치하도록 원합니다.
☐ 본인은 DHS가 배치하는 통역자를 원하지 않으며, 제가 직접 구할 것입니다.
- 본인은 DHS가 별도 통역자가 저의 통역자를 관찰하여, 의사전달이 정확한지 확인할 것임을 이해합니다.
- 본인의 가족이나 친구를 통역자로 사용하는 것이 DHS가 제공하는 이익과 서비스에 접근하는데 가장 효과적인 방법이 아니라는 것을 이해합니다.
- DHS는 가족 또는 친구를 통역자로 쓰는 것을 권장하지 않으며 미성년자(18세 미만)을 통역자로 쓰는 것은 금지한다는 것을 이해합니다.
- 지금은 통역 서비스를 원하지 않더라도 장래에 마음을 바꿀 권리가 있으며, 그때 DHS가 무료 통역 서비스를 배치하거나, 제가 선택하는 통역자를 대동할 수 있다는 것을 이해합니다.

4. 본인은 이 양식에 있는 내용을 읽고 이해했습니다. 질문이나 궁금한 점이 있다면, 본인은 위 명단에 있는 실무자에게 연락할 수 있습니다.

인쇄체 이름: _____ 전화: _____

서명: _____ 일자: _____

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

無料の通訳サービスの提供、および承認または権利放棄

ケース名： _____ ケース番号： _____

通訳を必要とする者： _____
（氏名）

ワーカー： _____ ユニット： _____

電話： _____ ファックス： _____

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

1. 英語が私の主言語です： ☐ はい* ☐ いいえ
*以下に署名と日付を記入してください。

2. ☐ 私は通訳を必要としません。もし通訳を必要としない場合は、下のパート４へ進み、署名してください：

☐ 私は次の言語の通訳を必要とします： _____

もし通訳を必要とする場合は、パート３へ進み、当てはまる項目のボックスをチェックしてください。

3. ☐ 私はDHSからの無料の通訳の提供を希望します。

☐ 私はDHSが提供する通訳を希望せず、自分で通訳を見つけます。

- DHSがコミュニケーションの正確性を確認するために、私が選んだ通訳を観察するための独立通訳者を提供する場合があることを、私は理解しています。
- 私は、家族または友人を通訳として用いることは、DHSが提供する利益やサービスに私がアクセスできるようにするためには、必ずしも最も効果的な方法ではないことを理解しています。
- 私は、DHSが家族または友人を通訳として用いることを勧めず、さらに未成年（18歳未満）を通訳として用いることを禁止していることを理解しています。
- 私は、今時点で通訳サービスを希望しなかったとしても、将来的にその考えを変えてDHSによる通訳サービスの提供を受けたり、私が選択した通訳を用いることができることを理解しています。

4. 私は本書の情報を読み、理解しました。質問や懸念がある場合は、上記の職員に連絡することができます。

氏名（楷書）： _____ 電話： _____

署名： _____ 日付： _____

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

IDIAYA KEN PANANGAWAT WENNO PANNAKAILAKSID TI LIBRE A SERBISIO TI AGIPATARUS

Nagan iti Kaso: _____ Numero iti Kaso: _____

Masapul ti agipatarus para ken ni: _____
(Nagan)

Trabahador: _____ Unido: _____

Numero ti Telepono: _____ Fax: _____

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

1. INGLES iti umuna nga lengguahek: ☐ WEN* ☐ SAAN
*Pirmaan ket petsaan iti baba.

2. ☐ Saan ko a masapul ti agipatarus. (No saan mo masapul ti agipatarus, mapan ka iti parte 4 ken pirmaan iti baba.)
☐ Masapul ko iti agipatarus iti daytoy a lengguahe: _____
(No masapul mo ti agipatarus, mapan iti parte 3 ken i-tsek ti kahon nga mai-aplikar kenka.)

3. ☐ Kayat ko ti DHS a mangted ti agipatarus nga awan bayadak.
☐ Saan ko kayat ti agipatarus nga ited ti DHS ken mangikuyogak iti bukod ko.
- Maawatak nga ti DHS ket mabalin a mangala iti independiente nga agipatarus a mangobserba ti agipatarus ko tapno maseguro ti kinapudno iti panagsasao.
- Maawatak nga ti panagusar ti pamilia wenno gagayyem a kas agipatarus ket saan nga isu ti mas epektibo nga wagas tapno matulonganak a makaala ti benepisio ken serbisio nga ited ti DHS.
- Maawatak nga ti DHS ket saan a mangisingasing iti pannakausar ti miembro ti pamilia wenno gagayyem a kas agipatarus ken tungdayen na ti pannakausar ti menor de edad (awan ti agtawen iti nababbaba ngem sangapulo ket walo) a kas agipatarus.
- Maawatak nga no saan ko a kayat ti serbisio ti agipatarus iti daytoy a kanito, adda karbengak nga baliwan ti panunot ko iti masakbayan ken ti DHS ti mangted iti libre nga serbisio ti agipatarus iti dayta a tiempo wenno ikuyog ko ti agipatarus nga piliek..

4. Nabasak ken maawatak ti impormasion iti daytoy a porma. No adda man saludsod ko wenno pakaseknak, mabalin ko a kontaken ti trabahador a nailista iti ngato.

Isurat iti Nagan:
(Agsisina nga Letra) _____ Telepono: _____

Pirma: _____ Petsa: _____

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

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

Etan Case eo: _____ Nōmba in Case eo: _____

Aikuij Rukok eo Ñan: _____
(Et Eo)

Rijerbal: _____ Jikin: _____

Talboon: _____ Fax: _____

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

1. ENGLISH ej kajin eo aō imantata: ☐ AET* ☐ JAAB
*Likit eltan peium ekoba date ijin ilal.

2. ☐ Ijab aikuij rukok. elaññe kojab aikuij rukok etal ñan peij **4** im likit eltan peium ijin ilal:
☐ Iaikuij rukok ikijen lajrak in kajin : _____
Elaññe koj aikuij rukok, etal ñan part **3**, im kokale box ne ejimwe im jejjot ñan iok.

3. ☐ Ikonan bwe DHS en letok juon rukok ilo ejlok oṇāān ñan iō.
☐ Ijab konan juon rukok eo letok in DHS, im inaj make bukot juon.
   - I melele ke DHS emaroñ lolorjake bwe en wōr juon eo jen ilikin naaj maroñ itok in komane jerbal in etale im lale bwe aoleb melele ko ren jimwe im jejjetjen rukok eo ao ilo tore eo ej kōṃṃane jerbal in ukok eo.
   - Imelele ke elaññee naaj kejerbal ro nuku ak motta einwot jet ro renaj ukok emaroñ in jab juon wewen eo ejejjet ñan jipañ bwe in tōpar menin jeraman ko im jipañ ko jet im DHS enaj litok.
   - Imelele ke DHS ejab kemlem kejerbal ro uwaan baamle ak ro ṃōttad einwot rukok im ejab melim kejerbal ajiri ro (ejelok juon iumin 18 iio dettan) einwōt rukok.
   - Imelele ke elaññee ijab kōṇaan juon rukok bwe en jipañ ilo ien in, eloñ ao maroñ ñan ukot ao lemnak ilo ien ko tokelik im lelok bwe DHS en jibañ ikijen letok juon rukok ilo ejelok oneen ak bōktok juon rukok eo inaaj kelete.

4. Emoj aō liñiri im imelele kin aoleb melele kein ilo peba in. Elaññe eor ao kajitok ak inebata, imaroñ kir lok rijerbal ro ijin iloñ.

Je likio in Etam: _____ Talboon: _____

Jain etam: _____ Allōñ/ Raan/Iio: _____

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

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

Suafa o le Faila: _____ Numera ole Faila: _____

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

Tagata o loo galue: _____ Vaega: _____

Telefoni: _____ Masini Fax: _____

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

1. Ole Faa-Peratania o lo'u gagana tautala: ☐ Ioe* ☐ Leai
*Sainia ma tu'u le aso na sainia i lalo.

2. ☐ E le mana'omia se faaliliuga. Afai e le manaomia se faaliliuga ia taga'i i le vaega numera **4** ma sainia i lalo:
☐ E manaomia se faaliliuga mo le gagana: _____
Afai e manaomia se faaliliuga taga'i i le numera **3**, ma maka le pusa e fetaui ma lou tulaga.

3. ☐ Ou te mana'o e sauni mai e DHS se faaliliuga e aunoa ma so'u totogia.
☐ Ou te le manaomia se faaliliuga mai ia DHS, ma ole a saunia so'u lava faaliliuga.
   - Ou te malamalama e ono faatulagaina e DHS se tagata faaliliu ina ia mautinoa le sa'o a'iai o lo'u tagata faaliliu.
   - Ou te malamalama o lo'u faaaogaina o se uo po o aiga e faia le faaliliuga e ono mafai ai ona misia se avanoa e mafai ona ou penefiti mai mea o loo ofoina mai e DHS.
   - Ou te malamalama e le faalaeiauina e DHS le faaaogaina o aiga ma uo e faaliliu ma e faasa le faaaogaina o talavou (so o seisi e le atoa le 18 tausaga le matua) e fai ma faaliliu.
   - Ou te malamalama afai ou te le mana'o i se faaliliu i le taimi nei, e ia te a'u le sa'olotoga faatulafonoina e suia lo'u mafaufau i le lumana'i ma taliaina le faatulagaga mo faaliliuga ua saunia mai e DHS e aunoa ma se totogi pe aumai fo'i so'u lava tagata faaliliu.

4. Ua ou faitauina ma malamalama i faamatalaga uma o loo i lenei pepa faatumu. Afai o iai so'u fesili po o se popolega, e mafai ona ou faafesoota'i tagata galue o loo faamaumauina i luga.

Tusi iinei le suafa: _____ Telefoni: _____

Sainia lou Suafa: _____ Aso na sainia: _____

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

OFERTA Y ACEPTACIÓN O RENUNCIA DE LOS SERVICIOS GRATUITOS DE INTERPRETACIÓN

Nombre del caso: _____ Número del caso: _____

Intérprete necesario para: _____
(Nombre)

Trabajador: _____ Unidad: _____

Teléfono: _____ Fax: _____

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

1. El INGLÉS es mi idioma principal: ☐ SÍ* ☐ NO
*Firma y fecha a continuación.

2. ☐ No necesito un intérprete. Si no necesita un intérprete, diríjase a la parte **4** y firme a continuación:
☐ Necesito un intérprete del siguiente idioma: _____
Si necesita un intérprete, diríjase a la parte **3** y marque la casilla que le corresponda.

3. ☐ Deseo que el DSH me proporcione un intérprete sin coste.
☐ No quiero un intérprete proporcionado por el DSH, y conseguiré uno por mi cuenta.
- Entiendo que el DSH puede contratar un intérprete independiente para supervisar a mi intérprete y garantizar la precisión de la comunicación.
- Entiendo que usar a familiares o amigos como intérpretes puede no ser la forma más efectiva para ayudarme a acceder a los beneficios y servicios que el DSH ofrece.
- Entiendo que el DSH no recomienda el uso de familiares o amigos como intérpretes y prohíbe el uso de menores (menores de 18 años) como intérpretes.
- Entiendo que si no deseo servicios de interpretación en estos momentos, tengo el derecho a cambiar de idea en el futuro y solicitar al DSH que me proporcione servicios gratuitos de interpretación en ese momento o contrate a un intérprete de mi elección.

4. He leído y entiendo la información de este formulario. Si tengo preguntas o dudas, puedo contactar con los trabajadores anteriormente listados.

Nombre en mayúsculas: _____ Teléfono: _____

Firma: _____ Fecha: _____

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

ALOK AT PAGTANGGAP O PAGPAUBAYA NG MGA LIBRENG PAGLILINGKOD NG TAGASALIN

Pangalan ng Kaso: _____ Numero ng Kaso: _____

Kailangan ang Tagasalin para kay: _____
(Pangalan)

Kawani: _____ Yunit: _____

Telepono: _____ Fax: _____

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

1. INGLES ang aking pangunahing lengguwahe (markahan ang sagot): ☐ OO* ☐ HINDI
*Pumirma at lagyan ng petsa sa ibaba.

2. ☐ Hindi ko kailangan ang tagasalin. (Pumunta sa bahagi 4 at pumirma sa ibaba.)

☐ Kailangan ko ang tagasalin sa lengguwaheng ito: _____
(Pumunta sa bahagi **3** at markahan ang angkop sa iyo.)

3. ☐ Gusto kong magbigay ang DHS ng libreng tagasalin.

☐ Hindi ko gusto ang tagasaling ibibigay ng DHS, magsasama ako ng sarili kong tagasalin.

- Naiintindihan kong maaaring kumuha ang DHS ng ibang tagasalin para obserbahan ang aking tagasalin at matiyak kung tumpak ang mga komunikasyon.
- Naiintindihan kong maaaring hindi pinakamabisang paraan para makakuha ng mga benepisyo at serbisyo sa DHS ang paggamit ng pamilya o mga kaibigan bilang tagasalin.
- Naiintindihan kong hindi inirerekomenda ng DHS ang paggamit ng miyembro ng pamilya o mga kaibigan bilang tagasalin at ibinabawal ang paggamit ng mga menor de edad (walang sinumang mababa sa edad na 18) bilang tagasalin.
- Naiintindihan ko na kung hindi ko gusto ang paglilingkod ng tagasalin sa ngayon, may karapatan akong magbago ng isip sa hinaharap at hayaan ang DHS na magbigay ng libreng tagasalin sa panahong iyon, o makapagsasama ako ng tagasaling pinili ko.

4. Nabasa ko at naiintindihan ang impormasyon sa pormularyong ito. Kung mayroon akong mga tanong o alalahanin, maaari kong kontakin ang nakalistang kawani sa itaas.

Ititik ang Pangalan: _____ Telepono: _____

Pirma: _____ Petsa: _____

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

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

Tên Vụ án: _____ Mã số Vụ án: _____

Cần Thông dịch viên Để: _____
(Tên)

Nhân viên: _____ Đơn vị: _____

Điện thoại: _____ Fax: _____

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

1. TIẾNG ANH là ngôn ngữ chính của tôi: ☐ PHẢI* ☐ KHÔNG PHẢI
*Ký tên và ghi ngày ở dưới.

2. ☐ Tôi không cần thông dịch viên. Nếu bạn không cần thông dịch viên, hãy đi đến phần **4** và ký tên bên dưới:

   ☐ Tôi cần một thông dịch viên cho ngôn ngữ sau: _____

   Nếu bạn cần một thông dịch viên, hãy đi đến phần **3** và đánh dấu vào ô thích hợp với bạn.

3. ☐ Tôi muốn DHS cung cấp một thông dịch viên miễn phí cho tôi.

   ☐ Tôi không muốn thông dịch viên do DHS cung cấp và tôi sẽ tự tìm thông dịch viên cho mình.

   - Tôi hiểu rằng DHS có thể mời một thông dịch viên độc lập đến quan sát thông dịch viên của tôi để đảm bảo tính chính xác của quá trình giao tiếp.
   - Tôi hiểu rằng việc nhờ gia đình hoặc bạn bè làm thông dịch viên có thể không phải cách hiệu quả nhất giúp tôi tiếp cận những quyền lợi và dịch vụ mà DHS cung cấp.
   - Tôi hiểu rằng DHS không khuyến khích việc nhờ thành viên gia đình hoặc bạn bè làm thông dịch và nghiêm cấm việc sử dụng trẻ vị thành niên (người dưới 18 tuổi) làm thông dịch viên.
   - Tôi hiểu rằng nếu tôi không muốn sử dụng dịch vụ thông dịch tại thời điểm này, tôi vẫn có quyền thay đổi ý định của mình trong tương lai và yêu cầu DHS cung cấp dịch vụ thông dịch miễn phí tại thời điểm đó hoặc tôi sẽ dẫn theo một thông dịch viên mà tôi lựa chọn.

4. Tôi đã đọc và hiểu các thông tin trong mẫu này. Nếu tôi có câu hỏi hoặc quan ngại gì, tôi có thể liên lạc với nhân viên được ghi ở trên.

Tên Viết Hoa: _____ Điện thoại: _____

Chữ ký: _____ Ngày: _____

APPENDIX H

Form DHS 5050
Interpreter Form and Interpreter Code of Ethics
(English and translated versions)

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

INTERPRETER FORM

Name: _____ Language: _____

Phone No.: _____ E-Mail Address: _____

DHS Division/Branch/Section/Unit: _____

DHS Position Title: _____

For DHS Staff Volunteer Interpreter:

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

☐ I do not want to be on the DHS list of volunteer interpreters; however, I will provide interpreter services for _____ .

For Family and Friends Providing Interpreter Services:

Name of Person You Are Interpreting For: _____

Your Relationship to the Person You Are Interpreting For: _____

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

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

I state that the following are true:

I have read and understand the Interpreter Code of Ethics (on the back of this form) and agree to follow it when providing interpreter services.

I am 18 years of age or older.

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

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

_____ _____
Signature Date

Interpreter Code of Ethics

1. Accuracy

   a. Interpreters shall convey the message and tone of the speaker accurately and completely, without adding or deleting anything.

   b. Interpreters shall accurately interpret offensive language, obscenities, and sexual terminology and shall maintain composure while interpreting in emotionally charged situations.

   c. Interpreters shall seek clarification when needed.

   d. Upon recognizing that a communication may have been misunderstood, interpreters may bring the possible misunderstanding to the attention of the provider, who will decide how to resolve it. (Not to be done in legal proceedings.)

2. Confidentiality

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

3. Impartiality

   a. Interpreters shall refrain from accepting an assignment when family, personal or professional relationships affect impartiality.

   b. Interpreters shall reveal any relationship with a party that might be perceived as a conflict of interest.

   c. Interpreters shall demonstrate respect toward all persons involved in the interpreting situation and shall act in a manner that is neutral, impartial, unbiased and culturally sensitive.

4. Role Boundaries

   a. Interpreters shall use first person speech to help facilitate as much direct communication as possible.

   b. Interpreters shall maintain proper role boundaries, avoiding all unnecessary contact with the parties during and outside the interpreting situation.

   c. Interpreters shall not interject personal opinions or give counsel or advice to individuals for whom they are interpreting.

5. Professionalism

   a. Interpreters shall arrive punctually at the appointed location, prepared and dressed appropriately.

   b. Interpreters hired by an agency shall not promote their own business directly with the agency's customers or accept/request gratuities or additional fees from them.

   c. Interpreters shall accurately represent their qualifications, training and experience, and shall refrain from accepting assignments for which they are not qualified.

   d. Interpreters shall participate in continuing education programs when available.

   e. Interpreters seek evaluative feedback in order to improve their performance.

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

INTERPRETER FORM

翻譯表格

姓名：_____ 語言：_____

電話號碼：_____ 電子郵箱地址：_____

DHS 分支/分部/區/單元：_____

DHS 職位名稱：_____

對 DHS 員工自願翻譯：

☐ 我希望成為 DHS 資源翻譯名單中的一員。如果我不想再自願當翻譯，我會告知 DHS 員工辦公室，公民權利投訴人員。

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

對於由家人和朋友來提供翻譯服務：

你為之翻譯的人的名字：_____

你與為之翻譯的人的關係：_____

翻譯郵寄地址：_____
（郵箱或門牌號碼及街區，公寓名稱，城市，州，郵政編碼）

翻譯的電話號碼：_____ （家庭電話） _____ （其他）

我聲明以下屬實：

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

我有 18 歲或更年長。

勾選適用項：	流利程度		
	一般	好	非常好
我能用英語以及上述語言交流。			
我能將英語翻譯成上述語言。			
我能將英語文字翻譯成上述語言。			
我能翻譯上述語言文字到英語。			

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

_____ 簽名 _____ 日期

Interpreter Code of Ethics

翻譯道德準則

1. 準確性

   a. 翻譯要準確完整地表達說話人的訊息和語氣，不會增加或刪減內容。

   b. 翻譯要準確地翻譯攻擊性的語言，淫秽內容，和性用詞，并在情緒化的情境中保持鎮定翻譯。

   c. 翻譯要在需要時尋求說明。

   d. 當意識到交流可能被誤解時，翻譯要讓提供者注意到可能的誤解，讓他決定是否化解。（不在法律程序中完成。）

2. 保密

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

3. 公正

   a. 翻譯贏避免接受任務，如果家人，個人或職業關係可能影響公正性。

   b. 翻譯要說明任何與某方可能有利益衝突的關係。

   c. 翻譯要對所有涉及到翻譯情境中的人表示尊重，并要以某種中立，公正，不偏倚并有文化敏感的方式表現。

4. 職責界限

   a. 翻譯要用第一人稱來幫助促進盡可能直接的交流。

   b. 翻譯要保持合適的職責界限，在翻譯情景中或以外避免與任何方接觸。

   c. 翻譯不應該影響任何個人意見或為他們提供翻譯的人給出意見或建議。

5. 專業性

   a. 翻譯要準時到達指定地點，做好準備并穿著合宜。

   b. 由機構僱傭的翻譯不能直接對機構的顧客推銷他們的業務，或者從他們那裡接受/拒絕感謝費或額外費用。

   c. 翻譯要準確表達他們的資質，訓練和經驗，并避免接受不符合他們資質的任務。

   d. 翻譯要在有時間時參與繼續教育項目。

   e. 翻譯尋求評估性的反饋來改進他們的表現。

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

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

INTERPRETER FORM

TOROPWEN CHOON CHIAKKU

Itomw: _____ Foosun Fonuomw: _____

Tenefon: _____ Adresen Email: _____

Pekin/Mosowan/Nenian DHS: _____

Angangomw ren DHS: _____

Choon Chiakku Ren DHS, Ese Kamo (Volunteer):

☐ Ngang uwa mochen tonong non ewe tettenin choon chiakku mei volunteer ren DHS. Ika pwe uwa mochen touwu seni ei tettenin choon chiakku, upwe esine ngeni ewe DHS Personnel Office, are Civil Rights Compliance Staff.

☐ Ngang use mochen tonong non ewe tettenin choon chiakku mei volunteer ren DHS ; Nge upwe translatini, fan ew chok, faniten _____ .

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

Kopwe Translatini Fanitan Ion: _____

Ifan Nefinom Ngeni Ewe Choon Tingoren Aninisin Chiakku: _____

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

An Choon Translatini Tenefon: _____ _____
(Tenefon) (Pwan Ew Nampan Fon)

Porausen ei toropwe mei pwung o ennet:

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

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

Makkei met mei kan pwung reom:	Wukukun Omw Sinei		
	Uwa Tongeni, Ekkis Chok	Uwa Tongeni	Uwa Fakkun Tongeni
Ngang mei sinei English, pwan ewe foos mei kan pachenong asan.			
Ngang mei tongeni translatini English, pwan ewe foos asan.			
Ngang mei tongeni makkei non English, o pwan translatini			
Ngang mei tongeni makkei non na foos (asan), o pwan translatini.			

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

_____ _____
Siknacher Pwinin Maram

Interpreter Code of Ethics

Ennukun Angangen Choon Chiakku

1. Pwung me Ennet

   a. Ewe choon chiakku epwe kapas mettoch mei pwung o ennet, iwe esapw mwumwuta an epwe apachenong pwan ekkoch foos are menuki ekkoch foos atun fansoun an epwe translatini.

   b. Ewe choon chiakku epwe translatini an emon aramas foos meinisin, ese pwan nefinifin, o esapw siwini an kewe foos mei pochokun, efeningaw/epiningaw, namanam tekiya, are kirikiringaw, iwe esapw pwan saaw ren an we kapas.

   c. Ika pwe ewe choon chiakku ese weweiti och foos, epwe pwan kapas eis pwe epwe fatafatoch.

   d. Ika pwe och mettoch ese fakkun fat, ewe choon chiakku mei tongeni ereni ewe choon awora (provider), iwe ewe choon awora epwe pusin esine ngeni i usun met epwe fori an epwe affata ena foos. (Esapw pachenong ren mwichen kapung.)

2. Monomon

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

3. Nefinifin Aramas

   a. Ewe choon chiakku esapw tongeni nefinifin aramas faniten famini, pochokunun inis are/ika pwan ekkoch sokkun mettoch.

   b. Ika pwe mei wor och sokkun osukosuk nefinen ewe choon chiakku me ewe choon kapas, iwe mei nape ngenii an epwe pwarata an we osukosuk ngeni ewe choon awora.

   c. Ewe choon chiakku epwe angangoch ngeni aramas meinisin, o esapw eimwumwu, koput are nefinifin aramas, nge an we kapas epwe tufich, tawe, aapeoch, pwan kirikiroch fansoun meinisin.

4. Ekkoch Epet

   a. Ewe choon chiakku epwe kapas non "first-person", wewen pwe kapasen ewe choon chiakku epwe nono ngeni kapasen ewe choon kapas.

   b. Ewe choon chiakku me ewe choon kapas resapw tongeni poraus fengen atun ewe fansoun chiakku, pun ewe choon chiakku mei tongeni translatini chok.

   c. Ewe choon chiakku esapw tongeni pwarata meefian are ekiekin won och mettoch, nge epwe translatini chok.

5. Eochun Angang

   a. Ewe choon chiakku epwe monota ngeni an kewe appointment pwe esapw mang, iwe mei pwan auchea pwe ufan epwe pwan tawe me tufich.

   b. Ewe choon chiakku esapw tongeni tingor ren och pisek/momo are etiwa ekkoch "tip" seni ekkewe choon awora are choon kapas, iwe resapw pwan tongeni poraus usun ekkoch kampani are nenien angangen translation.

   c. Ewe choon chiakku esapw tongeni mwakken usun wukukun an sinei, tipachem are an we "degree" seni sukun/college, o esapw etiwa are tipeew ren och angangen chiakku ika pwe epwe kon weires ngenii.

   d. Ewe choon chiakku epwe achocho an epwe fiti pwan ekkoch prokram/mwichen kaeo, ika pwe mei tawe.

   e. Ewe choon chiakku epwe achocho pwe epwe tongeni kaeo ekkis me ekkis faniten an we angangen chiakku pwe an we angang epwe fakkun murrinno.

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

INTERPRETER FORM

통역자 양식

성명: _____ 언어: _____

전화번호: _____ 이메일 주소: _____

DHS 사업부/지부/과/계: _____

DHS 직책 명: _____

DHS 자원 통역자 용:

☐ 본인은 DHS 자원 통역자 명단에 등록하고 싶습니다. 본인이 통역 자원활동을 더 이상 하고 싶지 않을 경우, 이 사실을 DHS Personnel Office, Civil Rights Compliance Staff에게 알릴 것입니다.

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

통역 서비스를 제공하는 가족 또는 친구 용:

귀하의 통역 대상자 성명: _____

통역 대상자와 귀하의 관계: _____

통역자 우편 주소: _____
(사서함 또는번호와스트리트, 아파트 번호, 시, 주, 우편번호)

통역자 전화번호: _____ (집 전화) _____ (기타)

본인은 다음 내용이 사실임을 진술합니다:

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

본인은 18세 이상입니다.

해당하는 곳에 체크하시오:	유창한 정도		
	중	중상	상
본인은 영어와, 위에 적시된 언어로 의사소통이 가능합니다.			
본인은 영어에서 위 언어로, 위 언어에서 영어로 통역이 가능합니다.			
본인은 문서에 적힌 영어를 위 언어로 번역 가능합니다.			
본인은 문서에 적힌 위 언어를 영어로 번역 가능합니다.			

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

_____ 서명 _____ 일자

Interpreter Code of Ethics

통역자 윤리 헌장

1. 정확성

   a. 통역자는 발화자의 메시지와 어조를 어떠한 추가와 삭제도 없이 정확하고 완전하게 전달해야 합니다.

   b. 통역자는 공격적인 언어, 외설적이고 성적인 용어를 정확하게 통역해야 하며, 감정적 동요를 일으키는 상황에서도 침착해야 합니다.

   c. 필요할 경우 통역자는 명확한 의미 설명을 요구해야 합니다.

   d. 의사소통에서 오해가 있다고 인지될 경우, 통역자는 이 문제의 해결을 결정할 진행자에게 오해의 가능성을 알려줄 수 있습니다. (법적 절차에는 해당되지 않습니다.)

2. 기밀유지

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

3. 공평성

   a. 통역자는 가족, 개인적 또는 전문적 관계가 공정성에 영향을 미칠 것으로 보이는 활동은 사양해야 합니다.

   b. 통역자는 한 쪽 당사자와의 관계가 이익 또는 분쟁과 관련된다고 생각될 경우, 그러한 관계는 무엇이든지 공개해야 합니다.

   c. 통역자는 통역 상황과 관련된 모든 사람을 존중해야 하며, 중립적이고, 공평하고, 왜곡되지 않고, 문화적으로 양식 있게 행동해야 합니다.

4. 행동 범위

   a. 통역자는 1인칭 발화를 하여 가급적 최대한의 직접 의사소통을 하도록 도와야 합니다.

   b. 통역자는 적절한 역할 범위를 유지하여, 통역이 이뤄지는 동안 그리고 외부에서 당사자들과 불필요한 접촉을 하지 않도록 해야 합니다.

   c. 통역자는 개인적 의견을 삽입하거나 자신의 통역 대상자에게 상담하거나 조언하지 않아야 합니다.

5. 전문성

   a. 통역자는 약속된 장소에 정확하게 도착하여야 하며, 준비된 상태이며 적절한 복장을 착용해야 합니다.

   b. 에이전시에 고용된 통역자는 에이전시 고객들에게 직접적으로 자신들의 사업을 추진하거나, 그들에게서 감사/요청 사례비를 추가로 받아서는 안 됩니다.

   c. 통역자는 자신의 자격, 훈련, 경험을 정확하게 표명해야 하며, 자신의 능력을 벗어난 분야의 임무 접수는 사양해야 합니다.

   d. 통역자는 필요할 경우 지속적인 교육 프로그램에 참여해야 합니다.

   e. 통역자는 자신의 직무를 향상시키기 위한 평가 피드백을 받도록 추구합니다.

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

STATE OF HAWAII　　DEPARTMENT OF HUMAN SERVICES

INTERPRETER FORM

通訳申込書

氏名：＿＿＿＿＿＿＿＿＿＿　言語：＿＿＿＿＿＿＿＿＿＿

電話番号：＿＿＿＿＿＿＿＿　Eメールアドレス：＿＿＿＿＿＿＿＿＿＿

DHSディビジョン／支部／セクション／ユニット：＿＿＿＿＿＿＿＿＿＿

DHS役職：＿＿＿＿＿＿＿＿＿＿

DHSスタッフ ボランティア通訳者用：

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

☐ 私はDHSのボランティア通訳者リストへの掲載を希望しませんが、＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿に通訳サービスを提供します。

通訳サービスを提供する家族および友人：

あなたが通訳を提供する人物の氏名：＿＿＿＿＿＿＿＿＿＿

あなたが通訳を提供する人物との関係：＿＿＿＿＿＿＿＿＿＿

通訳者の郵便物宛先：＿＿＿＿＿＿＿＿＿＿
（POボックスまたは番地、ストリート、アパートメント番号、市、州、郵便番号）

通訳者の電話番号：＿＿＿＿＿＿＿＿＿＿（自宅電話番号）　＿＿＿＿＿＿＿＿＿＿（その他）

私は、以下の事項が真実であることを明言します：

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

私は18歳以上です。

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

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

＿＿＿＿＿＿＿＿＿＿　＿＿＿＿＿＿＿＿＿＿

署名　　日付

Interpreter Code of Ethics

通訳者の倫理規定

1. 正確性

   a. 通訳者は話し手のメッセージおよびトーンを、増減することなく、正確かつ完全に伝える。

   b. 通訳者は、暴言、わいせつな言葉、および性的な用語を正確に通訳し、感情的な状況を通訳する場合であっても冷静さを保つ。

   c. 通訳者は必要であれば、説明を求める。

   d. 通訳者は、コミュニケーションが誤解された可能性に気づいた時は、プロバイダーにその誤解の可能性を示唆し、プロバイダーはその解決方法を決定する。（法的手続きでは行わない。）

2. 秘密性

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

3. 公平無私

   a. 通訳者は、家族、個人、または仕事上の関係により公平無私を維持することができない場合には、そのような任務を引き受けない。

   b. 通訳者は、関係者のいずれかとの関係において、利害の対立として見られる可能性のある関係を全て公開する。

   c. 通訳者は、通訳を要する状況に関わる全ての人物に対して敬意を示し、中立、公平無私、公平、および文化的な配慮を持った態度で行動する。

4. 役割境界

   a. 通訳者は、直接的なコミュニケーションを可能な限りできるだけ促進するために、一人称を用いる。

   b. 通訳者は、適切な役割境界を保持し、通訳を要する状況において、その内外での関係者との不必要な連絡は全て避ける。

   c. 通訳者は、個人的な意見をさしはさんだり、通訳の対象者に助言を与えることはしない。

5. プロフェッショナリズム

   a. 通訳者は、指定された場所に時間通りに、通訳の準備を整えて、適切な衣服を着用して到着する。

   b. 機関によって雇われた通訳者は、同機関のカスタマーに自分のビジネスを直接的に宣伝することはできず、あるいは、カスタマーに心づけまたは追加費用を要求したり、そうした費用を受け取ることはない。

   c. 通訳者は、資格、訓練、および職歴を正確に記述し、適格でない任務は引き受けないようにする。

   d. 通訳者は、利用できる継続教育プログラムに参加する。

   e. 通訳者は、通訳の質を向上させるために、評価的なフィードバックを求める。

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

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

INTERPRETER FORM

PORMA TI AGIPATARUS

Nagan: _____ Lengguahe: _____

Numero ti Telepono: _____ Adres ti Email: _____

Dibision/Seksion/Unido iti DHS: _____

Titulo ti Posision iti DHS: _____

Para iti Boluntario nga Agipatarus nga Empleado ti DHS

☐ Kayat ko nga maikabil iti listaan ti DHS a kas boluntario nga agipatarus. Ipakaammok iti DHS Personnel Office, Civil Rights Compliance Staff, no saan kon a kayat ti ag-boluntario a kas agipatarus.

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

Para kadagiti Pamilia ken Gagayyem a Mangipaay iti Serbisio ti Agipatarus

Nagan iti tao nga inka ipatarusan: _____

Ti relasion mo iti tao nga inka ipatarusan: _____

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

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

Ibagak nga dagiti sumaganad ket pudno:

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

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

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

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

_____ Pirma _____ Petsa

INTERPRETER CODE OF ETHICS

KODIGO DAGITI ETIKA TI AGIPATARUS

1. Kinahusto

   a. Dagiti agipatarus ket masapul nga ibaga da ti mensahe ken tono ti agsasao nga husto ken kumpleto, nga saan a manayunan wenno makissayan uray aniaman.

   b. Masapul nga ipatarus nga husto dagiti makainsulto a lengguahe, banag nga makapagura, ken dagiti terminolohia a mainaig iti seks ken masapul a mentenaren da ti disposision da no agipatarus da iti sasaaden nga naarsagid wenno emosional.

   c. No kasapulan, ti agipatarus ket nasken a dumawat iti pangilawlawag.

   d. Apaman a madlaw nga ti komunikasion ket mabalin a saan nga naawatan, mabalin nga ibaga ti agipatarus daytoy a saan nga pagkakainnawatan iti atension ti agit-ited, nga isu ti mangeddeng no kasano daytoy a marisut.

2. Kinapalimed

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

3. Agpada a Pannakatrato

   a. Dagiti agipatarus ket masapul nga liklikan da nga aklonen dagiti aramid a naipakumit kaniada no ti pamilia, personal wenno propesional nga relasion ket apektaran na ti agpada a pannakatrato.

   b. Dagiti agipatarus ket masapul nga ibaga da iti aniaman a relasion da iti partido a mabalin nga sirpaten a kas adda risiris ti interes.

   c. Dagiti agipatarus ket ipakita da ti respeto kadagiti amin a tattao nga adda pakainaigan da iti situasion nga inda ipatarusan ken masapul nga ti kondukta da ket awan al-alen da, agpada ti pannakatrato, balanse a panagtrato ken sensitibo maipanggep iti kultura.

4. Beddeng iti Akem

   a. Dagiti agipatarus ket masapul nga agusar iti sarita diay ipatarusan tapno mas direkta ti komunikasion.

   b. Dagiti agipatarus ket masapul nga mentenaren da ti umno nga beddeng ti akem da, ket liklikan da amin a saan nga nangnangruna a kontak kadagiti partido no manarimaan ken kalpasan ti situasion a panagipatarus.

   c. Dagiti agipatarus ket saan da nga ibaga ti personal nga kapanunotan da wenno mangted iti bagbaga kadagiti tattao nga inda patarusan.

5. Propesionalismo

   a. Dagiti agipatarus ket masapul a sumangpet a masapa wenno ti oras nga naituding iti lugar nga naibaga, nakasagana ken nakaarwat nga maiyanatup.

   b. Dagiti agipatarus nga pagubraen ti ahensia ket saan da rebbeng nga irakurak da ti bukod da a negosio kadagiti kustomer ti ahensia wenno umawat/agkiddaw iti regalo a kas supapak iti bannog nga inpaay wenno nayon nga bayad kaniada.

   c. Dagiti agipatarus ket masapul nga ibaga da ti husto a kualipikasion da, panagsanay ken padas da, ken liklikan da ti umawat ti kadagiti aramid a naipakumit nga saan da met a kualipikado.

   d. Dagiti agipatarus ket masapul nga agtultuloy nga makigamulo kadagiti programa a pagadalan no adda a maipaay.

   e. Dagiti agipatarus ket masapul nga sumapol kadagiti maikomento nga adda pateg na tapno agdur-as ti aramid da.

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

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

INTERPRETER FORM

PEBA ÑAN UKOK

Et eo: _____ Kajin: _____

Boon nō.: _____ E-Mail Atōreej: _____

Ra an DHS / Ra ko Mottan/Juon jikin ejenolok /Motan ilo Juon Ra/Mottan eo ejenelok: _____

DHS Eddo in Jerbal: _____

Nan DHS Rijerbal Rukok Nan Jiban:

☐ Ikonan bwe in bed ilo DHS lajrak in ro rej m̧ōņōņō in erom rukok. Inaj karoñ ro ilo DHS Personnel Office, Civil Rights Compliances rijerbal ro, elane ijab konan wonmanlok wot einwot juon rukok.

☐ Ijab konan bwe in bed ilo DHS lajrakin ro rej monono in erom rukok, ijoke, inaj lelok jiban ikijen rukok _____ .

Lelok Jiban Ikijen Uukok nan Armij ro Nuku koba ro Mota :

Etan armij eo Koj Ukok Ñane: _____

Ta Kadkad eo Am ñan Armij eo koj Ukok Ñane: _____

Atōreej eo an Rukok: _____

(P.O. Box ak Nōmba im etan Street, Apt. No.,Jikin, Lal Nōmba Code)

No in Talboon an Rukok: _____ _____

(Talboon an mweo) (Ko jet)

Ij kwalok ke aoleb men kein im jimwe:

Emoj aō liñiri im melele kin Kakien ko ikijen Ukok (itulik in peba in) im errā ilo aō naaj loori elaññe kōm̧m̧an jerbal in ukok.

Ewor 18 iio deta ak ritolok.

Likit kokale eo ejimwe:	Wejebdik		
	Joñan eo ebwe	Emman	Elab lok an Emman
Imaroñ kenono kajin Belle ekoba kajin eo ebed ijin iloñ.			
Imaroñ ukok ñan im jen Belle ilo kajin eo ebed ijin iloñ.			
Imaroñ ukote jeje in Belle ñan kajin eo ebed ijin iloñ.			
Imaroñ ukote melele ko ilo jeje walok ijin iloñ ñan Belle.			

Ijelokin elaññe emelim jen DHS, Imelele ke jibañ ko jen ña ejelok oneen im ijamin bok oneen ko jen DHS ikijen jibañ ilo jerbal in ukok ko.

_____ _____

Jain etam Allōñ/Raan/Iio

Interpreter Code of Ethics

Kakien ko Ikijen Ukok

1. Jimwet

   a. Rukok ro rej aikuij lukin lelok kwalok melele ko ilo tiljek im ilo wāween wōtlok in kenono ko ilo jimwe im jejjet eo, im bwe en ejelok kakoboba ak ejolok jabrewōt.

   b. Rukok ro rej aikuij ukok ilo jimwe ikijen kajin, naan ko rejab naan in loblej, im ikijen sexual im remaroñ kōṃṃan jekjek ko ñan rukok eo ilo tore eo ej kōṃṃan jerbal in ukok ko.

   c. Rukok ro remaroñ kajitok ñan bōk elablok melele elaññee aikuij.

   d. Ilo lalelok ke wāween kenono ko remaroñ in kar jab kanooj melele, rukok ro remaroñ boktok eo ekkar ilo likjab in melele ñan ro rej lelok, ro renaaj karok wāween bukot mejlan. (Ejab aikuij in kōṃṃan ilo jikin kajimwe ko lok iloñ.)

2. Jekjek Ko Retino

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

3. Melele ko Remool

   a. Rukok ro rej aikuij bojrak jen ebok kain jekjek ko elaññe baamle, armij ak ro moteer elab kapeel ibeer im enaj jelet wāwen ikijen ko remo im jejot.

   b. Rukok ro rej aikuij kwalok mol ikijen kadkad ko iben juon doulul ko im remaron kōṃṃan kelmanelokjen ko me reban jerbal iben doon.

   c. Rukok ro rej aikuij kwalok aer kautiej aoleb armij ro rej koba lok wot ilo jerbal in ukok im aikuij walok ilo juon wewen ikon, jimwe, meanwōd im kwalok kadkak im manit.

4. Joñok Ko

   a. Rukok ro rej aikuij in kejerbal melele ko an armij eo imaan ñan jibañ kōṃṃan bwe jerbal eo en bidodo ekkar ñan joñan ko tobari.

   b. Rukon ko rej aikuij in bed wot ilo jekjek eo ekar ñan jerbal im eddo ko, ellok jen wāween ko ilo tobar doulul eo juon ilo tore eo bareinwot ijoko iilikin ejelok jerbal in ukok ej kōṃṃan.

   c. Rukok ro rejab aikuj in kwalok kōnaan ko aer ak lelok naan in rejañ jipañ kajojo ro rej jipañ er ikijen ukok.

5. Ro Eloñ Kapeel Ibeer

   a. Rukok ro rej aikuij bwe ren mokaj tōprakak lok ijo jiroñ er bwe ren etal ñane, bojak bareinwot kōnak nuknuk ko rekarbōb im eman.

   b. Rukok ro kelet er jen juon bar kombani rejab maroñ kwalok im karelel kin bejnej eo rej itok jene iben kajtōmōr ro an agency eo ak bōk/kajitok ikijen nebar ak ekoba oneen ko jen er.

   c. Rukok ro raikuj kwalok jerbal ko rejimwe ñan kwalok joñan jela eo eped ibeer, katak ekoba kapeel, im enaaj kōṃṃan bwe enjab bōk jerbal ko me ejab maroñ komani.

   d. Rukok ro rej aikuj bok konaer ilo wōnmanlok wot ñan bok jelalokjen ilo birokram ko elaññe rebelok.

   e. Rukok ro ren bukot jabrewot ro remaroñ etale wāween aer jerbal im lelok melele ko ñan aer maroñ kokmanmanlok kilen jerbal ko aer ñan emanlok eo.

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

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

INTERPRETER FORM

PEPA FAATUMU MO LE TAGATA FAALILIU

Suafa: _____ Gagana: _____

Numera ole Telefoni: _____ Tuatusi imeli: _____

DHS Vaega/Lala/Faatulagaga/Vasega: _____

Tulaga o loo iai i le matagaluega o DHS: _____

Mo le tagata tauofo e faaliliu mo DHS:

☐ Ou te mana'o ia ou iai i le lisi mo tagata tauofo e faaliliu mo DHS. O le a ou faailoa atu i le ofisa o DHS, tagata o loo galue i le vaavaaiga o 'aia faaletulafono o tagata, pe afai ou te le toe fia tauofo e avea ma tagata faaliliu.

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

_____ .

Mo aiga ma uo o loo faatinoina le faaliliuga:

Suafa ole tagata o loo manaomia se faaliliuga: _____

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

Tuatusi ole tagata Faaliliu: _____

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

Telefoni ole tagata faaliliu: _____ _____

(Telefoni ole maota) (Seisi telefoni)

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

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

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

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

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

_____ _____

Sainia lou Suafa: Aso

Interpreter Code of Ethics

Faatulagaga mo tagata faaliliu

1. Sa'o 'aia'i

   a. O le a faaliliu atu e le tagata faaliliu le faamatalaga ma le auala o loo fai atu ai se faamatalaga i lona atoaga, e aunoa ma le faaopoopo atu pe aveesea nisi mea.

   b. O le a faaliliu atu upu masoa, upu le talafeagai, ma faamatalaga tau i feusuaiga ma tumau pea lou pulea totino pe a oo ina faaliliuina atu i tulaga o loo a'asa se talanoaga.

   c. O le a sailia se faamatalaga faamanino atu pe a manaomia.

   d. Pe a iloa atu e le tagata faaliliu ua le mautonu pe le malamalama, e mafai e le faaliliu ona faailoa atui le o loo saunia mai faamatalaga, ma o ia lea e filifilia le auala e taulimaina. (E le faia pe afai o loo faia i se faatulagaga i luma o se faamasino po o se loia)

2. Puipuiga mai le salalau atu i le lautele

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

3. Tulaga solitu

   a. E le taliaina e se tagata faaliliu se galuega faaliliu pe afai o se aiga po o se uo po se tagata e masani iai e ono aafia ai le tulaga solitu.

   b. E tatau ona faailoa atu e le tagata faaliliu pe afai e iai se faia ma se tasi e ono aafia ai le galue male faamaoni.

   c. E tatau i le tagata faaliliu ona faatino le faaaloalo i tagata uma o loo aofia ai i le tulaga o loo manaomia ai le faaliliu ma e gaoioi i se auala e sollitu, e le faailoga tagata, ma e le 'au atu i se itu ae e amana'ia foi masaniga faaleaganuu.

4. Mea e gata mai ai lou avea ma faaliliu

   a. E tatau i le tagata faaliliu ona faafesoota'i tuusa'o atu i tagata o loo aofia ai i le faaliliuga.

   b. E tatau i le tagata faaliliu ona tumau pea i lona lava tulaga, e tatau ona alofia le fesoota'i e le manaomia a o faia le faaliliuga po o seisi lava taimi.

   c. E tatau i le tagata faaliliu ona alofia le faaopoopo atu sona lava manatu pe fautua atu i le tagata o loo manaomia le faaliliuga.

5. Tulaga faaaloalogia

   a. E tatau i le tagata faaliliu ona taunu'u atu i le nofoaga i le taimi ua faatulagaina, ua lava saunia ma ua talafeagai laei.

   b. O tagata faaliliu ua totogi e seisi matagaleuga e le tatau ona faalauiloa atu o latou lava pisinisi ma le tagata o loo manaomia le faaliliuga pe faaopoopo atu nisi tupe totogi.

   c. E tatau i tagata faaliliu ona faamaoni pe a faailoa mai o latou agavaa, toleniga ma galuega sa faatinoina, ma alofia le taliaina mai galuega ua iloa e le o agavaa e faatinoina.

   d. E tatau i tagata faaliliu ona auai i toleniga faifai pea afai e mafai.

   e. E sailia e tagata faaliliu ni faamatalaga mai galuega sa faia ina ia iloa po o a nisi mea e mafai ona faaleleia atili.

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

INTERPRETER FORM

FORMULARIO DE INTÉRPRETE

Nombre: _____ Idioma: _____

N° de teléfono: _____ Dirección de correo electrónico: _____

División DSH/Sucursal/Sección/Unidad: _____

Título de posición DSH: _____

Para el intérprete voluntario del DSH:

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

☐ No desea entrar en la lista del DSH de intérpretes voluntarios; sin embargo, proporcionaré servicios de intérprete de _____ .

Para familiares y amigos que proporcionan servicios de intérprete:

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

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

Dirección postal del intérprete: _____
(Apartado de correos o número y calle, N° Apt, Ciudad, Estado, código postal)

N° de teléfono del intérprete: _____ (Número fijo) _____ (Otros)

Afirmo que la siguiente información es verídica:

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

Tengo 18 años de edad o más.

Marque según corresponda:	Fluidez		
	Regular	Buena	Excelente
Puedo comunicarme en inglés y los idiomas arriba enumerados.			
Puedo interpretar del inglés a los idiomas arriba enumerados y viceversa.			
Puedo traducir textos escritos de inglés a los idiomas arriba enumerados.			
Puedo traducir textos escritos de los idiomas arriba enumerados al inglés.			

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

_____ Firma

_____ Fecha

Interpreter Code of Ethics

Código Ético del Intérprete

1. Precisión

   a. Los intérpretes deben transmitir el mensaje y el tono del hablante precisa y completamente, sin añadir ni omitir información.

   b. Los intérpretes deben interpretar con precisión el lenguaje ofensivo, las obscenidades y la terminología sexual y mantendrán la compostura durante la interpretación de situaciones con carga emocional.

   c. Los intérpretes solicitarán aclaraciones cuando sea necesario.

   d. Tras reconocer que la posible malinterpretación de una comunicación, los intérpretes informarán de la posible malinterpretación al proveedor, que decidirá cómo resolverlo (No debe hacerse en procedimientos legales).

2. Confidencialidad

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

3. Imparcialidad

   a. Los intérpretes se abstendrán de aceptar encargos cuando las relaciones familiares, personales o profesionales puedan afectar a su imparcialidad.

   b. Los intérpretes revelarán cualquier relación con una parte que pueda considerarse como un conflicto de intereses.

   c. Los intérpretes mostrarán respeto a todas las personas involucradas en la situación de interpretación y actuarán de manera neutral, imparcial, justa y sensible a la cultura de los involucrados.

4. Limitaciones de función

   a. Los intérpretes usarán un discurso en primera persona para facilitar la comunicación directa en la medida posible.

   b. Los intérpretes respetarán las limitaciones de su función adecuadas, evitando todo contacto innecesario con las partes durante y fuera de la situación de interpretación.

   c. Los intérpretes no interpondrán opiniones personales ni ofrecerán guía o consejo a las personas para las que ofrecen interpretación.

5. Profesionalidad

   a. Los intérpretes llegarán con puntualidad a la ubicación indicada, preparados y vestidos adecuadamente.

   b. Los intérpretes contratados por una agencia no promocionaran su negocio propio directamente con los clientes de la agencia ni aceptarán/solicitarán gratificaciones o tasas adicionales de ellos.

   c. Los intérpretes representarán con precisión sus cualificaciones, formación y experiencia y se abstendrán de aceptar encargos para los que no estén cualificados.

   d. Los intérpretes participarán en programas de educación continua cuando estén disponibles.

   e. Los intérpretes solicitarán comentarios evaluativos para mejorar su desempeño.

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

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

INTERPRETER FORM

PORMULARYO NG TAGASALIN

Pangalan: _____ Lengguwahe: _____

Telepono: _____ E-Mail: _____

Dibisyon/Sangay/Seksyon/Yunit ng DHS: _____

Titulo ng Posisyon sa DHS: _____

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

☐ Gusto kong maging boluntaryong tagasalin ng DHS. Ipaaalam ko sa DHS Personnel Office, Civil Rights Compliance Staff, kung hindi ko na gustong maging boluntaryong tagasalin.

☐ Hindi ko gustong maging boluntaryong tagasalin ng DHS; gayunman, maaari akong maglingkod bilang tagasalin:

_____

_____

Para sa mga Pamilya at Kaibigang Maglilingkod bilang Tagasalin:

Pangalan ng Taong Aalayan mo ng Paglilingkod bilang Tagasalin: _____

Kaugnayan mo sa Taong Paglilingkuran bilang Tagasalin: _____

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

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

Ipinahahayag ko na totoo ang mga sumusunod:

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

18 taong gulang na ako o mas higit pa.

Lagyan ng tsek ang lahat na angkop sa iyo:	Pagkamatatas		
	Katamtaman	Mahusay	Napakahusay
Kaya kong makipag-usap sa Ingles/English at sa lengguwaheng nakalista sa itaas.			
Kaya kong magsalin sa Ingles/English at sa lengguwaheng nakalista sa itaas.			
Kaya kong isalin ang nakasulat sa Ingles/English sa lengguwaheng nakalista sa itaas.			
Kaya kong isalin sa Ingles/English ang nakasulat na lengguwaheng nakalista sa itaas.			

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

_____ _____
Pirma Petsa

Interpreter Code Of Ethics

Kodigo ng Etika ng mga Tagasalin

1. Katumpakan

   a. Dapat isalin nang wasto at kumpleto ng tagasalin ang mensahe at tono ng nagsasalita, nang walang idinadagdag o ibinabawas.

   b. Dapat isalin nang tumpak ng tagasalin ang mga salitang nakasasakit, malaswa, at terminolohiyang sekswal, sa paraang mahinahon bagaman nasa matinding sitwasyong emosyonal ang tagasalin.

   c. Dapat humingi ng paglilinaw kung kinakailangan ang tagasalin.

   d. Kapag napansing hindi naintindihan ang komunikasyon, maaaring ihayag ng tagasalin ang posibleng hindi pagkaunawa sa nagpapasalin ng serbisyo na siyang magpapasiya kung paano ito lulutasin. (Na hindi dapat paraanin sa legal na hakbangin.)

2. Pagkakumpidensyal

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

3. Kawalang Pinapanig

   a. Dapat umiwas ang tagasalin sa pagtanggap ng takdang gawaing makaaapekto ang pamilya, personal o propesyonal na kaugnayan sa patas o walang pinapanigang pag-iisip.

   b. Dapat ibunyag ng tagasalin ang anumang kaugnayan sa sinuman o anumang maaakalang kasalungat ang interes.

   c. Dapat magpakita ang tagasalin ng paggalang sa lahat ng taong kasangkot sa sitwasyon ng interpretasyon; dapat din siyang kumilos sa paraang walang kinakampihan, walang pinapanigan, walang kinikilingan, at bukas sa kulturang pinaglilingkuran.

4. Mga Hangganan ng Ginagampanang Papel

   a. Dapat gumamit ang mga tagasalin ng unang panauhan (first person) sa pagsasalita upang mapagaang ang tuwirang komunikasyon.

   b. Pananatilihin ng mga tagasalin ang angkop na hangganan ng papel na ginagampanan sa pag-iwas sa lahat ng di-kinakailangang kaugnayan sa partido sa labas, at habang ginagawa ang interpretasyon.

   c. Hindi isisingit ng tagasalin ang mga personal na opinyon; ni hindi magbibigay ng payo o pangaral sa mga taong pinaglilingkuran bilang tagasalin.

5. Propesyonalismo

   a. Dapat dumating sa oras, sa itinakdang lugar ang tagasalin; handa at angkop ang bihis.

   b. Hindi dapat ianunsyo ng isang tagasaling kinasundo ng ahensya ang sariling negosyo sa mga kustomer nito; ni hindi dapat tumanggap/humingi ng pabuya o karagdagang bayad sa kanila.

   c. Dapat iharap ng mga tagasalin ang kanilang mga kuwalipikasyon, pagsasanay at karanasan; dapat ding iwasan ang pagtanggap ng mga takdang gawaing hindi sila kuwalipikadong gawin.

   d. Lalahok ang mga tagasalin sa mga programang patuloy na edukasyon kung mayroon ang nito.

   e. Para mapabuti ang pagganap sa kanilang tungkulin, dapat humingi ang tagasalin ng mga punang tumataya ng kanilang mga kakayahan.

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

INTERPRETER FORM

MẪU CHO THÔNG DỊCH VIÊN

Tên: _____ Ngôn ngữ: _____

Số Điện thoại: _____ Địa chỉ Email: _____

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

Chức Danh tại DHS: _____

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

☐ Tôi muốn được đưa vào danh sách thông dịch viên tình nguyện của DHS. Khi nào tôi không muốn tiếp tục làm thông dịch viên tình nguyện nữa, tôi sẽ thông báo cho Phòng Nhân sự DHS, Ban Chấp hành Quyền Dân sự biết.

☐ Tôi không muốn được đưa vào danh sách thông dịch viên tình nguyện của DHS; tuy nhiên, tôi sẽ cung cấp dịch vụ thông dịch cho _____ .

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

Tên Người mà Bạn Đang Thông Dịch Cho: _____

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

Địa chỉ Gửi thư của Thông dịch viên: _____
(PO Box hoặc Số Nhà và Tên Đường, Số Phòng, Thành phố, Bang, Mã Bưu điện)

Số Điện thoại của Thông dịch viên: _____ (Điện thoại Nhà) _____ (Khác)

Tôi tuyên bố rằng những điều sau đây là đúng:

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

Tôi từ 18 tuổi trở lên.

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

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

_____ Chữ ký _____ Ngày

Interpreter Code of Ethics

Bộ Quy tắc Đạo đức dành cho Thông dịch viên

1. Tính chính xác

   a. Thông dịch viên phải truyền đạt thông điệp và ngữ điệu của người nói một cách chính xác và đầy đủ, không thêm hoặc bớt bất cứ điều gì.

   b. Thông dịch viên phải chuyển ngữ một cách chính xác những lời xúc phạm, tục tĩu và thuật ngữ về tình dục và phải giữ thái độ bình tĩnh khi đang thông dịch trong những tình huống dễ xúc động.

   c. Thông dịch viên phải hỏi để hiểu rõ thông tin khi cần.

   d. Sau khi nhận ra một thông tin có thể đã bị hiểu nhầm, thông dịch viên có thể nêu lên vấn đề có thể bị hiểu lầm này để người nói lưu ý và người nói này sẽ quyết định cách lý giải hiểu lầm đó. (Không được thực hiện trong các thủ tục tố tụng pháp lý.)

2. Tính bảo mật

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

3. Sự công tâm

   a. Thông dịch viên phải tránh nhận những nhiệm vụ mà trong đó sự công tâm bị gia đình và các mối quan hệ cá nhân hoặc công việc tác động.

   b. Thông dịch viên phải công khai mọi mối quan hệ với bên được cho là có xung đột lợi ích.

   c. Thông dịch viên phải chứng tỏ sự tôn trọng đối với tất cả những người tham gia vào tình huống thông dịch và phải làm việc một cách trung lập, vô tư, khách quan và nhạy cảm về văn hóa.

4. Giới hạn của Vai trò

   a. Thông dịch viên phải xưng hô theo ngôi thứ nhất để tạo điều kiện trao đổi càng nhiều thông tin trực tiếp càng tốt.

   b. Thông dịch viên phải duy trì các giới hạn thích hợp trong vai trò của mình, tránh mọi liên lạc không cần thiết với các bên trong và ngoài tình huống thông dịch.

   c. Thông dịch viên không được xen ý kiến cá nhân vào hoặc tư vấn hoặc cho lời khuyên cho những người mà họ đang thông dịch cho.

5. Sự chuyên nghiệp

   a. Thông dịch viên phải đến đúng giờ tại địa điểm chỉ định, chuẩn bị sẵn sàng và ăn mặc phù hợp.

   b. Thông dịch viên do một cơ quan thuê không được quảng bá công việc kinh doanh của mình trực tiếp với khách hàng của cơ quan, hoặc nhận/yêu cầu những khách hàng này thưởng tiền hoặc trả lệ phí bổ sung.

   c. Thông dịch viên phải thể hiện chính xác năng lực, kỹ năng được đào tạo và kinh nghiệm của họ và phải tránh nhận những nhiệm vụ nào họ không đủ năng lực thực hiện.

   d. Thông dịch viên phải tham gia các chương trình giáo dục thường xuyên khi có thể.

   e. Thông dịch viên nên xin đánh giá phản hồi từ khách hàng để cải thiện năng lực của họ.

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

APPENDIX I

Sample Civil Rights Monitoring Checklist

Civil Rights Monitoring Checklist

(Required Annually of OJP-Funded Contractors)

OYS Contract Number:	
Contractor Name:	OJJDP Grant Award Number:
Contract Period:	

Total Award Amount:	

1	During this budget period, has OYS seen this Contractor's current Equal Employment Opportunity Plan (EEOP) in accordance with 28 C.F.R. section 42.301-.308?	❑ Yes ❑ No ❑ Not Applicable
2	Has this provider submitted an EEOP Short Form to the Office for Civil Rights (OCR), Office of Justice Programs (OJP), U.S. Department of Justice (DOJ), if required by 28 C.F.R. section 42.301-.308? If the provider is not required to submit an EEOP Short Form to the OCR, has it submitted a certification form to the OCR claiming a partial or complete exemption from the EEOP requirements? If the provider prepared an EEOP Short Form, on what date did the provider prepare it?	❑ Yes – submitted EEOP Short Form ❑ Yes – submitted a certification ❑ No
3	How does the provider notify program participants and beneficiaries that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services (e.g. posters, inclusion in brochures or other program materials, etc.)? Comments:	
4	How does the provider notify employees that it does not discriminate on the basis of race, color, national origin, religion, sex, and disability in employment practices (e.g. posters, dissemination of relevant orders or policies, inclusion in recruitment materials, etc.)? Comments:	
5	Does the provider have written policies or procedures in place for notifying program beneficiaries how to file complaints alleging discrimination by the provider with the Hawaii Civil Rights Commission or the OCR?	❑ Yes ❑ No
6	If the provider has 50 or more employees and received DOJ funding of $25,000 or more, has the provider taken the following actions: a. Adopted grievance procedures that incorporate due process standards and provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations implementing	❑ A. Yes ❑ A. No ❑ B. Yes ❑ B. No

	Section 504 of the Rehabilitation Act of 1973, found at 28 C.F.R. Part 42, Subpart G, which prohibits discrimination on the basis of a disability in employment practices and the delivery of services. b. Designated a person to coordinate compliance with the prohibitions against disability discrimination contained in 28 C.F.R. Part 42, Subpart G. c. Notified participants, beneficiaries, employees, applicants, and others that the provider does not discriminate on the basis of disability.	❑ C. Yes ❑ C. No
8	If the provider operates an education program or activity, has the provider taken the following actions: a. Adopted grievance procedures that provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations implementing Title IX of the Education Amendments of 1972, found at 28 C.F.R. Part 54, which prohibits discrimination on the basis of sex. b. Designated a person to coordinate compliance with the prohibitions against sex discrimination contained in 28 C.F.R. Part 54. c. Notified applicants for admission and employment, employees, students, parents, and others that the provider does not discriminate on the basis of sex in its educational programs or activities.	❑ A. Yes ❑ A. No ❑ B. Yes ❑ B. No ❑ C. Yes ❑ C. No
9	Has the provider complied with the requirements to submit to the OCR any findings of discrimination against the provider issued by a federal or state court or federal or state administrative agency on the grounds of race, color, religion, national origin, or sex?	❑ Yes ❑ No.
10	What steps has the provider taken to provide meaningful access to its programs and activities to persons who have limited English proficiency (LEP)? Comments, including an indication of whether the provider has developed a written policy on providing language access services to LEP persons:	
11	Does the provider conduct any training for its employees on the requirements under federal civil rights laws?	❑ Yes ❑ No
12	Does the provider need any civil rights training or technical assistance regarding its duties to comply with the applicable civil rights laws?	❑ Yes ❑ No
13	If the provider conducts religious activities as part of its programs or services, does the provider do the following: a. Provide services to everyone regardless of religion or religious belief.	❑ A. Yes ❑ A. No ❑ B. Yes

	b. Ensure that the provider does not use federal funds to conduct inherently religious activities, such as prayer, religious instruction, or proselytization, and that such activities are kept separate in time or place from federally-funded activities. c. Ensure that participation in religious activities is voluntary for beneficiaries of federally-funded programs.	❑ B. No ❑ C. Yes ❑ C. No

14	Please provide below the contact information for the person responsible for submitting any findings of discrimination to the Office for Civil Rights.	
	Last Name, First Name:	
	Street Address:	
	City, State, Zipcode:	
	Telephone Number:	
	Fax Number:	

Comments:

_____ _____

OYS Monitor Signature *Date*

APPENDIX J

Language Encounter Report

DEPARTMENT OF HUMAN SERVICES
Language Encounter Report

Division/Branch/Section/Unit: _____

Date of Encounter: _____ Time of Encounter: _____

Please Check All That Apply

Language Encountered:

☐ Cantonese ☐ Chuukese ☐ Hawaiian ☐ Ilokano ☐ Japanese
☐ Korean ☐ Kosraean ☐ LEP Hearing Impaired ☐ Mandarin
☐ Marshallese ☐ Phonpeian ☐ Portuguese ☐ Samoan ☐ Spanish
☐ Tagalog ☐ Thai ☐ Tongan ☐ Vietnamese ☐ Visayan
☐ Other _____

Was Oral Language Service Provided?

☐ YES

What Type of Interpreter?

☐ Paid In-Person Oral Interpreter
- ☐ By Staff
  - ☐ Within Job Duty
  - ☐ Volunteer from Other Division or Unit
- ☐ Contracted Interpreter
  - ☐ Via Interpreter Agency
  - ☐ Independent Interpreter
- ☐ Live Paid Telephonic Interpreter
- ☐ Community Volunteer
- ☐ Other _____

☐ YES Was a written document orally translated for an LEP person?

Was Written Language Services (Translated Document) Provided?

☐ YES What Type of Translator?

☐ By Staff
- ☐ Within Job Duty
- ☐ Volunteer from Other Division or Unit

☐ Contracted Translator
- ☐ Via Translation Agency
- ☐ Independent

☐ Community Volunteer
☐ Other _____

Document Title: _____

Was the Oral or Written Service(s) Provided?

☐ Outstanding ☐ Acceptable ☐ Not Acceptable*

Please use reverse side to explain how service could be improved.* **THANK YOU.

APPENDIX K

Language Access Reporting Tool

LANGUAGE ACCESS REPORTING TOOL

Period Covered: _____

LEP Services by Language

Department: _____ **DIV/BR/SEC/UNIT:** _____

Contact Person: _____ **Email:** _____ **Phone:** _____

1	2	3						4		5					6
		Oral Language Service Utilized (#)						**Translated Documents (#)**		**Translator Used (#)**					
Language	**# of Oral Language Encounters**	Bilingual Staff *(Provides Direct Services in Another Language)*	Community Volunteer	In-Person Contracted Interpreter *(Agency)*	In-Person Contracted Interpreter (Independent)	Telephone Interpreter	Other (including sight Translation)	**# of Documents Translated Upon Request**	**# of Vital Documents Translated**	Staff	Contracted (Agency) Translation Services	Contracted (Independent Translation Services)	Community Volunteer	Other # Only *(Specify on Separate Sheet)*	**Totals (Columns 2 & 4)**
Cantonese															0
Chuukese															0
Hawaiian															0
Ilokano															0
Japanese															0
Korean															0
Kosraean															0
LEP Hearing Impaired															0
Mandarin															0
Marshallese															0
Portuguese															0
Samoan															0
Spanish															0
Tagalog															0
Thai															0
Tongan															0
Vietnamese															0
Visayan (Cebuano)															0
*Other Total #**															0
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Specify Type of Other Language on a Separate Sheet*

Expenditures:

Interpretation Total _____ **Translation Total** _____ **Interpretation & Translation Total** $0.00